



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:	27 February 2024
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0041505

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:	25
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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
Tuesday 27 February 2024	09:45hrs to 17:45hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The inspector observed that residents appeared relaxed in the nursing home and those spoken with were satisfied with the care they received. Residents described the centre as homely and said they felt safe there. One resident said "staff are great, nothing is a problem".

Residents said they were happy with the food and that their bedrooms were cleaned everyday. Visitors spoken with described the centre as lovely and said there was a clear channel of communication with management about their loved one. Staff were observed speaking with residents in a kind, respectful and friendly manner. The inspector observed visitors coming and going on the day of inspection

The person in charge and the registered provider representative were well known to residents' and their families and were seen to be available to them throughout the day. Families and friends were made welcome, greeted by staff on arrival and were requested to sign the visitors book before they entered the resident areas.

The inspector walked around the centre and saw residents relaxing in their bedrooms or in one of the communal areas of the centre. Residents' bedrooms were personalised with pictures of family, items of interest and personalised soft furnishings. The inspector observed respectful interactions between residents and staff and observed staff knocking on resident bedroom doors and waiting for a reply prior to entering. However, the inspector observed that some bedroom doors did not have functioning privacy locks in place and the privacy arrangements in one twin bedroom did not ensure the privacy of both residents. This is discussed further under the relevant regulation.

The centre was laid out on one floor and contained communal spaces such as a dining area, lounge, courtyard and the Lavender room which was a communal area used by the hairdresser and visitors and for activities. All of these rooms were available for residents use. There were handrails on corridors for residents to mobilise independently and residents were seen to move freely about the centre.

There were pictures of the residents enjoying activities such as baking and singing displayed in the centre and this added to the decor, interest and familiarity of the environment for residents. Information leaflets on advocacy services and infection prevention and control measures were on display throughout the centre also. On the day of inspection there was an exercise class taking place in the lounge. Residents were also observed resting in the lounge, chatting together or having visitors throughout the day. Residents spoken with said they liked playing bingo and other group activities such as music and different events that had taken place. The inspector found there was a relaxed atmosphere in the centre and residents' were seen to have choice in how they spent their day.

The inspector observed the dining experience for residents and found that the food served was wholesome and nutritious. The food offered looked appetising and residents had a choice of meals. Residents spoken with were complimentary of the food. Tables were nicely decorated and there were condiments readily available for residents to use. Some residents had requested to and were accommodated to have their meals in their bedrooms. Staff were observed to discretely assist and support residents as needed. There were food and drinks offered throughout the day and water jugs were available to residents in their bedrooms.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good centre with effective governance and management, where a person-centred and individualised approach to care was promoted. This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The centre had a history of good compliance with the regulations. This inspection of the centre also found a good level of compliance with the regulations assessed. Nonetheless, some action was required to comply with Regulation 31: Notification of Incidents, Regulation 23: Governance and management, and Regulation 9: Residents Rights.

The registered provider is Griffeen Valley Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative. The person in charge was supported in their role by the directors who were involved in the running of the centre on a daily basis. The person in charge worked full time in the centre and was a registered general nurse. 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.

The provider held regular meetings that included risk management meetings and staff meetings where items such as complaints, risk taking, staffing and residents'

activities were discussed with actions identified and followed up appropriately. The records of governance and management meetings showed that the quality improvement plan was reviewed regularly to ensure the changes were implemented and there was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements. There was a maintenance plan in place and the registered providers had taken steps to identify areas in the centre that required upgrading such as the hand wash sinks. The inspector found there were two large oxygen tanks being stored behind doors in the reception area, these were identified as an immediate fire safety risk and were removed on the day of inspection. Oxygen concentrators also in use in residents' bedrooms required safety signage to be in place.

Residents' views were valued and they were facilitated and encouraged to feedback on all aspects of the service they received. There was a residents' committee in place with minutes available for review. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2023.

Safe recruitment practices were in place to protect the residents, including satisfactory An Garda Siochana (police) vetting disclosures prior to commencing employment.

The inspector reviewed a record of incidents and accidents and found that three incidents of serious injury to a resident had not been notified to the Chief Inspector as required under Regulation 31.

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies remained current and in line with best practice.

