



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Portumna Retirement Village
Name of provider:	Tony Williams
Address of centre:	Brendan's Road, Portumna, Galway
Type of inspection:	Unannounced
Date of inspection:	07 September 2022
Centre ID:	OSV-0000378
Fieldwork ID:	MON-0037214

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
--	----

## How we inspect

To prepare for this inspection the inspector or 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 7 September 2022	10:30hrs to 17:55hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The feedback from residents was that this was a very good place to live, and that they were well cared for by staff who were kind and attentive to their needs. On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care in a supportive environment. The inspector observed a warm, friendly atmosphere throughout the centre.

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. The centre was a purpose built facility on the outskirts of Portumna, Count Galway. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation was provided for 63 residents and comprised of single and twin bedrooms, all of which were ensuite. The décor was modern throughout and all areas of the centre were appropriately furnished to create a homely environment.

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. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a choice of communal areas provided for residents on both floors, including days rooms and dining rooms. Bedroom accommodation provided residents with sufficient space to live comfortably and adequate space to store personal belongings. The inspector observed that many residents had decorated their rooms with personal items.

Residents also had unrestricted access to bright outdoor spaces which contained a variety of suitable seating areas and garden furniture.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting equipment.

The inspector interacted with a large number of the residents in the centre throughout the inspection and spoke in detail with a total of twelve residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Residents told the inspector that they felt safe in the centre and that they could freely raise any concerns with the staff. One resident told the inspector that the staff 'could not do enough for them'. Another resident said that they loved living in the centre and that staff were always very good to them.

Throughout the day residents were observed relaxing in the various indoor communal areas, outdoor areas and in their own bedrooms. Residents moved freely around the centre, interacting with each other and staff. Staff supervised communal

areas and those residents who chose to remain in their rooms or sit outdoors were monitored by staff throughout the day. There were opportunities to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. Residents told the inspector that they were supported to spend the day as they wished and described the various activities available to them, including art, music, and bingo. One resident told the inspector that they had 'plenty to do that suited them'. They especially loved the art activity and proudly showed the inspector their paintings. A number of residents informed the inspector that they were also supported to go on trips, including visits to their own homes. On the afternoon of the inspection, the inspector observed a number of residents taking part in a lively sing-along which they appeared to enjoy.

The inspector observed that residents had a choice of when and where to have their meals throughout the day. Residents told the inspector that they had a choice of meals and drinks available to them every day and they were very complimentary about the quality of food. The dining experience at lunchtime was observed to be a social, relaxed occasion and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

Throughout the day, the inspector observed staff providing care to residents in an unhurried fashion. Friendly, respectful conversations between residents and staff could be overheard throughout the centre. The inspector observed that personal care and grooming was attended to a high standard.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

The centre was very clean, tidy and generally well maintained on the day of the inspection. While the inspector observed a small number of areas of décor that required action, it was noted that ongoing redecoration of the centre was included in the quality improvement plan for 2022. Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use.

In summary, the inspector found a very good level of compliance with regulations, with a responsive team of staff delivering safe and appropriate person-centred care and support 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.

## 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 also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2021.

The inspector found that the quality and safety of the services provided in this centre were of a good standard. The governance and management was well organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The provider had addressed the actions of the compliance plan following the last inspection.

The provider of Portumna Retirement Village was Tony Williams. The management team were well known to staff and residents. The person in charge, who facilitated the inspection, demonstrated a clear understanding of their role and responsibility and was a strong presence in the centre. They were supported in this role by a general manager, an assistant care manager and a full complement of staff including nursing and care staff, activity coordinator, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team was observed to have strong communication channels and a team-based approach. The management team met with each other, residents and staff on a daily basis and discussed a range of relevant issues including resident care.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed which reviewed practices such as use of restraint, medication management, and infection prevention and control practices. There was an annual review of the quality of the service provided for 2021 which included input from residents. There was a quality improvement plan in place for 2022.

On the day of the inspection, the centre had a stable team in place which ensured that residents benefited from continuity of care from staff who knew them well. The 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. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

There were policies and procedures available to guide and support staff in the safe delivery of care.

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 centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

### Regulation 15: Staffing

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

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their roles . The person in charge ensure that staff were appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files were reviewed by the inspector and found to have all the



required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record kept of all complaints.

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

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

Judgment: Compliant

## Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a high quality. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

The inspector reviewed a sample of five resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including skin integrity, falls risk, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre and, reviewed every four months or as changes occurred in line with regulatory requirements. The care plans reviewed by the inspector were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

There were a number of residents who required the use of bedrails. Records available showed that appropriate risk assessments had been carried out. Psychotropic medications were only administered as required and only as a last resort. This medication was part of the residents' overall treatment plan and was recommended following referral and review by specialist services.

There were regular residents' meetings which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that relevant topics were discussed including fire safety, complaints, safeguarding, CCTV, care plans and activities. Resident satisfaction surveys were carried out with positive results. Residents had access to an independent advocacy service.

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 centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities).

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

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 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes .

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

## Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

## Regulation 27: Infection control

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

Judgment: Compliant

### Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident. 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.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that 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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant