



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

Issued by the Chief Inspector

Name of designated centre:	Garbally View Nursing Home
Name of provider:	Tony Whyte T/A Garbally View N.H
Address of centre:	Brackernagh, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0000343
Fieldwork ID:	MON-0036611

About the designated centre

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

Garbally View nursing home is a single storey building developed from a family home in 1992. Garbally View is situated in the relatively busy town of Ballinasloe. The nursing home is located near restaurants, hotels, pubs, libraries and community halls. The centre has secure landscaped gardens that are fully accessible to residents. Garbally View can accommodate up to 36 residents in both single and double rooms. The centre caters for all residents over the age of 18 years for short or long term care. The centre provides care for residents who have assessed as having low, medium, high or maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 June 2022	09:00hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and with their life in the centre. The inspector observed a lot of good practice on the day and regulatory compliance was found across most regulations.

This unannounced risk inspection took place over one day. There were 35 residents accommodated in the centre on the day of the inspection and one vacancy.

The centre had experienced an outbreak of COVID-19 in February 2022. Staff and management described heightened anxieties and challenges as a result of the outbreak. The inspector acknowledged that residents and staff of the centre had been through a challenging time since the onset on the pandemic.

On the morning of the inspection, the inspector completed a tour of the designated centre accompanied by the person in charge. The designated centre comprised of single and twin bedroom accommodation. There were a number of communal spaces in the centre for residents to use, depending on their choice and preference, which included two day-rooms, a dining room and a family room. These rooms were bright and contained comfortable furnishings which provided a homely environment for residents. Bedrooms were suitably styled and many were personalised to suit residents' individual preferences. Hallways and corridors were decorated with pictures and artwork.

The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright, warm and well ventilated throughout. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. The bedrooms had sufficient space for residents to live comfortably, which included adequate space to store personal belongings. There was a sufficient number of toilets and bathroom facilities available to the residents. A number of toilets were equipped with dementia-friendly sanitary wear to assist residents with cognitive impairment to easily identify the toilet and hand rail. There were call-bells available throughout the centre.

Residents also had access to bright outdoor spaces where the inspector observed a number of residents enjoy the good weather in the afternoon.

The centre was very clean and tidy on the day of the inspection. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use.

The inspector interacted with a large number of residents throughout the day and spoke in detail with a total of six residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Residents who spoke with the inspector said they were well cared for by staff who were very kind and helpful. They told the inspector that they were provided with everything they needed and that they felt safe in the centre. They said they that they were very familiar with the individual managers and that they would feel comfortable to raise a concern with staff if they needed to.

The inspector also spoke with two visitors who both spoke very positively about the care and support received by their loved ones.

Throughout the day, the inspector observed that staff were busy attending to the needs of residents in the various areas of the centre. The inspector observed staff engaging in kind and positive interactions with residents, and friendly conversations could be overheard throughout the day. The majority of residents were up and about on the day, and were observed relaxing in the various communal areas. Other residents chose to spend time in their own bedrooms. A number of residents were observed moving freely around the centre and interacting with each other and staff. Other residents required assistance from staff with their mobility needs. On the day of the inspection, the inspector observed a small number of staff using manual handling practices not consistent with current best practice. This will be discussed further under Regulation 16: Training and staff development. Residents were seen to be happy and content as they went about their daily lives. It was evident that residents were supported by staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Inspectors observed that personal care was attended to a high standard. Overall, there was a relaxed and friendly atmosphere throughout the centre.

Residents had a choice of when and where to have their meals throughout the day. The daily menu was on display in a prominent place and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

The inspector observed that the residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. There was a detailed activities schedule in place seven days a week which included daily mass and prayers, bingo, light touch therapy, music and day trips. Residents told the inspector that they were free to choose whether or not they participated. The inspector observed the activities co-ordinator provide both group and one-to-one activities on the day of the inspection.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and inspectors

observed many visitors coming and going throughout the day.

There was good infection prevention and control signage in place at key points throughout the centre. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

In summary, inspectors found a good level of compliance in the centre. Residents were supported to have a good quality of life. There was a responsive team of staff delivering safe and appropriate person-centred care to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in June 2021.

Following an inspection in November 2019, where action was required by the provider to assure compliance with Regulation 28: Fire precautions, condition 4 was attached to the registration of the centre. Condition 4 required the provider to implement the compliance plan dated 12 November 2019 to the satisfaction of the Chief Inspector by no later than 30 August 2020. The findings of this inspection were that the provider had completed the necessary actions to assure compliance with Regulation 28: Fire precautions.

Inspectors found that the governance and management of this centre was well organised and resourced, to ensure that the residents were supported to have a good quality of life. The quality and safety of the service provided was of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The management team was observed to have strong communication channels and a team-based approach. The provider had addressed the actions required following the last inspection. There was a clear organisational structure in place, with identified lines of authority and accountability. Both the person in charge and the person representing the provider facilitated this inspection. The person in charge was supported in their role by a deputy person in charge and a full complement of staff including nursing and care staff, activities staff, housekeeping staff, catering

staff, and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The person representing the provider was also involved in the day-to-day operation of the centre and provided a high level of management support to the person in charge. Both the person in charge and the provider representative were well known to the residents and were observed to be a strong presence in the centre. Both individuals demonstrated a good knowledge of their responsibilities in relation to the regulations.

