



**Health
Information
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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:	Valentia Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Wexford
Type of inspection:	Unannounced
Date of inspection:	06 December 2023
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0032859

About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 39 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies; low, medium, high and maximum, and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of single bedrooms with ensuite facilities, single bedrooms without ensuites, twin bedrooms with ensuites, and twin bedrooms with shared ensuites. There are two dining rooms, two sitting rooms, and one conservatory. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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 6 December 2023	09:10hrs to 18:30hrs	Catherine Furey	Lead
Thursday 7 December 2023	10:30hrs to 18:20hrs	Niall Whelton	Support

What residents told us and what inspectors observed

During this two-day inspection, the inspectors spoke with residents, staff and visitors and spent time observing care practices and interactions. Residents told the inspectors that they were generally very happy living in the centre, and they praised the staff and management for their care and attention. Feedback gathered from residents and visitors during the inspection was unanimously positive. Overall, inspectors saw that the centre was a nice place to live, and the residents were well-cared for.

Valentia Nursing Home is situated in a rural area in Camolin, Co. Wexford. The premises has undergone a series of renovations, extensions and improvements over time. The centre is currently registered for 39 beds, and the centre was at full occupancy at the time of the inspection. Inspectors met with the person in charge on both mornings, and completed full walk throughs of the entire premises, including three newly-constructed ensuite bedrooms. These bedrooms had not yet been registered and were not occupied.

On both days of inspection, inspectors observed that residents were mostly up and about in the morning, with some residents staying in bed later, as per their preferences. Staff were observed to be divided into teams and assigned to a group of residents, to assist them with personal care needs in the morning. Staff were busy with their assigned duties, however there was a calm atmosphere maintained in the centre. Staff told inspectors that they had enough time to complete their assigned tasks, and to be able to spend time chatting with residents.

Previously, there had been five bedrooms upstairs, however these had been repurposed to store rooms, offices and staff rooms. All residents' accommodation was now situated on the ground floor, in a combination of single and double rooms, some with ensuite facilities, and some with shared toilet and bathing facilities. Rooms were personalised by residents and their families with familiar objects and items from their homes, and family photographs and memorabilia. Residents had sufficient space to display these items. As identified on previous inspections, a number of the shared bedrooms, while meeting the minimum size requirements, were not sufficiently configured to allow residents to conduct activities in private. This is discussed further in the report.

There was communal space available for residents' use, including sitting rooms, an oratory, a conservatory and large dining rooms. Some walkways in the centre such as "the sun corridor" and the area outside the library contained seating for residents. As these areas were in use as fire evacuation routes, they were required to be kept clear of obstruction. While there were some chairs in the corridor the escape route was noted to be kept clear of obstruction. Residents were seen to avail of all of the spaces available to them. The library room was designated for activities and had plentiful supply of materials for arts and crafts as well as books for residents to read. Residents could freely access an enclosed courtyard and the door

was seen to be unlocked during the inspection. Residents told inspectors that they enjoyed sitting out in the courtyard when the weather was good. The front door to the centre was kept locked for safety purposes as there was a small number of residents who were a safety risk should they leave the centre unaided. Visitors were required to ring the doorbell to access the centre. A number of visitors were seen coming and going during the inspection. Inspectors spoke with visitors who were satisfied with the current visiting arrangements and said that they were welcome to visit at any time. Visitors also told the inspector how happy they were about the level of care that their loved ones received in the centre. A family member of one resident said "Nothing is too big of a task, if we ever have a concern, it is sorted out straight away." Another resident stated that they were very impressed with how easily their loved one had settled into living in the centre and credited the "lovely and patient" staff with this.

The inspectors observed the dining experience in the centre and found that it was enjoyable for the residents. The majority of residents attended the dining room for meals. Since the previous inspection, a large notice board had been placed at the entrance to the dining room, informing residents of the day's meal choices. Residents spoken with were complementary regarding the quality, quantity and variety of food. This was supported by the observations of the inspectors, who noted that the food was attractively presented, and residents requiring assistance were assisted appropriately. Tables were set with tablecloths and condiments in the two dining rooms. The inspector saw that residents were offered snacks and drinks throughout the day. There was a well-organised system to ensure that meals were served from a kitchen directly to residents who chose to eat their meals in their rooms, to ensure it was as hot as possible.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told the inspector that they were listened to and that staff were kind to them and answered their call bells promptly. A resident described how the prompt action of nursing staff ensured they received appropriate and timely medical care when they needed it. The inspector also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

There was a varied schedule of activities on offer seven days a week. This was led by a dedicated activities co-ordinator. These included flower arranging, newspaper reading, bingo and baking. External musicians also attended the centre regularly. During the inspection, a group of residents attended a reminiscence and Songs session. The inspector saw that a number of residents had one-to-one activities in their rooms as well as group sessions. The inspector saw many of the artistic projects undertaken by the residents in the centre which were on display, along with many photographs of residents enjoying activities, celebrations and outings. Residents living in the centre had close links with the community and were facilitated and encouraged to go out with family and friends where possible. Mass was held in the centre and a number of residents prayed the rosary together

regularly. Residents told the inspector that there was always plenty for them to do in the centre.

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 the quality and safety of the service being delivered.

Capacity and capability

Following the previous inspection on 25 April 2023, a cautionary provider meeting was held on 3 July 2023 to discuss the findings of the inspection, in particular in relation to the construction of three new ensuite rooms in the centre, without sufficient consultation with the residents about the impact of the building work. This was followed by a warning meeting on 6 July 2023, as the registered provider had demolished a section of the registered designated centre without notifying the Chief Inspector. The provider committed to strengthening the process of consultation with residents going forward. Immediately following the warning meeting, the provider was requested to submit an application to reduce the occupancy of the centre from 42 to 39, reflecting the structural changes that had been made to the footprint of the designated centre.

