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Griffen Valley Nursing Home, Esker Road, Lucan, Co. Dublin.

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Authors	Moore, Linda;Lindsey, Helen
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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Griffen Valley Nursing Home
Centre ID:	ORG-0000046
Centre address:	Esker Road, Lucan, Co. Dublin.
Telephone number:	01 624 9736
Email address:	info@griffeenvalleynursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Griffen Valley Nursing Home LTD.
Provider Nominee:	Anne Foley
Person in charge:	Helen Morris
Lead inspector:	Linda Moore
Support inspector(s):	Helen Lindsey;
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 April 2014 08:45 To: 29 April 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection which took place over one day and was for the purpose of informing an application to renew the registration of Griffeen Valley Nursing Home. The provider had applied for registration for 25 places. This report sets out the findings of the inspection. As part of the registration inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential

Care Settings for Older People in Ireland to a high standard. There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

The centre was set up in 1994 as a family business. There are two directors, Anne and James Foley work full-time. The person in charge is Helen Morris. They are supported in their role by, Geraldine Iglupas assistant director of nursing. Helen has worked in the centre since 1994 and has been the person in charge since 2000.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. Most residents had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them.

Residents were consulted about the operation of the centre and there was an active residents' committee. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. Six actions identified at the previous inspection in May 2013 were addressed and three actions were in the process of being addressed.

While evidence of good practice was found, a number of areas of non compliance with the Regulations were identified.

Areas for improvement included, supervision in the day room, the provision of activation, care plans and the documentation in line with the requirements of the Regulations.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that the statement of purpose contained almost all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet. However, the building did not reflect the facilities as described in the statement of purpose. The date of the registration and expiry date, the conditions of the registration and the new complaints procedure were also not included. The provider was actively addressing this before the end of the inspection.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged. This had been addressed following the previous

inspection.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was supported in her role by an assistant director of nursing and staff nurses. The provider also worked closely with the director of nursing. There were appropriate deputising arrangements in place.

She demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner. All documentation requested by inspectors was readily available.

Inspectors observed that she was well known to staff, residents and relatives with many referring to her by her first name and were very complementary of the home from home experience they received and this was led by the person in charge. She maintained her continuous professional development and had recently completed a course in nutrition, manual handling, behaviours that challenge, wound and continence care and all other courses mentioned in outcome 18. The person in charge provided training to staff in the protection of vulnerable adults.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Records were stored securely. Inspectors noted that the Residents' Guide had been made available to residents and was on display in the centre.

While the residents register was up to date and reflected the residents in the centre, it did not include details of the referring organisation as required in schedule three of the Regulations.

An up to date insurance policy was in place for the centre which included cover for resident's personal property. However, it did not comply with all the requirements of the Regulations. The insurance policy provided cover for residents' personal effects subject to a maximum limit of €1,000 per resident but did not indicate if a liability of up to €1000 per item was in place as specified in the Regulations.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of their responsibility to notify the Chief Inspector of the absence of the person in charge.

I have put the comment into the outcome on the PIC.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that they can use the call bell at any time and the staff will answer this promptly. Residents said "there was no reason not to feel safe". A review of incidents showed that there were no allegations of abuse in the centre.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors were satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk.

There was a comprehensive health and safety statement for the centre which related to the health and safety of residents, staff and visitors. A risk management policy was in

place which met the requirements of the Regulations. A risk management committee had continued to meet since the previous inspection. The minutes showed that clinical information was discussed at the meeting with a view of improving the care delivered. A risk register was in place and was kept up to date by the provider. Inspectors noted that residents who smoked had risk assessments and care plans in place, which guide care. This was an improvement on the previous inspection.

While inspectors noted that two bedrails were loose and may be an entrapment risk for residents, they were addressed before the end of the inspection.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Staff spoken to were aware of the emergency plan.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

Inspectors were satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed.

Inspectors read the training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall residents were protected by the designated policies and procedures for medication management. However, there were two areas for improvement. Nursing staff demonstrated an understanding of appropriate medication management.