There was a complaints policy in place that was up dated in line with the legislative changes and additional requirements of Regulation 34. The complaints officer and review person were identified and a review of the complaints log found that there was evidence of investigation of complaints and they were resolved in a timely manner. The complaints procedure was on display throughout the centre however, the inspector found that there was an older version of the procedure displayed in one area of the centre. Details of advocacy services were on display in brochure and poster format.

Regulation 14: Persons in charge

The person in charge was known to staff and residents' and met the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Further action was required to ensure that management systems in place ensured that the service provided by the centre was safe, appropriate, consistent and effectively monitored:

- Management systems had failed to identify the regulatory requirement to notify the Office of the Chief Inspector about three incidents of injury to residents.
- Oversight systems in respect of fire precautions had not identified the fire risk of storing large oxygen tanks in a corridor.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed the record of incidents and found that three notifiable incidents had not been notified to the Office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were looked after by a staff team who knew them well, and care was person centred. They were supported to live a good life according to their wishes and had support from a well established management team in the centre.

The registered provider had taken reasonable precautions to safeguard residents from abuse. All residents spoken with on the day of inspection said they felt safe in the centre. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The provider was not a pension-agent for any resident.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services.

The inspector reviewed a sample of transfer documents which were saved to the residents file. Residents who required transfer to hospital had all relevant documents, including a comprehensive transfer document sent with them. This included information on their past medical history, list of current medications and emergency contact numbers.

The inspector observed the medicines and pharmaceutical services within the centre and found that the practices and systems including storage of medicines was safe. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the disposal of expired or no longer required medications. Medication audits were carried out by the person in charge to ensure best practice was being upheld.

Overall, the rights of residents were mostly upheld in the centre however, there were two bedroom doors and one bathroom door that did not have a functioning privacy lock which impacted on the resident's right to privacy. The furniture in one of the twin rooms also required review as the positioning of the furniture meant that

a resident had to cross over into another resident's bed space to access their possessions.

Residents had access to activities which were provided in the centre and residents spoken with on the day said they enjoyed going out on day trips. There was a social activities audit completed by the registered provider and regular residents meetings were held to seek residents' feedback on the services provided. Residents satisfaction questionnaires were completed and residents were supported to give input into the annual review of the quality and safety of the service. Details of advocacy services were displayed in the centre.

Regulation 20: Information for residents

The residents guide was available to residents and contained all of the required information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw that a comprehensive transfer document was in use in the centre to provide information to receiving hospitals when residents required transfer for acute episodes of care. There was evidence of discharge summary information received also.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. Medications were stored in line with professional guidelines.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a comprehensive policy in place. The registered provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' living arrangements required improvement to ensure their privacy at all times:

- There were no privacy locks on two of the bedroom doors and one bathroom door, therefore residents could not assure their privacy when using these rooms.
- The furniture arrangements in a twin room required review as it required one resident to enter another residents bed space to access their personal belongings from the wardrobe.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0041505

Date of inspection: 27/02/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The 3 incidents that were identified by the inspector have been formally notified to HIQA on the required NF03 forms. These forms are identified as "Serious Injury to Resident". Although the incidents were serious, there was no serious injury found. The Provider Representative takes responsibility for this Non Compliance as the interpretation was incorrect. This has now been reviewed and all relevant staff are aware of the correct interpretation going forward. The oxygen tanks referred to were at the Emergency Response Area. These tanks were oversized for Emergency use and were relocated at the time of the Inspection</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The 3 incidents that were identified by the inspector have been formally notified to HIQA on the required NF03 forms. These forms are identified as "Serious Injury to Resident". Although the incidents were serious, there was no serious injury found. The Provider Representative takes responsibility for this Non Compliance as the interpretation was incorrect. This has now been reviewed and all relevant staff are aware of the correct interpretation going forward</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: There has been a full review of all bedroom/en suite privacy locks. Those that are not working have been repaired/replaced. There was only 1 resident occupying the twin room at the time of inspection. The resident occupying the twin room had been using both beds as she preferred a different bed from the one she choose on admission. Since the inspection, there has been 2nd admission to the room and all personal belongings are stored correctly within each resident's bedspace.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	20/03/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	20/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Substantially Compliant	Yellow	20/03/2024

	personal activities in private.			
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