



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Garbally View Nursing Home
Name of provider:	Tony Whyte T/A Garbally View N.H
Address of centre:	Brackernagh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0039348

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Garbally View nursing home is a single storey building developed from a family home in 1992. Garbally View is situated in the relatively busy town of Ballinasloe. The nursing home is located near restaurants, hotels, pubs, libraries and community halls. The centre has secure landscaped gardens that are fully accessible to residents. Garbally View can accommodate up to 36 residents in both single and double rooms. The centre caters for all residents over the age of 18 years for short or long term care. The centre provides care for residents who have assessed as having low, medium, high or maximum care needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 15 February 2023	09:30hrs to 17:45hrs	Oliver O'Halloran	Lead

## What residents told us and what inspectors observed

The inspector spoke with residents on the day of the inspection. Feedback was positive about their experience of living in the centre. One resident described that 'the service here couldn't be better, while another told the inspector that 'the staff were great'.

On arrival at the centre, the inspector met with the representative of the provider, who was also part of the management team. Following an introductory meeting, the inspector walked around of the centre. There was a calm atmosphere in the centre throughout the day. Staff were observed responding promptly to residents when they summoned assistance. The staff were observed engaging socially with residents, and knew the resident's individual preferences.

The centre was laid out over two floors. Resident communal and bedroom accommodation was at ground floor level. On the first floor there were staff facilities and a storage area. The centre was well-lit and comfortably warm on the day of inspection. There were two lounge areas, a conservatory, and a dining room, and residents were seen to use these communal rooms throughout the day. There is a garden area for resident's use.

Resident private accommodation comprised of 13 twin and 10 single bedrooms. These bedrooms had adequate storage space which included a bedside locker and wardrobe space for each resident. A number of resident bedrooms had personal items, such as photographs and ornaments on display.

Residents could choose to have lunch in one of the centre's dining rooms, or in their own bedroom. There was a menu on clear display in a resident communal area which showed the menu options for the day. Residents explained that there was always a choice of two main courses for lunch. The lunch-time dining experience was observed to be a sociable occasion. Staff who served residents their lunch knew resident's individual food likes and dislikes and ensured that these choices were catered for. Where residents required assistance with their meal, staff provided this assistance in an unhurried manner, and engaged in conversation with the residents while they assisted them. This ensured that the resident's dignity was respected.

A number of residents were observed to be engaged in group activities. In the morning time, a number of residents reviewed the daily newspapers, facilitated by an activities co-ordinator. This group of residents were observed to be actively engaged in discussing the current affairs of the day. In the afternoon, a number of residents took part in a game of bingo. In addition, a number of residents were seen to avail of the opportunity to have massage therapy in the afternoon. There was an activities schedule on display provided residents with information on what activities were available. Examples of scheduled activities included reminiscence activities and sing songs. There was an activities co-ordinator rostered six days a week, to

facilitate resident's participation in activities.

Visiting was found to be facilitated in the centre.

The next two sections of this report present the findings of this inspection in relation to the capacity and capability of the provider, and how this affects the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions taken by the provider to address the findings of the last inspection of the centre in June 2022.

The findings of this inspection were that the registered provider had an established governance and management structure in place with clear lines of accountability and authority. A review of the management systems in place to monitor the quality of the service found that some of the systems were not effective to ensure robust oversight.

Garbally View Nursing Home Limited was the registered provider of the centre. A representative of the provider worked full-time on-site in the centre and was involved in the day-to-day management of the service. The person in charge worked full-time in a supervisory capacity. The person in charge was supported by a team of nursing, care and support staff.

The provider had a management system in place to ensure that the service was appropriately monitored. There was a schedule of clinical and environmental audits in place, however, this schedule was not fully completed. There had been no audits completed between March and October 2022. A review of the audits that were completed found that while issues of risk had been identified, the action taken to address and reduce these risk was not clear.

The provider had ensured that there was a sufficient number and skill mix of staff to meet the resident's assessed health and social care needs. Throughout the inspection the inspector observed that staff knew residents well and this supported the provision of a person-centred service to resident's as staff were familiar with resident's individual preferences.

The provider had systems in place to ensure that staff had access to appropriate training.