There were medication policies in place and while overall they guided practice this was not inclusive of the administration and checking of controlled medication. Inspectors

also found that medication that required to be crushed had not been individually prescribed in line with the policy. Nurses interviewed were knowledgeable about the policies.

There was documentary evidence of a three monthly medication review undertaken by the GP in consultation with the pharmacist and the senior nurse. Medications that required refrigeration were safely stored. The person in charge undertook a monthly audit of medication management practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balance of a sample of medication and found them to be correct.

There was a system to record and respond to medication errors. This had improved from the previous inspection. Medication errors were reviewed by the person in charge with the pharmacy and systems were in place to minimise the risk of future incidents. Staff nurses involved in the administration of medications had undertaken training updates in best practice in medication management.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall practice in relation to notifications of incidents was satisfactory. However there was an area for improvement.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents that occurred in the centre had been notified to the Chief Inspector by the person in charge. However, the person in charge was not aware to notify the Chief Inspector if a resident was admitted to the centre with a grade two pressure ulcer. Therefore a recent pressure sore had not been notified.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the quality of care and experience of the residents was being monitored and developed on an ongoing basis. The provider had put a system in place to gather information monthly on clinical issues including information relating to falls, incidence of pressure ulcers, and nutrition.

A monthly schedule of audit was in place, these included infection control, elder abuse and medication management. Inspectors found that the results of these audits were used to improve practice and outcomes for residents. These were discussed at the risk management meeting. An environmental audit was carried out annually by an external consultant who supported the provider with identifying improvements. For example, there were plans to extend the laundry and provide a shelter at the front door.

The inspector saw where resident satisfaction surveys were regularly carried out to gain information on potential areas for improvement; the results of these surveys were being analysed and those read by inspectors were positive.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors were satisfied that the residents healthcare needs were met to a good standard and that each resident had some opportunities at times to participate in meaningful activities, appropriate to his or her interests and preferences. There were areas for improvement.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Inspectors reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines. While many of the assessments had been updated, the date and signature was recorded only, therefore inspectors could not ascertain what changes if any were made.

Overall care plans had improved since the previous inspection; they contained some information to guide the care for this resident. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors. However, there was evidence that the care plans as discussed under outcome 14, did not guide the good practice in place and did not consistently reflect the assessed needs of residents. Care plans for restraint also did not guide the care delivered. There was evidence that audits were completed on care plans to ensure compliance with the centre's policies and procedures and the person in charge was addressing the issues raised with staff.

Falls Management

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Access to the physiotherapist was provided as required.

Wound Care

Inspector read care plans of three residents with wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices. This had been an improvement from the previous inspection.

Restraint Management

Inspectors found that while restraint in the form of bedrails was only used as a last resort, there were areas for improvement. There was no restraint register in the centre,

therefore the system to review restraint required improvement. There was an evidence-based policy in place and training had been provided to staff on the use of restraint. Inspectors noted that while risk assessments were completed, they were not kept updated for the use of bedrails. The assessment did not include evidence of the alternatives tried and for how long. The provider said she was in the process of purchasing more 'low low' beds to reduce the use of restraint. Foam wedges had been purchased, however one resident was using these in addition to bedrails. Inspectors were not satisfied with the restraint assessment for one resident, as the restraint may have placed the resident at risk. A revised restraint assessment and care plan was requested by the Authority following the inspection. An update was received which showed that an alternative to bedrails was provided following the inspection. This appeared satisfactory.

Inspectors noted that while there were a range of activities for residents in the afternoon, there was limited access to any activation for residents in the morning time, particularly for those with a cognitive impairment. Many residents said they enjoyed the music provided throughout the week. There were a number of outings planned throughout the year which residents said they enjoyed.

While a staff member was allocated to the day room on the morning of the inspection, this was not consistent practice and there was no meaningful activation provided. The person in charge and provider spoke of their plans to enhance this area.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was purpose-built and later extended to provide five extra places. The provider furnished the Authority with a certificate of compliance with planning orders and building regulations. The layout and design suited the needs of the residents and provided a good standard of private and communal space and facilities. Residents and visitors said the homely and warm environment was key to their decision to choose this home. The environment was bright, clean and well maintained throughout. Hand rails were available to promote independence. There was a continual plan of maintenance where resident's bedrooms were redecorated.

