



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

Issued by the Chief Inspector

Name of designated centre:	Griffen Valley Nursing Home
Name of provider:	Griffen Valley Nursing Home Limited
Address of centre:	Esker Road, Esker, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0035552

About the designated centre

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

The designated centre was a purpose-built facility situated in Lucan, County Dublin. The centre is registered to care for up to 26 residents, both male and female, over the age of 18. It offers general nursing care to residents with health and social care needs at all dependency levels. The building is a single-storey premises with accommodation provided in 20 single rooms and three twin rooms. Nine of the single rooms and all of the multi-occupancy rooms have their own en-suite facility. There are a variety of communal areas that residents could use depending on their choice and preferences, including two sitting rooms, a dining room and a conservatory. In addition, there are also two enclosed courtyard areas that allow residents to access outdoor space safely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 29 March 2023	08:25hrs to 15:25hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and the staff were working to improve the quality of life and promote the rights and choices of residents in the centre. This was a pleasant centre where residents enjoyed a good quality of life and were supported to be independent. Residents expressed satisfaction about how the centre was run, and it was evident that staff had a good rapport with residents and were knowledgeable about their needs.

The inspector was met by the company director and the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with a number of residents in both their bedrooms and communal areas.

Personal care was being delivered in many of the residents' bedrooms, and observation showed that this was provided in a kind and respectful manner. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents were very complimentary of the staff and services they received. Residents said they felt safe and trusted the staff. Residents told the inspector that staff were quick to answer the bells in their rooms, and they always were friendly and kind to them.

The inspector observed that residents' bedrooms were personalised with possessions that were meaningful to the residents and reflected their life experiences. However, the inspector saw that the layout and design of the three twin-occupancy bedrooms did not afford all residents sufficient private space. The management of the centre had already identified this and provided the inspector with the refurbishment plan.

Residents spoken with complimented the food and the choice they were offered. Tables were nicely set, residents and staff chatted, and there was the assistance provided as and when required.

Residents were observed to be socially engaged with each other and staff throughout the day of the inspection. The inspector observed staff and residents having good-humoured banter during the activities. A review of residents' meeting records found that the meetings had been completed regularly, and the meeting notes reflected the feedback from residents.

The next two sections of this report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that Griffeen Valley Nursing Home was a well-governed service which ensured that residents received high-quality, safe care in line with their needs and choices. This inspection was a one-day unannounced risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to review the information submitted to the Chief Inspector's office to renew the registration of the centre. The quality and safety of the services provided were of an appropriate standard, and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre.

The provider is Griffeen Valley Nursing Home Limited. The company has two directors, one of whom is the named provider representative. The company directors were actively engaged in the running of the centre on a daily basis. There was a clearly defined management structure in the centre, and staff and residents were familiar with staff roles and their responsibilities. The person in charge (PIC) worked full-time and had overall responsibility for clinical care and some administrative aspects in the centre, reported to the company director. They were supported in this role by an Assistant Director of Nursing (ADON) and a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. There was a system in place to monitor staff training. A review of this system evidenced that all staff had mandatory training provided at appropriate intervals. Communal areas were supervised at all times, and staff were observed to be interacting in a positive and meaningful way with residents.

There was a schedule of audits in place. The audits included reviews of care planning documentation, incidents involving restrictive practices, medication management, care plans, complaints, premises, residents' falls, wound management and a variety of infection control-related audits. Where areas for improvement were identified, action plans were developed, and action was taken.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre, and management had good oversight of mandatory training needs. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a well-maintained directory of residents living in the centre. This included all the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to

ensure the effective delivery of a safe, appropriate and consistent service. There was a defined management structure in place with clearly defined lines of authority and accountability.

The person in charge had completed an annual review of the quality of care delivered in 2022. This included feedback and consultation with the residents and outlined the service's plan for 2023.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care was reviewed. All had been signed by the resident or their appointed representative and the registered provider representative. They included the services to be provided, terms and conditions, fees to be charged, the room to be occupied and terms for residing in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Quality and safety

Overall, the provider was delivering good quality clinical care and support to residents. The inspector found that a person-centred approach to care and support was promoted, and residents were encouraged to maintain their independence and autonomy. Residents had good access to health care and were consulted within the organisation of the designated centre.

The premises was generally in very good order and was nicely decorated and clean. The centre provided a variety of communal rooms for residents' use. Systems were in place for the ongoing maintenance of equipment such as bedpan washers, beds and hoists. However, there were some areas for improvement to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. These are outlined under Regulation 17: Premises.

Residents' clothing was laundered by an external laundry, and adequate arrangements were in place for the safe return of their clothes. Residents were seen to have adequate storage for their personal belongings in their bedrooms.

Care plans outlined residents' expressed wishes and preferences regarding the care they would like to receive at the end of their life. The inspector found that the emotional, social and spiritual needs of individual residents were well known to staff.

Communication care plans were detailed for residents who required support with their communication needs. The care plans outlined the appropriate method of communication to be used for residents, and it was clear that the staff knew the residents well. There was positive engagement with residents who had dementia or other cognitive impairments.

Overall, residents' rights were upheld. They were seen to have a choice in their daily living arrangements and had access to occupation and recreational activities. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Regulation 10: Communication difficulties

The inspector reviewed care plans for residents with communication difficulties and requirements. The inspector was assured that residents with communication difficulties were well supported with regard to their well-being, safety and health and could communicate freely in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothing was laundered outside the centre. Systems were in place to ensure residents' own clothing and soft furnishings such as throws and blankets were identifiable, which minimised the risk of items becoming misplaced.

Judgment: Compliant

Regulation 13: End of life

Residents' end-of-life care needs and wishes were assessed on admission to the centre and reviewed as part of the overall care plan review process at intervals not exceeding four months. End-of-life care plans were developed following a holistic

assessment of the resident's physical, emotional, social, psychological and spiritual care needs.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises met the Schedule 6 regulatory requirements; however, the following issues were identified:

- While the twin-bedded rooms complied with regulatory requirements in respect of size, the inspector saw that the private space for residents in some multi-occupancy bedrooms required review. For example, not all residents within three twin-occupancy bedded rooms had their bedside locker, wardrobe, and access to a chair within the privacy curtain.
- Lockable cabinets were not available in all residents' bedrooms.
- The flooring was damaged in the nursing station and the administration office.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had their nutritional needs met with wholesome meals that were safely prepared, cooked and served. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents could request an alternative if they did not want anything on the menu. There were adequate numbers of staff available to assist residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

While there was a guide for residents, it did not contain the requirements of the regulation, such as how complaints were dealt with and arrangements for visiting.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were seen in care documentation; this ensured that the most relevant information was provided in accordance with the resident's current needs.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and dignity were seen to be respected. The inspector observed kind and courteous interactions between staff and residents. The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents were provided with access to independent advocacy services if required.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0035552

Date of inspection: 29/03/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Prior to the inspection an action plan was put in place. The contractor has confirmed that the required actions will be completed by mid June. Lockable Cabinets have been purchased and are now available in all bedrooms. Flooring in Nurses Office and administration office will be replaced.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The resident’s guide has been reviewed, printed and circulated as per paragraph (a) and includes the procedure respecting complaints, including external complaints processes such as the Ombudsman and also includes the arrangements for visits.	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	09/05/2023
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	09/05/2023