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:	Griffeen Valley Nursing Home
Name of provider:	Griffeen Valley Nursing Home Limited
Address of centre:	Esker Road, Esker, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	17 February 2025
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0041499

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

How we inspect

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
Monday 17 February 2025	08:20hrs to 14:10hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

The inspector found that residents received a good standard of care from staff and management team who knew them well. From what residents told the inspector and from what was observed, it was evident that residents were happy living in Griffeen Valley Nursing Home. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents and family members spoke highly of the staff and the centre, with comments such as "staff go above and beyond" ,"very happy with the care" and " food is beautiful". Those residents who could not articulate for themselves appeared comfortable and content.

The designated centre is located in Lucan, Co. Dublin. The centre is registered for 26 residents with no vacancies on the day of the inspection. The centre was purpose built and set out over a single storey. The centre included 20 single rooms and three twin rooms, all twin rooms and nine single rooms had en-suite toilet and shower facilities. Residents were able to personalise their own rooms and many contained items that were meaningful to that individual. For example, the inspector saw residents' brought some furniture from home and others had a selection family photos hanging on the walls.

Overall, the premises was found to be clean, warm and bright. The inspector observed residents in the larger living area enjoying mass on the TV and plenty of friendly conversation and good humoured fun happening between residents and staff. The activities on offer included chair yoga, exercise, manicures, music and bingo. A separate smaller sitting room was used for residents to enjoy time with their family members and were seen to enjoy afternoon tea together.

The inspector observed residents enjoying their meals in either the dining room or in their bedrooms if they preferred. Residents said the food was very good, and that they were very happy with the choice of food served. Resident's independence was promoted with condiments on each dining table. Residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner.

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

Capacity and capability

Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person

centred care and support. This was a one day unannounced inspection to monitor compliance with the Health Act 2007 ((Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also followed up on the actions taken by the provider to address improvements following the last inspection in February 2024. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed. However some areas for improvement were identified in areas such as premises as further described in the report.

Griffeen Valley Nursing Home Limited is the registered provider for the designated centre. There are two company directors who were actively engaged in the running of the centre on a daily basis. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge was supported in their role by an assistant director of nursing, a team of staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff.

There were good management systems in place such as clinical governance meetings, staff meetings and residents meetings. It was clear these meetings ensured effective communication across the service for example: audit results were discussed with action plans in place to aid shared learning. The quality and safety of care was being monitored through a schedule of audits some of which include falls, premises and infection prevention and control audits. An annual review of the quality and safety of care delivered to residents had been completed for 2023 and the team were in the process of completing the annual review for 2024.

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

The inspector found that the issues highlighted in the previous report in respect of failing to report incidents of injury to residents to the Office of the Chief Inspector had been addressed.Since the last inspection all notifications had been submitted to the chief inspector as per regulation 31: Notification of incidents.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, it was clear there were sufficient staff on duty to meet the needs of the residents.This included taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing programme of training that was appropriate to the service. Mandatory training such as fire safety and safeguarding was completed for all staff. It was clear management had good oversight of mandatory training needs.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

The residents living in Griffeen Valley Nursing Home were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident from what the inspector observed that staff worked hard to ensure that residents' needs were met.

There were arrangements in place for residents to access a general practitioner (GP) of choice, as well as a variety of health and social care services, including dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support to residents' care if required.

The inspector reviewed a sample of care records, assessments and care plans on the day of the inspection. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition. Care plans were in place addressing the individual needs of the residents,and while some care plans were kept up to date not all care plans reflected the current needs of the resident to guide their care. In a sample of care plans reviewed by the inspector there were some good examples were seen relating to residents communication needs and social routine. All residents had an advanced care directive in place which allowed residents to express their wishes and preferences at the end of life. These were completed on admission and reviewed on a regular basis. This is further discussed under Regulation 5: Individual assessments and care plans.

The premises was generally clean and in a good state of repair. It was nicely decorated with photos of residents enjoying activities in the centre. Residents had access to an enclosed courtyard, where they could wander in and out independently.The centre provided a variety of communal rooms for residents' use. However, there were some areas for improvement to ensure that the premises conformed to the matters set out in Schedule 6 of the regulations. These are outlined under Regulation 17: Premises.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents' clothing was laundered outside the centre. Systems were in place to ensure residents' own clothing were identifiable, which minimised the risk of items becoming misplaced.

Judgment: Compliant

Regulation 13: End of life

End-of-life decision making included residents and their families, where appropriate. The sample of records reviewed showed that residents' personal wishes at end of life were recorded, when known, in individualised care plans.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises required further review to ensure compliance with the regulatory requirements set out in Schedule 6:

- Areas of the premises were not kept in a good state of repair for example there was considerable wear and tear to handrails throughout the corridors and bedrooms.
- Lockable storage was not available in all residents' bedrooms.
- There was a lack of storage space in the centre which resulted in inappropriate storage in some areas. For example, commodes, hoists, and wheelchairs stored in communal bathrooms and sitting rooms respectively.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While there was evidence that residents needs had been assessed using validated assessment tools, the care plans reviewed were not always informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents. In addition, not all care plans were reviewed as the residents' condition changed. For example:

- a residents care plan was not updated following a dietician review and the outdated information still remained in the care plan and didn’t guide the care of the resident.
- One care plan contained inconsistent information regarding a residents dietary requirements.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's attended the centre regularly to support the residents' needs. There was evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, occupational therapy and dietetic services.

Judgment: Compliant

Regulation 9: Residents' rights

Following up on the compliance plan from the last inspection, the following issues were actioned.

- Privacy locks were in place for all bedrooms and bathrooms
- The layout of a twin room was reconfigured to allow residents to access their personal belongings within their own bed space.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0041499

Date of inspection: 17/02/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Handrails - We have started repainting all handrails. These will be complete in approximately 4 weeks.

Lockable Storage – Most bedrooms were equipped with lockable lockers after the inspection in 2024. Some bedrooms have a lockable safe positioned within the wardrobe that has a number code and key opening option. The remaining 4 bedrooms will have lockable lockers supplied to them within the next 8 weeks.

Bedrooms – Bedrooms are being gradually painted. It was our plan to replace all wardrobe doors and headboards last year, however other items needed to be prioritized. We have repainted all large communal rooms and upgraded the courtyard furniture. Flooring is currently being upgraded. New water heaters were fitted in December 2024 together with a new fire alarm system, fire doors and free swing door closers to all rooms. A new nurse call system is planned to be fitted in the next 2 months together with an upgraded phone system and Wifi.

Storage - In 2017 we applied for and were granted permission to erect a building to accommodate storage. However, due to Covid and the subsequent inflationary crisis we were not in a position to act on this permission. The Permission, only lasting for 5 years, lapsed in 2022. We have been advised by our architect that the full application can be resubmitted without delay and there would be a 12 week waiting period before a full grant of permission.

With the recent financial schemes for Nursing Homes improvements being made available by the HSE, we would hope that 2026's scheme will part fund the new storage building. In the meantime, we are reorganizing existing storage areas within the Centre as a temporary measure to accommodate the standing hoist, weighing scales etc.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Both care plans were updated at time of GP visit – 19/02/2025. All staff have been reminded of the importance of Care Plan audit to ensure that the most up to date information is documented. Care Plan meetings are held every 4 months, with the most recent held on 20th January 2024 and the next one planned for week ending 23rd April 2025

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	30/09/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	19/02/2025