The premises offered an appropriate environment for people with dementia. The "racetrack" design, where one corridor leads onto another, allowed all residents to walk around unimpeded. The secure courtyard was used by all residents who wanted fresh air. Those who enjoyed company could sit in the day room while other residents could use the quiet room or the conservatory if they wished. The provider was in the process of redesigning the hair dressers room to provide more space for residents needs.

Residents' bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were nine single and three twin bedrooms, all with en suites. Ten single bedrooms containing a wash-hand basin had a bathroom situated close by. One bathroom had an assisted bath and shower and the other bathroom had an assisted shower. There was an assisted toilet close to the sitting room area. The dimensions of the bedrooms and number of bathrooms met the requirements of the National Quality Standards for existing buildings. There was a functioning call bell in all bedrooms, bathrooms and in all communal areas. While there were appropriate numbers of showers in the centre, four of the showers has steps into them and were only appropriate for independent residents. The provider said there was a plan to address this.

The centre and its grounds were maintained to a high standard. Inspectors observed a high standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided and with the standard of maintenance and cleanliness. The centre had a secure courtyard area which was safe for use by all residents. This contained suitable furniture for residents and visitors and was adorned with flowering containers.

There was a sluice room equipped with a bedpan washer.

Equipment was provided to meet the requirements of residents. Assistive devices, such as hoists, pressure-relieving mattresses, specialist seating and mobility aids, were provided. The provider was in the process of purchasing more low low beds as an alternative to the use of restraint. Inspectors noted that equipment was well maintained, with a full service history available for inspection. There was adequate storage space for assistive equipment.

The kitchen was found to be spacious, well-organised and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of meat, fresh fruit and vegetables and frozen food.

Staff were seen to use the changing facilities that were provided for their use.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Complaints were well managed. The complaint's policy was revised since the previous inspection and inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display at the entrance the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. A complaints log was maintained and inspectors found that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome. The complaints register was reviewed monthly by the provider and the person in charge.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. This had been reviewed in February 2014. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by inspectors. The person in charge had identified the assessments and care plans as an area for improvement in the self assessment. The new documentation was reviewed by inspectors and was comprehensive. This was being rolled out to all residents. This is discussed under outcome 11.

Care plans referenced the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The majority of residents resided in single rooms. There were twin rooms and person in charge stated that a single room was always facilitated for end-of-life care.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP and inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service. There were no residents accessing the service or at end of life at the time of the inspection.

Records showed that a number of staff had received training in end-of-life care and bereavement support in 2013.

An oratory was provided in the centre where mass and prayer services took place weekly. Access to other religious representatives from other faiths was available if requested.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge informed the residents. A prayer service was celebrated in the oratory, should this be the residents wish and all residents were informed in person and allowed to pay their respects if they wished to do so.

Inspectors read the information available for distributing to families following the death of a loved one. This new document provided a lot of useful information including details of how to register a death. An end of life audit was recently developed and the person in charge plans to use this to review the service going forward. This included the management of symptoms.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors spent some time in the dining room during lunch time and found that the dining experience was dignified, pleasant and relaxed with a strong emphasis on providing a high quality dining experience for residents. Inspectors also visited residents who chose to eat in their bedrooms.

The self assessment for nutrition was submitted prior to the inspection and reviewed by inspectors. There were areas identified by the provider for self improvement identified including the introduction of the new preference sheet, nutrition assessment and care plan. These were in place for all residents.

Inspectors noted that meals were well presented and all residents expressed satisfaction with their meals. Overall staff were seen assisting residents discreetly and respectfully as required. However the assistance of one resident required improvement. Inspectors observed that the resident was not sitting in an upright position during the meal, which may have placed the resident at risk. Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. The menu had been reviewed by the dietician in 2014 and advice and recommendations had been taken on board such as a range of modified consistency meals.

Residents who needed their food served in an altered consistency such as pureed had the same choice of menu options as others. However, while the minced moist diet was suitably presented, the appearance of the pureed meal required improvement.

