



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

## Issued by the Chief Inspector

Name of designated centre:	Valentia Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0036961

## About the designated centre

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

Valentia Hospital is set in a peaceful and relaxing surroundings with beautiful sea views. The Hospital consists of one story building. It has 22 bedrooms, 20 single en-suite bedrooms and two double en-suite bedrooms. Accommodation is provided for male & female residents who are usually over the age of 65 years. The hospital is a 24 hour Nurse-Led service supported by the General Practitioner. Prior to admission, a full consultation process is carried out with resident and/ or their representative. All admissions to Valentia Hospital are planned admissions.

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

Number of residents on the date of inspection:	18
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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 1 June 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

This inspection found that Valentia Hospital was a well established centre, where residents were supported to enjoy a good quality of life, by staff who were kind and caring. The inspector met with both residents and visitors and spoke at length with five residents about their experience of living in this centre. The feedback from residents and families was overwhelmingly positive. Residents told the inspector that they felt safe in their home and that they were very content living there. The inspector observed there was a friendly, warm atmosphere throughout the centre. Residents who spoke with the inspector said that they were well cared for by the staff and they were provided with the help and support they needed.

Valentia Hospital provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural area, on Valentia Island, in South Kerry. It is a single storey facility that was renovated and extended, to reach its current capacity of 24 residents. Bedroom accommodation comprises of twenty single and two twin bedrooms, all with en suite facilities. The inspector saw that residents bedrooms were spacious and homely, and some residents brought in their belongings from home. Residents told the inspector that they loved their single en-suite rooms and the privacy they had. One resident told the inspector they especially loved the view of the sea from the window.

The inspector completed a walk around of the centre, on the morning of the inspection, together with the person in charge. The centre was well laid out, with all accommodation on one floor and a choice of adequate communal spaces and a tranquility room for residents. The corridors were wide with grab rails available to assist residents to mobilise safely. The inspector observed that the centre was clean, spacious and suitably decorated, both inside and outside. The centre was well rooted in the community and local people from a community job scheme took responsibility for maintenance of the premises. The inspector saw that the premises was very well maintained both inside and out. The inspector observed that there the centre was nicely decorated, with large pictures of local areas such as the Basket Islands, as well as other art work on the walls, many of the pieces reflecting the sea surroundings. The inspector also met with the dog named Bailey who was a regular visitor to the centre. Residents told the inspector they loved to see the dog in the home and enjoyed the interaction.

A garden area, to the back of the centre, overlooked the sea and provided safe unrestricted access to an outdoor space for residents. The inspector saw that this area was well maintained with paving, seating and numerous raised flower beds. Residents were observed using this area on the day of inspection supported by staff. The inspector observed an exercise class taking place in this area which six residents took part in. There was great interaction between the activities staff member and residents seen. Residents were served ice cream outside

The inspector spent time observing care delivery and staff interactions with

residents throughout the day. There was a warm and welcoming atmosphere in Valentia Hospital and staff and resident interactions were observed to be respectful and empathetic. It was evident that staff knew residents well and were familiar with the residents' daily routines and preferences for care and support. Staff spoken with were passionate about their work and told the inspector they enjoyed caring for the residents in the centre and getting to know about them and their families. On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner.

Residents spoke positively about the choice of food and the quality of food in the centre. Food was attractively presented and residents requiring assistance were assisted appropriately. There were two dining rooms in the centre and the inspector observed that only two residents ate in the dining room on the day of this inspection. Some residents were observed eating in their bedrooms while others were seen to eat in the sitting room, with a tray table in front of them, and were not afforded a dining experience. This required review and is discussed further under regulation 18.

Residents were observed in the various areas of the centre throughout the day. A number of residents sat together in the day room or out in the garden. Others chose to remain in their own rooms, preferring to spend time on their own. It was evident that residents were supported by the staff to spend the day as they wished with the exception of the dining time as is further outlined in the report. The daily activity programme was displayed on a notice board and had a varied list of activities. A small group of residents were attending a bingo game and quiz in the afternoon of the inspection. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate in the game. Residents regularly attended meetings in the centre and said that staff and management were available to them at all times. .