The provider had ensured that there was an up-to-date directory of residents in place. A review of this directory found that it contained all the requirements, as set

out in Schedule 3 of the regulations.

The provider had effective record and file management systems in place. All records, such as resident's records and staff personnel files were well-maintained and stored securely.

A record of incidents was maintained in the centre. The inspector reviewed this record and found that the Chief Inspector had been informed of notifiable incidents, in line with regulatory requirements.

The Provider had a complaints policy in place. The complaints procedure was on clear display in the centre and set out the process for making a complaint. The inspector reviewed the complaints records. This review found that complaints contained sufficient detail of the nature of the complaint and the investigation carried out. Residents' who spoke with the inspector understood what action to take in the event that they needed to make a complaint about the service.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate, having regard to the needs of the residents and given the size and layout of the designated centre. The staffing compliment was in line with what was set out in the centres statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the staff training record found that staff had access to appropriate training.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained an up-to-date directory of residents. The Directory of residents included all the information, as set out in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place to monitor the quality of the service were ineffective. For example;

- There was no audit of any aspect of the service for a period of seven months in 2022. In addition, where audits were completed, an action plan or quality improvement was not consistently in place arising from the deficiencies found on audit.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector, within the requirements of the regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy and procedure. The complaints procedure was accessible to residents. A review of complaints found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

This inspection found that residents living in this designated centre received care and support that was of a good standard, and that the residents were safe.

Residents had a comprehensive assessment of their health, personal and social care needs on admission to the centre. The assessment was undertaken using validated assessment tools in conjunction with information obtained from the resident, and where appropriate, their relative. This assessment informed the development of a resident's care plans. Care plans were sufficiently detailed to guide staff in the provision of person-centred care to residents. Reviews of care plans were at



intervals not exceeding four months, or more frequently if the residents condition necessitated a review.

Residents were facilitated with timely access to a general practitioner (GP) as required. There was a referral system in place that ensured residents had access to allied health and social care professionals. A review of resident's records found that the recommendations of allied health professionals were incorporated into residents care plans. For example, a dietitian recommendation had been incorporated into a residents care plan and was observed to have been implemented.

The provider had a safeguarding policy in place, which set out how to identify and respond to allegations of abuse in the centre. Safeguarding training was provided for all staff in the centre. Staff demonstrated awareness on how to identify and respond to allegations of abuse. Residents who spoke with the inspector said they felt safe.

Infection prevention and control practices in the centre were guided by a centre-specific policy. There was a cleaning schedule in place with staff rostered to clean the centre across the seven days of the week. The centre was visibly clean. Staff with responsibility for cleaning were knowledgeable about the cleaning processes in place to minimise the risk of cross infection to residents, for example the colour coded mop and cleaning cloth system in use.

There was an activities schedule in place. The range of activities available for residents included group activities such as bingo, sing songs, reminiscence therapy and one-to-one sessions, facilitated by the activities co-ordinator. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre. A review of the records of a residents meeting forum found that meetings were taking place weekly. Resident's also had the opportunity to participate in feedback surveys.

## Regulation 5: Individual assessment and care plan

Residents' had a comprehensive assessment of health and social care need undertaken, informed by validated assessment tools. Care planning documentation, based on the findings of the assessments was available for all residents in the centre. Care plans were reviewed at intervals not exceeding four months or as the residents condition necessitated, these reviews were in consultation with the resident and where appropriate, the resident's family.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to a General Practitioner (GP). A review of residents records evidenced that resident's had access, by a system of referral, to the expertise of health professionals, such as physiotherapists, occupational therapists and dietitian.

Judgment: Compliant

### Regulation 8: Protection

A centre-specific safeguarding policy was in place which informed the management team and staff in identifying and responding to allegations of abuse. The provider had facilitated staff to participate in safeguarding training at appropriate intervals. There were records maintained for all resident finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were observed to be upheld. Residents were encouraged to participate in resident forum meetings, and to give feedback in relation to the service provided.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Garbally View Nursing Home OSV-0000343

Inspection ID: MON-0039348

Date of inspection: 15/02/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits have been completed for the first quarter of 2023, we will continue to complete relevant audits a required for the remainder of 2023.</p> <p>Findings and learnings from these Audits will be discussed at our monthly Quality Improvement meetings.</p>	

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2023