Inspectors saw residents being offered a variety of drinks throughout the day. Inspectors met with the staff member who was in the position of the chef, who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Inspectors also observed that a drinks trolley was available to residents in the afternoon and several were seen enjoying this opportunity for a social chat with one another. Snacks were provided at any time as requested.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and SALT speech and language review. The treatment plans for residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge. There was a good atmosphere in the centre and many residents and relatives remarked positively about this.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. Inspectors observed staff interacting with residents in a friendly and courteous manner.

A residents' committee continued to meet. The minutes showed that issues identified were responded to by the provider and person in charge. Residents also said they had opportunities to discuss issues as they arose with the provider, person in charge or any staff members. Changes to a resident's duvet cover, extra music therapy, a putting green and changes to the menu were provided as a result of the recent meeting. Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing. Relatives were pleased to be involved in care planning discussions.

Relatives said if they had any query it is addressed immediately. Relatives said they were kept up to date on their family status and any changes. Many residents went out with their families and friends during the day which they said they enjoyed. Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own rooms or in three other areas. There were no restrictions on visiting. Staff made tea/coffee for residents and relatives.

Inspectors found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to for example, bed and the time they got up. Residents had a choice about where they wished to dine and many residents said they could choose to take their lunch in the lounge while others dined in their rooms by choice. Information about each residents preferred daily routine was on file and staff said they worked in teams and had a flexible approach to suit the wishes and needs of each resident.

Inspectors observed staff working from a person centered approach, for example, there were examples of appropriate positive engagement from staff, for example, non verbal residents were spoken to in an appropriate and respectful manner. Inspectors observed that staff knew residents and relatives well and there was appropriate banter between all during the inspection.

Inspectors noted that televisions and telephone phone had been provided in residents' bedrooms. Newspapers were provided daily.

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Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Residents could have their laundry attended to within the centre. Inspectors spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations and residents' property was maintained. Resident's personal finances were well managed. The balance of one resident's pocket money which was held securely was reviewed and was correct.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider and described the workforce as like a family.

Inspectors found that the staffing levels, qualifications and skill mix on the day of the inspection were appropriate for the assessed needs of residents. However this area required improvement. While an additional nurse was allocated on the day of the inspection, inspectors were not satisfied with the supervision arrangements in the lounge area on the morning of the inspection. Residents were left unsupervised at times during the morning and staff concurred that this was the case on other days. The provider told inspectors she was committed to addressing this area after the inspection. Relatives and staff agreed that at other times, there were adequate levels of staff on duty. Additional nursing hours were allocated in the afternoon since the previous inspection, for the supervision of residents and the development of care plans.

There was a recruitment policy in place and inspectors was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and inspectors noted that all relevant documents were present. A checking system was in place to ensure that all documents required by the Regulations were in place. There was an orientation programme for new staff and staff appraisals since 2013.

Staff told inspectors they had received a broad range of training which included, infection control, behaviours that challenge, nutrition and medication management and there was evidence to support this. All staff had completed mandatory training. The provider had introduced a new spreadsheet to monitor the training delivered. A training plan for 2014 was shown to inspectors. This included crises prevention and behaviours that challenge. All care assistants had completed Fetac Education and Training Awards Council (FETAC) level five or were in the process of completing this.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

There were no volunteers in the centre.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss residents needs. These forums were also used to review and improve the service. Such as the management meeting, care planning/nurses and care assistant meetings.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Griffeen Valley Nursing Home
Centre ID:	ORG-0000046
Date of inspection:	29/04/2014
Date of response:	26/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not meet the requirements of the Regulations.

Action Required:

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

Please state the actions you have taken or are planning to take:

Statement of Purpose has been amended so as to meet with requirements of the Regulations. Copy attached.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 24/05/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not include all information as specified in Schedule 3 of the Regulations.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Please state the actions you have taken or are planning to take:

The referring organisation has been written into the register for residents who are currently residing in the Centre. Notification has been placed in the register to Include this information for residents that are admitted in the future

Proposed Timescale: 24/05/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The insurance policy did not indicate if a liability of up to €1000 per item was in place as specified in the Regulations.

Action Required:

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Please state the actions you have taken or are planning to take:

Griffeen Valley Nursing Home is insured with a leading, International Insurance Company who provides Residential care home Insurance. The insurance cover in place offers the resident better options and cover than the current regulations state, but the actual wording of the insurance policy differs from the legislation; this has been raised nationally with stakeholders and has been widely noted. The Health Act 2007, S.I. No. 415 of 2013, revises the current legal wording and insured requirements to be in accordance with current insurance details. This legislative change is due to be passed into law 1st July 2014.

However, to highlight the insurance package in place, we have entered this information into our statement of purpose with further details in the Contract of Care so as there is no confusion for residents/representatives.

Proposed Timescale: 01/07/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The medication policy did not guide practice.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

The Medication management policy now includes the procedure for the administration and checking of controlled medications.

Copy of relevant pages attached

Proposed Timescale: 22/05/2014

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All notifications had not been submitted to the Authority.

Action Required:

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Please state the actions you have taken or are planning to take:

Notification for resident that was admitted to the centre from hospital with a pressure ulcer was forwarded to the Authority on 3.5.14.

All other such notifications will be forwarded to the authority in the future.

Proposed Timescale: 03/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restraint was not managed in line with the national policy.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:

A restraint register is in operation in the centre to allow for formal review at risk management meetings.

Note:- Bedrails are the only restraint currently being used in the centre. 7 of the 10 bedrails in place are at the expressed wish of the individual residents. The other 3 bedrails in use have been requested by the residents representatives who have stated that the resident they represent would want the bedrail raised while in bed. Written request/consent is on file for all bedrails.

Sample copy attached

Proposed Timescale: 25/04/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All residents did not have opportunities for meaningful engagement appropriate to his or her interests and capacities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:

A new shift is due to commence on 13.6.14. This shift is from 10am to 1pm and is intended to provide light morning activities and supervision.

Proposed Timescale: 13/06/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents assessments and care plans did not guide the good care being delivered.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:

A) End of Life care needs, requests and supports are discussed and documented with residents/representatives. However, although CPR and DNAR orders are, and have been discussed (to great lengths), with residents/representatives, senior nursing staff, GP and other medical personnel involved in resident's care, the centre can only document what a resident is willing to discuss. However, we understand how the Inspectors found the information documented for some residents did not guide staff accordingly. This is to be reviewed for relevant residents and documented accurately. We will begin review immediately but due to the delicate nature of these discussions, they cannot be rushed which is why we have estimated such a distant completion date with the intention of completing same as soon as possible.

B) Updated assessments showing just dates and signatures were intended to indicate that there was no change to care on review. However, assessments that were unclear or involved a scoring tool are being reviewed. Where there is no designated space on assessment forms for documenting a detailed review, new assessment forms are being completed.

C) Bedrail risk assessment forms have been reviewed to include a section listing the alternatives and length of time each alternative is to be tried. We have reviewed restraint for all residents since the inspection and appropriate measures are in place.

A) Due to the delicate nature of these discussions they cannot be rushed. We aim for completion on 31.12.2014. B) & C) to be completed 31.7.14

Proposed Timescale: 13/12/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there were sufficient numbers of showers, four of the showers could only be used by independent residents.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:

There is a plan in place to remove the shower surround step from these 4 showers. Currently, 1 shower requires immediate attention as the other 3 en-suite showers are

occupied by Independent Residents or residents who require the use of the large assisted bathroom equipped with the specialized Hi Lo bath. Shower requiring immediate attention due for completion 31.7.14 – Other 3 showers due for completion 31.10.14

Proposed Timescale: 31/10/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Appropriate assistance was not provided to one resident with their meal.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:

Demonstrations have been given to staff to ensure that a resident's posture is correct and maintained during mealtimes.

Proposed Timescale: 07/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Dependant residents were not supervised at times during the inspection.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

A new shift is due to commence on 13.6.14. This shift is from 10am to 1pm and is intended to provide light morning activities and supervision.

Proposed Timescale: 13/06/2014