In summary, this was a good centre 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 and the quality and safety of the service.

## **Capacity and capability**

This was an unannounced risk inspection conducted by an inspector of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Findings of this inspection were that Valentia Hospital was a well managed centre, where residents received good quality, safe care and services. The registered provider and team of staff were very committed to ongoing quality improvement for the benefit of the

residents who lived in the centre. Care and services were of a very good standard and the management of the centre was robust, ensuring that standards of safe care and services were maintained. Some areas found on this inspection that required to be addressed were pertaining to infection control, care planning and food and nutrition. These will be discussed under the relevant regulations.

The registered provider of this centre is Valentia Community Health & Welfare Association Company Limited by Guarantee. The management structure consists of the registered provider, a voluntary board, comprised of ten directors, with responsibility for the running the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There was a person in charge who worked full-time in the centre and they demonstrated a clear understanding of their role and responsibility, and was a visible presence in the centre. They were supported in their role by a clinical nurse manager, appointed since the previous inspection, which further strengthened the governance of the centre. A range of audits were carried out which reviewed practices, and action plans were developed following these audits to implement improvements.

A review of the staffing roster found that there were improvements in the staffing levels, in particular staff allocated to activities, since the previous inspection. On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care, from staff who knew them well. There were systems in place to ensure appropriate communication between the management team and the staff. Regular team meeting were scheduled and documented.

There was a strong emphasis on staff training and development in the designated centre, including regular in-house training sessions for staff on duty. Records and documentation, were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures were available, which provided staff with guidance about how to deliver safe care to the residents. The inspector reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. Incidents occurring within the centre were being documented and all had been notified to the Chief Inspector as required by the regulations.

## Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated

competence in their work. Rosters showed that there was a qualified nurse on duty in the designated centre at all times, as required by the regulations. Improvements were noted with regards to the allocation of staff to activities since the previous inspection, which impacted on residents quality of life.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had good access to training and all staff were up to date in their mandatory training requirements. Staff were supervised in their work and received regular feedback from management, regarding their performance.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of four staff files and all contained the records as set out in Schedules 2 of the regulations. Records requested on the day of inspection were well maintained.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, this was a well managed centre. There were sufficient resources to ensure that care and services were provided in accordance with the centres' own statement of purpose. Management systems were effectively monitoring quality and safety in the centre via clinical audits in areas such as falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of residents contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include:



- the room to be occupied and number of other occupants in that room.
- the fee for the service.
- details of any additional fees to be charged, that are not included in the fee.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. Residents and families were made aware of the complaints policy and knew how to make a complaint if they wished to do so. Records of complaints were well maintained and investigated in line with the centres complaints policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The inspectors found that all Schedule 5 policies were reviewed and up-to-date. These policies were also made available to staff.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the care and services provided to the residents in Valentia Hospital was of a very good standard. Residents spoke positively about the care and support they received from staff and told the inspector that they were very

contented and felt safe in their home. Residents' health, social care and spiritual needs were well catered for and there was a strong emphasis on residents human rights and maximising their potential and independence.

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents. The inspector reviewed a selection of care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were found to be updated four monthly or more frequently, when there were any changes to the residents care or condition, which is a regulatory requirement. Although some information were seen to be person-centred, some information in care records was generic, which required review, and is discussed further under regulation 4.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Improved oversight was required in ensuring that administration records were completed in line with professional guidelines, which is further detailed under regulation 29.

The centre had experienced an outbreak of COVID-19 in March 2022. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to ensure the outbreak was managed in line with the recommended guidance. The centre was free of COVID-19 on the day of the inspection. Infection prevention and control measures were in place, and staff were observed to be wearing personal protective equipment in line with current guidance. Staff had access to appropriate infection prevention and control training, and all staff had completed this. However, some areas pertaining to infection control required to be addressed by the provider, which are discussed under regulation 27.

The inspector found that there were good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. This was a noted improvement since the previous inspection, one year earlier. There was an allocated staff member available to support residents in their recreation of choice. Overall, staff were knowledgeable about the residents and were familiar with their preferences for activities, and their ability to participate.

## Regulation 11: Visits

Visits were well managed in line with the current guidance and were not restrictive. The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors. The inspector observed that visiting was facilitated in the centre throughout the inspection. The inspector met with two visitors who spoke positively about the centre and the care received by their relative.

Judgment: Compliant

### Regulation 17: Premises

The premises and layout of the designated centre was appropriate to the number and needs of the residents and conformed with all matters as outlined in Schedule 6.

Judgment: Compliant

### Regulation 18: Food and nutrition

Although meals were found to be served at reasonable times and residents confirmed that they were given meal choices, this inspection found that not all residents were afforded an appropriate dining experience in the centre. The dining room was not back to full use, since the global pandemic and some residents were served meals on tray tables in the sitting room. Therefore, there was little opportunity for social interaction and an enjoyable dining experience.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A comprehensive residents guide was available for residents and it contained all information, as required by the regulations.

Judgment: Compliant

### Regulation 27: Infection control

Some area required to be addressed pertaining to infection control practices, to achieve full compliance with the standards, for example:

- there were not enough clinical hand wash basins available to facilitate staff with safe handwashing.
- the portable hand washbasins in use in the centre did not conform to HPB 00-10 standards for sanitary facilities.

- mop heads were not changed between every room, in accordance with best practice guidance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were noted in fire safety since the previous inspection of this centre. Certification was evidenced regarding fire safety equipment, and daily and weekly fire safety checks were comprehensive. Floor plans identifying zones and compartments were displayed for use, in the event of a fire. Fire safety training was up to date for all staff. Training records evidenced that fire drills were completed, cognisant of night time staff levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Individualised medication for residents was securely stored in their bedrooms, in locked cupboards, and medications requiring special control measures were stored appropriately in the centre. However, on review of a sample of administration records, gaps in cells were evident, which require the signature of the administrator. This could not assure the inspector that medication had been administered in accordance with the directions of the prescriber.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Some information in care plans was found to be generic and not specific enough to direct care. Care pathways were being used to establish a comprehensive assessment of residents, however, these did not always inform person centred care plans.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that the residents had very good access to medical assessments and treatment by their general practitioners (GP). The GP was visiting the centre on the day of this inspection and it was evident that they knew residents very well. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age and palliative care.

Judgment: Compliant

### Regulation 8: Protection

Residents reported feeling safe in the centre and knew staff by name. They were complimentary about the care staff provided to them. Staff training in relation to the detection, prevention and response to abuse was in date for all staff. The centre did not act as a pension agent for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were upheld and that care was person-centred. The inspector observed that interactions between staff and residents were courteous and relaxed. Facilities promoted the privacy of residents and they were regularly consulted with about the organisation of the service. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, local newspapers and other media.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0036961

Date of inspection: 01/06/2022

## 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 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All residents are afforded and offered an appropriate dining experience in both dining rooms and both dining rooms are back to full use. Completed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Two clinical hand sinks will be installed in the main corridors. The portable hand wash basin will be replaced by the 15/09/2022. Mop Heads are now being changed between every room and we are currently reviewing our cleaning protocols with a view to improving and streamlining it further.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Weekly medication administration record audits have commenced to ensure safe</p>	



<p>medication management.  Update Medication management training will be completed by the 30/09/2022.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  All systems of care pathways are presently being reviewed and a new comprehensive person centered care plan system is being developed and will be completed by the 30/09/2022.</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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	04/07/2022
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	01/09/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with	Substantially Compliant	Yellow	30/09/2022

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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	30/09/2022