



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

Issued by the Chief Inspector

Name of designated centre:	Griffen Valley Nursing Home
Name of provider:	Griffen Valley Nursing Home Limited
Address of centre:	Esker Road, Esker, Lucan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 July 2022
Centre ID:	OSV-0000046
Fieldwork ID:	MON-0037471

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 allows residents to access outdoor space safely.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 25 July 2022	08:40hrs to 16:30hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a good place to live, with plenty of communal and private space. Residents described staff as being kind and caring and enjoyed the activities provided. The inspectors spoke with a large number of the residents during the inspection and met six visitors, who were in visiting their relatives. Residents said that they were treated well and their rights and choices were respected by staff. This was also confirmed by the observations made on the day. The atmosphere in the centre was very relaxed throughout the inspection.

Visitors who spoke with the inspector said that the staff were welcoming, the care was very good and staff responded quickly to any change in residents' condition so that they received the care they needed. They said that there was good communication from the provider with regard to their loved one on an on-going basis and during outbreaks in the centre. The inspector observed staff to treat residents with dignity and respect, and their contact was seen to be friendly and patient in their interaction towards residents and visitors.

The inspector arrived unannounced to the centre and on arrival they were met by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene, checking for signs of infection and the wearing of face masks were implemented prior to entry into the centre.

The inspector was guided on a tour of the centre by one of the owners. The accommodation in Griffeen Valley Nursing Home was located on the ground floor. There was a variety of communal spaces and enclosed courtyards, available to residents, which were well maintained. Residents were seen to enjoy outings with family during the inspection day.

The provider had upgraded dining and bedroom furniture since the last inspection. They had installed additional hand hygiene sinks to support good hand hygiene in the centre. However, these sinks did not comply with the recommended specifications for clinical hand wash basins.

Overall, the general environment and residents' bedrooms, toilets, residents' bedrooms communal bathrooms and 'dirty' utility rooms inspected were visually clean. However, the underside of some shower chairs were unclean. There was a lack of storage space in the centre which resulted in inappropriate storage in some areas. For example, commodes and hoists stored in communal bathrooms and clinical store room respectively. Residents who spoke with the inspector said that they were satisfied with the level of cleanliness in the centre and that the staff were "good at washing their hands regularly".

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these

arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with Regulation 27. Details of issues identified are set out under Regulation 27: Infection Control and the *National Standards for infection prevention and control in community services* (2018).

Infection prevention and control governance, guidelines and oversight and monitoring systems required strengthening. For example the supervision and oversight of cleaning practices to ensure effective cleaning of equipment. Findings in this regard are further discussed under the individual Regulation 27.

Griffeen Valley Nursing Home Limited was the registered provider. The person in charge was supported in their role by the proprietors, who were actively involved in the day-to-day running of the centre. The person in charge was supported in care delivery by the assistant director of nursing, nurses, healthcare assistants, housekeeping, catering and activities staff. There were sufficient household staff rostered to cover cleaning over seven days a week.

The centre had experienced two significant COVID-19 outbreaks since the last inspection. Line listings were maintained and Public Health were informed and supported the centre during these outbreaks. The provider completed formal reviews of the management of the outbreaks and used learnings from outbreaks to improve the quality and safety of care in the centre. Examples of improvements were, the provision of a separate medication locker and a policies and guidance folder for staff in the areas that were cohorting residents who were positive for COVID-19. They did this in efforts to prevent onward transmission of the COVID-19 virus. Learnings from past outbreaks were seen to be integrated into the emergency plan for outbreaks.

There were clear lines of accountability and responsibility with regard to governance and management arrangements for infection control in the centre. One of the proprietors was the lead in the event of an outbreak. However, there was no ongoing support from a qualified infection control practitioner as per HIQA *National Standards for Infection Control in Community Services* (2018).

Daily hand hygiene practice audits were carried out by the person in charge or the assistant director of nursing. Staff said that this supported them in their work and this was evidenced in good practice hand hygiene practice observed during the day of inspection.

There was insufficient oversight and monitoring of infection prevention and control systems. For example; antibiotic use and specific infection information was not used

to monitor for any potential onward transmission of healthcare associated infections. There was a programme of infection control audits. However, the audit tools used did not identify findings on the inspection day. Gaps in examples seen were in the monitoring of safe clinical waste management and equipment cleaning.

The inspector was informed that infection prevention and control training was provided on induction and yearly, through a combined approach using e-learning and face to face training. Infection prevention and control training matrix was maintained, which showed that eleven out of thirty eight staff were overdue infection control training. This meant that all staff had not received the appropriate training relative to their role.

The centre had a number of infection control and cleaning policies which covered standard and transmission precautions, however they did not include guidance information on the cleaning of and management of nebulizers and patient monitoring equipment and routine cleaning of the environment. This may result in inappropriate cleaning processes being used and equipment not being safe for further use.

Quality and safety

Overall, the inspection found that residents were appropriately supported to live a good quality of life in the designated centre. Notwithstanding the positive findings, further review and development under Regulation 27: Infection Control was required. Details of issues identified are set out under Regulation 27.

