



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	St Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	24 April 2024
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0043420

About the designated centre

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

Portumna Retirement Village nursing home is two storey in design and purpose built. It can accommodate up to 63 residents. It is located on the outskirts of the town of Portumna, close to many local amenities. Portumna Retirement Village accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters primarily for older persons who require general nursing care, respite, convalescent and palliative care. Bedroom accommodation is provided in 53 single and five twin bedrooms. All bedrooms have en suite shower facilities. There is a variety of communal day spaces provided on both floors including dining rooms, day rooms, sensory room, smoking room, family room and large seated reception area. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

63

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 24 April 2024	10:00hrs to 17:50hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Portumna Retirement Village was a nice place to live and that staff were kind and considerate. The inspector heard many positive comments such as 'we are well off here'. The centre was described by one resident as 'a cross between a hospital and a hotel' and other positive comments heard were that the service provided was 'ten out of ten'.

On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector spent time walking through the centre with the assistant director of nursing, giving the inspector the opportunity to meet with residents and observe their lived experience in the centre.

Portumna Retirement village is registered to provide respite and long term care to a maximum of 63 residents. The centre was a purpose-built, two storey facility and resident bedroom and communal accommodation was provided over two floors, with stairs and lift access between floors. Resident bedroom comprised of single and twin bedrooms, all of which had ensuite facilities. The centre was a spacious, modern design and there were a variety of communal areas for residents use, such as dining rooms, sitting rooms and visitors rooms. Additional seating was provided in the open reception area and there was constant activity here throughout the day of inspection. Outdoor seating areas were laid out to the front of the building. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence.

On a walk around the centre the inspector observed some residents were sitting in communal areas or having their breakfast, while others were in the process of getting ready for the day ahead. Staff were noted to be busy attending to the care needs of residents. The atmosphere was bustling yet welcoming. The inspector noted that music was playing softly throughout the centre and residents appeared to be comfortable and content in their surroundings. The inspector spoke with residents who had recently come to live in the centre and to those who had been living in the centre for many years. Residents informed the inspector that they had choice in how they spent their day and that they felt safe in the centre. It was evident that the management team were well known to residents and the inspector noted that time was taken to engage in meaningful interactions with residents during the walk around the centre.

Residents' bedrooms were bright and personalised with items of significance such as photographs, ornaments and artwork. Call bells and televisions were provided in each resident bedroom. The centre was found to be bright and warm and several residents described that they were happy with their bedrooms. Overall, the centre appeared to be well maintained, however, the inspector noted that there were some parts of the centre that had chipped paint on walls, doors and skirting boards. There were a number of storage rooms available on both floors, however

the inspector observed that hoists were being stored in a resident communal bathroom and in a resident assisted shower room. The centre was generally clean and tidy throughout ,however, sluice rooms appeared cluttered and several sink surfaces did not appear to be clean.

The inspector observed several spacious dining rooms and it was evident that residents had a choice of when and where to have their meals. Several residents who required specialised diets told the inspector that they had a good choice of meals available to them. The inspector spoke with a resident who described their satisfaction with being able to get a cup of tea or snack at any time of the day or night and they were very complimentary about the quality of food provided.

Information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required. There was a schedule of activities in place which included one to one and group activities. On the afternoon of the inspection entertainment was provided by a live band on both floors on the centre, and the activity schedule demonstrated that live music was a weekly event in the centre. Several residents preferred to spend time in their bedrooms or to receive visitors in one of the quieter communal rooms and this choice was respected by staff.

There was sufficient space for residents to meet with visitors in private and the inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

Capacity and capability

This was an unannounced inspection 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. Overall, the inspector found that there was a proactive management team with effective governance arrangements in place to ensure the delivery of quality care to residents.

The provider of this centre was Tony Williams. The person in charge reported to the registered provider representative. The person in charge was supported by an assistant director of nursing and clinical nurse manager. The assistant director of nursing worked in a supervisory role and they deputised for the person in charge, when absent. Additional management support was provided by a general manager, who worked full-time in the designated centre. A team of registered nurses, health care assistants, activity co-ordinators, housekeeping, maintenance and catering staff made up the staffing compliment. There were clear lines of accountability and staff

were knowledgeable about their roles and responsibilities.

The inspector found that the centre had sufficient staffing resources on the day of the inspection to meet the needs of residents. There were a minimum of two registered nurses on duty in the centre, twenty four hours a day. The person in charge ensured that staff had access to appropriate training. A member of the clinical management team facilitated safeguarding and patient moving and handling training on an ongoing basis and records demonstrated that staff had received fire safety training. There were systems in place to supervise staff.

There were management systems in place to monitor the quality and safety of the service. There were regular management team meetings which were attended by the management team and the provider representative, in order to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the agenda items discussed. Records showed that clinical audits were completed in areas including falls management, wound care, medication management, restrictive practices and care planning. The inspector viewed a sample of audits and found they effectively identified areas for improvement and contained quality improvement actions which were completed. A record of accidents and incidents was maintained in the centre. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame. Records demonstrated that incidents and near misses were used as learning opportunities. For example, information relating to falls and near misses was collated and analysed by the management team, to identify patterns, trends and potential risks, to inform quality improvement .

The complaints policy was reviewed in line with regulatory requirements. A review of the records evidenced that there was a comprehensive record kept, both for complaints resolved locally and complaints which were investigated through the formal process. Appropriate action was taken by the person in charge in response to complaints received.

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre. Contracts detailed the services to be provided and the breakdown of fees for such for such services.

The inspector reviewed a sample of staff files and found that all of the information required under Schedule 2 of the regulations was available. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

Regulation 14: Persons in charge

The person in charge was a registered nurse and works full-time in the centre. Their clinical and management experience was in line with regulatory requirements. The person in charge was knowledgeable regarding the specific care needs of the

residents accommodated in the centre, and it was evident that they were involved in the day to day operation of the service.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records demonstrated that there was a comprehensive staff training programme in place. Training records showed that staff had completed mandatory training in safeguarding and patient moving and handling.

There was evidence that staff were supervised by the nursing management team.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each resident had a contract in place in line with the requirements of Regulation 24.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

An up-to-date complaints procedure was displayed for resident information. The complaints log was reviewed and demonstrated that complaints and concerns were acted upon in a timely and effective manner.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre received a high standard of clinical care in the centre. There were opportunities available for social engagement. Staff demonstrated good knowledge of resident care needs and preferences and interactions were kind and respectful. However, fire precautions, premises and infection control was not fully aligned with the requirements of the regulations.

There were measures in place to protect residents against the risk of fire. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Appropriate documentation was maintained for yearly checks and servicing of fire equipment. However, the inspector found that some of the fire doors did not provide assurance of effective containment of smoke and fire in the event of a fire safety emergency. This is addressed under Regulation 28; Fire precautions.

Overall, the premises was clean and well-maintained. However, there were areas where walls, skirting boards and surfaces were in a poor state of repair and not amenable to cleaning. Furthermore, sluice rooms were seen to be cluttered and this did not not facilitate effective infection prevention and control measures.

The design and layout of the premises was generally suitable for its stated purpose

and met the residents' individual and collective needs. The centre was found to be spacious and resident's accommodation was individually personalised. However, there was a lack of suitable storage and the inspector noted that some large items of resident mobility equipment was stored in a resident communal bathroom, and a residents communal shower room. Further findings are described under Regulation 17; Premises.

Pre-admission assessments were undertaken by the management team to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that residents individual needs were addressed on admission to the centre, using validated assessment tools, in conjunction with information gathered from the residents and, where appropriate, their relatives. This informed the development of care plans that provided guidance to staff with regard to meeting residents specific care needs. Care plans reviewed by the inspector were person-centred and detailed the interventions in place to manage identified risks such as those associated with residents who had impaired skin integrity, were risk of malnutrition, and had impaired mobility. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents' health and well-being were promoted and residents had access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, dietitian and tissue viability.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated good knowledge of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The provider did not act as a pension agent for any residents.

Records demonstrated that residents were consulted with regarding the organisation of the centre. Residents' views on the quality of the service provided were sought and through resident meetings. Records demonstrated that agenda items discussed with residents included activities, music, fire safety, food and restrictive practices. Residents had access to local television, radio and newspapers. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. Residents were supported to participate in meaningful activities and the weekly schedule included art, reminiscence therapy, pet therapy and music.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or one of the communal areas.

Regulation 10: Communication difficulties

Discussion with the management team and a review of resident care records demonstrated that there were residents with specialist communication requirements at the time of the inspection. The inspector observed that communication requirements were recorded in resident care plans and resources such as communication aids, were available to support the communication needs of residents.