The designated centre had adequate resources to ensure effective delivery of good quality care and support to residents. There was a stable and dedicated team in the centre which ensured that residents benefited from continuity of care from staff who knew them well. The staff team had an appropriate skill mix to meet the assessed needs of the resident. There was sufficient numbers of staff on duty on the day of the inspection. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The person in charge and deputy person in charge provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

The provider had good systems of monitoring and oversight of the service in place. There was a schedule of audits in place which reviewed areas of the service such as falls management, safeguarding vulnerable adults, call bell response times, person-centred care, and infection prevention and control. Key aspects of the quality of resident care were collected on a weekly basis and included data collection in relation to falls, wounds, medication, weight loss, complaints and other significant events. There were monthly quality improvement meetings which reviewed all of this information and identified areas for improvement. There was a quality improvement plan for 2022 which included the ongoing refurbishment of the premises.

There was evidence that there was effective communication with staff in the centre. Staff meetings were held where issues were discussed including COVID-19, resident care issues, infection prevention and control and other relevant issues.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. However, action was required to ensure complaints were managed in line with the requirements of Regulation 34: Complaints procedure.

Regulation 15: Staffing

The number and skill-mix of staff on duty during the inspection was appropriate to meet the direct care needs of the residents. There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

While staff members had received training in people moving and handling, the inspector observed that a small number of staff did not demonstrate correct manual handling techniques when providing assistance to residents with mobility needs. The method used increased the risk of injury to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of a good standard of care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that monitored the quality and safety of the service.

The person in charge carried out an annual review of the quality and safety of care in 2021 which included an improvement plan for 2022.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with centre's

complaints policy. The complaints procedure was displayed in a prominent place in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and the majority of the policies were updated in line with regulatory requirements.

The infection control policy was not up to date and did not contain information from the most recent national guidance.

Judgment: Substantially compliant

Quality and safety

From what the inspector observed, there was evidence that the care and support provided to the residents was of a good standard. There was a person-centred approach to care, and residents' well-being and independence were promoted. Staff were respectful and courteous with the residents. Residents who spoke with the inspector were satisfied with the quality of the service they received.

Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. The inspector reviewed a sample of three residents' files as part of the inspection process and found that care plans were holistic and contained person-centred information. However, action was required to ensure care plans contained up-to-date information to guide staff in the assessed needs of residents. This is described further under Regulation 5: Individual assessment and care plans.

Residents had access to a general practitioner and were provided with appropriate medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified healthcare needs. This included access to physiotherapy, occupational therapy and dietitian.

The provider promoted a restraint-free environment in the centre, in line with local

and national policy.

Residents' individual preferences were supported and the inspector observed that residents were able to exercise choice in their daily routines. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' meetings were held regularly and a range of topics were discussed. Minutes of recent residents' meetings reviewed by the inspector showed that issues discussed included COVID-19, visiting, planned building works and activities. Residents also had access to an independent advocacy service.

The premises was generally well maintained and appropriately decorated throughout. All areas of the centre were observed to be very clean and tidy. The person in charge informed the inspector that they were in the process of installing a new sluice room in the centre. As a result of this work, some reconfiguration of the building was required. A small number of areas of the centre were due to be repainted and floor coverings were to be replaced as part of this ongoing refurbishment work.

The centre had arrangements in place to manage risk. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. An incident log was maintained that logged all incidents that occurred in the centre and included preventative actions.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and easily accessible to staff. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. The provider had completed regular fire evacuation drills to ensure residents could be evacuated in a safe and timely manner. This was an action from the previous inspection. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place. There was a valid fire regularisation certificate available for the centre.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place which included the required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. The provider had addressed the actions from the previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were up to date and reviewed in line with the assessed needs of the residents. For example;

- one resident did not have their current medical care needs integrated into their care plans.

- one care plan contained out of date information in relation to the mobility needs of the resident.
- one care plan contained conflicting information regarding a resident's weight.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and healthcare professionals and services to meet their assessed needs

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told inspectors they were well looked after and that they had a choice about how they spent their day.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Garbally View Nursing Home OSV-0000343

Inspection ID: MON-0036611

Date of inspection: 15/06/2022

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:

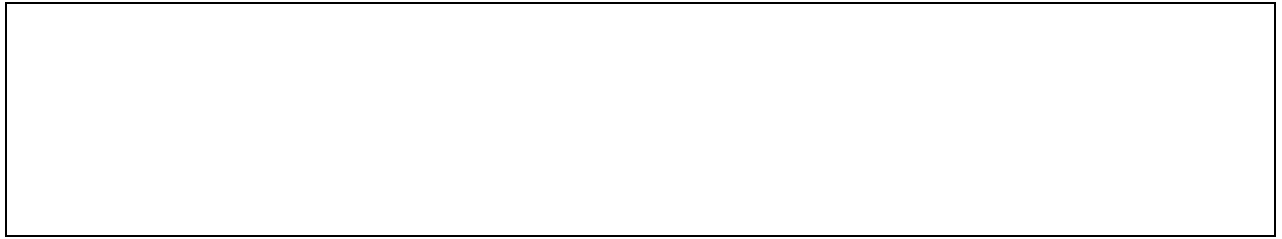
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have had up to date training in Manual Handling Supervision of Manual Handling Practices are carried out by the S/N on duty Physiotherapy guidance have been given on the transfer of specific residents</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>IPC policy has been reviewed and updated in line with current guidance</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Residents files have been updated relevant to their current needs Files are updated now when any changes occur</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/07/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	14/07/2022
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	Substantially Compliant	Yellow	30/07/2022

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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