The inspector observed many good examples with regard to infection control in the centre. These included a successful COVID-19 and influenza vaccination program, which was available to residents and staff. Residents and staff were monitored regularly for signs of infection to allow for early identification of infection, so that preventative measures could promptly be put in place to prevent onward transmission of infection. There was good practice with regard to hand hygiene and when staff were putting on and taking off personal protective equipment (PPE).

Residents were supported and encouraged to maintain communication and links with their friends and families. Visiting was seen to be managed safely in line with national guidelines, and visits took place in resident bedrooms, the sun room, the lavender room and enclosed gardens.

Resident had access to responsive medical cover by their general practitioner (GP) and other allied health and social care professionals, such as tissue viability nurse specialists. There were no indwelling medical devices in use in the centre, such as urinary catheters. A care plan for a resident with a wound was reviewed by the inspector. It was found to contain information to prevent wound infection.

While there were spill kits available in the centre, the solution to manage blood spills

had expired. This was removed on the inspection day. Staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. While safety engineered sharp management devices were used, action was required to ensure that clinical waste was stored securely, such as sharps boxes.

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27, however, some action was required to be fully compliant. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation was not used to inform antimicrobial stewardship measures.
- Local infection prevention and control guidelines did not give sufficient detail on the effective cleaning and decontamination of equipment and the environment.
- Eleven out of thirty eight staff were out of date for infection prevention and control training, which meant that they may not have up-to-date skills and knowledge when delivering care.
- There was insufficient guidance in the infection control policy to guide staff with regard to routine environmental cleaning and equipment cleaning. For example: there was no guidance for staff with respect to cleaning and storing nebulizer masks and chambers and patient equipment. This may present an infection control risk, if equipment was not decontaminated effectively before further use.
- Infection control audit tools used were not robust, they did not identify findings during this inspection with regard to the following examples: safe management of clinical waste such as used sharps and cleaning practices.
- There were no system in place to show that equipment such as wheel chairs and hoists had been cleaned. Dust and debris was seen on two hoist viewed. This meant that they had not been cleaned following use.
- There was a lack of adequate storage space in the centre resulting in inappropriate storage of equipment. Commodes and hoists were seen in communal bathrooms and a seated weighing scale in the lavender sitting room.

The inspector identified inconsistencies in applying standard and transmission based precautions as per standard 2.1. As a result, efforts to prevent and control transmission of infection were restricted. This was evidenced by:

- Five staff members told the inspector that the contents of commodes/bedpans were manually decanted into the sluice and manually cleaned prior to being placed in the bedpan washer for decontamination. This may result in an increased risk of environmental contamination and cross infection.
- The underside of some shower chairs were stained and there was rust evident on cleaning solution holders in the cleaners store and dirty utility

- room. This meant that they had not been or could not be cleaned effectively.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning of small items of equipment. This practice could result in surfaces not being cleaned appropriately and possible damage to surfaces with prolonged use.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Griffeen Valley Nursing Home OSV-0000046

Inspection ID: MON-0037471

Date of inspection: 25/07/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Antibiotic data was normally collated on a Thursday and reviewed monthly and 3 monthly. This has now been extended to include the types of antibiotics, reason for use etc. A sample of blank record sheets were attached to this compliance plan - complete • Environmental cleaning policy has been reviewed, updated and circulated to all staff. The policy now includes sufficient detail on the effective cleaning and decontamination of equipment and the environment. Policy sent with compliance plan (pages 4 – 10 newly inserted) - complete • All staff (with the exception of long term sick leave and maternity leave staff) have completed IPC training - complete • Environmental cleaning policy has been reviewed, updated and circulated to all staff. Devise management policy updated to include nebulizer cleaning and storing nebulizer masks and chambers and patient equipment. Policy sent with compliance plan - complete • Infection control Audit tools will be completed with more detail and ensure that all elements are included to ensure standards are maintained. There was a section overlooked in the previous environmental audit that took place which can only be put down to an accidental oversight - complete • There is now a system in place to show that equipment such as wheelchairs and hoists have been cleaned. Housekeeping folders have been reviewed and staff educated in same. Schedules and records for everything are now kept in one folder with the exception of catering areas which, are held by catering staff. Hoists, shower chairs, crash mats and commodes are now within this folder and not in a separate folder which was not located on the day of the inspection. - complete 	

- Funding is being sought to extend the storage room within the lavender room – November 2022
- Staff have been retrained of the correct procedure in decanting contents from commodes/bedpans. The correct process has been communicated to all staff. - complete
- Rusted holders in cleaners store and dirty utility have been replaced. Housekeeping have been informed of the underside of the shower chairs. This has also been itemized on the cleaning schedule and cleaning records so that it will be attended to regularly in the future - complete
- Alcohol wipes have been replaced with detergent wipes for small items. Warm water and soap are used to clean larger items. This is also documented in the updated cleaning schedules - complete

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022