Judgment: Compliant

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises was found to be in a poor state of repair. For example;

- Paint was damaged or missing on a number of wall surfaces in several resident bedrooms and along circulating corridors.
- There was visible signs of water damage on the wall surface in the chemicals store room.
- There was a loose socket in one resident bedroom and a cover was removed from an over bed light, with loose wires exposed.
- There was damage to tiles in a resident communal bathroom.
- There were holes in the ceiling surface of several storage rooms.

There was a lack of suitable storage as evidenced by;

- Storage of mobility equipment in a resident assisted shower room and in a resident communal bathroom.
- Storage of mobility equipment in the hairdressing room.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensure that an information guide in respect of the centre was made available to residents. The contents of the guide met the requirements of the regulations.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the centre was in compliance with infection prevention and control standards and guidance. For example:

- Open top refuse bins were observed in most communal toilets. This finding did not support recommended waste management procedures and posed a risk of cross infection.
- The area around the water outlets in several sinks used for hand hygiene was visibly stained. This finding did not give assurances that these areas had been thoroughly cleaned and this posed a risk of cross infection.
- Sluice rooms appeared cluttered and sink surfaces areas did not appear to be clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that action was required to ensure that adequate precautions were in place to protect residents from the risk of fire:

- Emergency lighting was missing at one fire exit route to direct and illuminate the route of escape in the event of a fire evacuation at night time.
- One fire escape route was obstructed by the placement of furniture in front of the fire escape door.
- A door hold open device was damaged in one resident bedroom and missing from another resident bedroom.
- One fire door was being kept open by means other than appropriate hold open devices connected to the fire alarm system.
- There was a large space between the fire door and the floor at the sensory room and this posed a risk that fire and smoke would not be contained in the event of a fire safety emergency.
- The inspector noted the storage of combustibles in close proximity to open electrical fuse boxes in three storage rooms. This may increase the risk of fire

in this area.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Records demonstrated that individualised care plans were developed following a comprehensive assessment of need. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Records demonstrated that residents had access to medical and allied health services. Records demonstrated that advice given by health and social care professionals was acted upon which resulted in good outcomes for residents.
Judgment: Compliant
Regulation 8: Protection
Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident living in the centre.
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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Portumna Retirement Village OSV-0000378

Inspection ID: MON-0043420

Date of inspection: 24/04/2024

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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A schedule of painting over the summer months has been commenced. This includes 'touch-ups' of walls and a more comprehensive program of bedrooms and communal areas. - Both housekeeping storerooms will be refurbished, shelves will be sanded down and treated for water resistance and the rooms painted. - An audit to be completed of all wall sockets and over bed light fittings to ensure that all are in order and a system put in place for timely repairs. - All communal toilets will be assessed and tiles refixed/replaced where necessary. - An audit of all ensuite and storage room ceilings will be conducted and any holes repaired. - A room on the first floor will now be designated as a storage room (The Statement of Purpose will be amended and submitted to HIQA to reflect same). - Existing storage rooms for linen on both floors were found to storing non-essential/ surplus items and therefore there will be a re-adaptation of the surplus space in the linen rooms to accommodate mobility equipment. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> - Bins with lids will be sourced for all communal toilets and for toilets in ensuites in shared rooms. - The cleaning schedule has been reviewed and an audit conducted of all identified water outlets. In addition, the cleaning of the water outlets has been added as a specific instruction on deep clean schedule. 	

- Sluice rooms on both floors to be upgraded, with new storage drying and storage racks, the removal of non-essential equipment and the painting of both rooms.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Additional emergency lighting will be installed where identified by the inspector and a survey will be conducted on the adequacy of all emergency lighting.
- The furniture that was blocking a fire exit has been removed and staff reminded of the importance of keeping access to all emergency exits free.
- An audit will be conducted of all door holders to ensure that all necessary door holders are in place and in order.
- The door holding device that was not connected to the fire alarm system has been removed.
- An audit of all fire doors throughout the building has been conducted and a program of repairing/replacing fire doors has been commenced. Priority will be given to the door identified in the inspector's report.
- All electrical fuse boards are fitted into fire proof cabinets. All doors to these cabinets have been audited and the doors will be always closed.

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	31/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	31/08/2024

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2024