This was an unannounced inspection, undertaken following a number of registration application by the registered provider;

- an application to remove restrictive condition 4, which requires the provider to come into compliance with Regulations 15: Staffing, 17: Premises and 27: Infection Control, by 30 September 2022. The provider cited the improvements they had made within the centre which had led to compliance with the regulations. The inspector found that the registered provider had addressed the regulatory non-compliance with regards to regulations 15 and 27, however, full compliance was not achieved in relation to regulation 17, as discussed in the report
- an application to vary conditions of registration by increasing the occupancy of the centre from 39 to 42, following the construction of three new ensuite single bedrooms. Final sign off and further assurances in relation to the fire alarm and call bells were required
- an application to renew the registration of the designated centre.

This inspection found that there had been improvements across a number of regulations and a strong management focus on sustaining compliance. Non-compliance with Regulation 28: Fire precautions, which required improvements to the means of escape, fire containment and the identification of fire safety risks.

Valentia Nursing Home Limited is the registered provider of Valentia Nursing Home. This limited company has three directors, who are all engaged in the day-to-day operations and governance of the centre. During the previous inspection, it was

established that the person in charge role was shared by two persons in charge. It was identified on the first day of this inspection, that the role had reverted to one person in charge on the day prior to the inspection. The required notification was submitted to the office of the Chief Inspector of the changes to the person in charge role. The person in charge who is an established member of the management team in the centre, worked full time and was responsible for the daily delivery of care and support to the residents. A clinical nurse manager worked one day a week, supporting the person in charge with areas such as auditing and care planning. Arrangements were in place for a senior nurse to deputise in the absence of the person in charge for any extended leave. The senior nurse was not currently a supernumerary role, and plans for recruitment of further staff nurses were underway, to ensure that some additional supernumerary support could be provided to the person in charge.

Prior to this inspection, the provider had been proactive and had arranged a fire safety assessment of the centre and this report was furnished to inspectors following the inspection. The provider had also arranged for a fire door audit and this was scheduled for the week following the inspection. The provider was now required to initiate a time bound action plan in response to the fire safety assessment. There had been a number of improvements in relation to fire precautions and these are detailed in the quality and safety section of the report. There were good systems in place to manage the risk of fire. For example, there was a specific fire safety risk register and this detailed the risk and how it was being managed, however it did not identify some risks noted by the inspectors. There was also an in-house audit of fire door seals. The provider was in the process of developing a fire safety management programme, which would further enhance oversight and management of fire safety when implemented. There was also a record of specific fire safety meetings between management and these were tracking areas for improvement.

The centre had dedicated nursing, healthcare, activities, catering and domestic teams. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge supported them in their individual roles. A review of the rosters found that there were an appropriate number and skill mix of staff available to meet the needs of residents and for the size and layout of the centre. Improvements were seen in the rostering of staff at night. Evidence was provided through a review of rosters and from talking to staff, that two nurses were on duty each night, fulfilling the commitment previously made by the registered provider. The roster was organised so that there was senior staff on duty each weekend.

Staff were knowledgeable and demonstrated competence in their work. There was a programme of both online and face to face training available for staff at the centre that included fire safety, manual handling, safeguarding vulnerable adults and infection control.

There were effective management systems in place in this centre, ensuring the delivery of good quality care to residents. The management team were proactive in responses to issues as they arose and used regular audits of practice to improve

services. The person in charge monitored key clinical risks to residents such as restrictive practices, infections and antimicrobial usage, wounds, pressure ulcers and incidents such as falls or medication errors in the centre. These were discussed with the centre's directors at regular clinical governance meetings. There was a schedule of audits in place in the centre and inspectors saw that practices such as medication management, call bell response times, infection prevention and control and care planning were audited by the person in charge. Action plans were developed to address any areas that required improvement. For example, the person in charge had identified that aspects of care planning required improvement, and these findings were discussed with staff and the required improvements implemented. Despite these improvements, further oversight was required in some areas, as outlined under regulation 23: Governance and Management.

There were regular management team meetings including a health and safety meeting to discuss key operational issues impacting on the management of the centre and quality of care at the centre. Staff were seen to be knowledgeable about residents and regular staff meetings took place. There was evidence of improved consultation with residents in the planning and running of the centre. Since the previous inspection, residents' meetings were held more frequently and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. Families were kept up-to-date with the changes occurring within the premises via informal conversations within the centre, and through formal letters, ensuring that residents and their families understood the reason for the structural changes in the centre and how this could impact the residents.

The inspector saw that while there was a low level of complaints in the centre, from a review of the complaints log and from speaking with residents, complaints were investigated and well-managed in line with the centre's own policy and procedures. Some minor improvements were required to fully comply with the newly-updated regulation concerning complaints, which is detailed in the report.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary conditions of their registration, by increasing the occupancy of the centre by three beds. The required information was submitted with the application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements relating to the experience and qualifications required for the role, was aware of their responsibilities under the regulations and was known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of staffing rosters and from observations of inspectors, current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. Staffing levels and whole time equivalents aligned with those described in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of improved governance and management systems since the previous inspection. Nonetheless, further oversight of the following areas, as discussed in the findings of the report, are required to ensure that the service provided is safe, effective and consistently monitored:

- the understanding and oversight of notifiable incidents, as detailed under Regulation 31: Notification of incidents
- the oversight of wound care assessment and documentation, as detailed under Regulation 6: Healthcare
- the oversight of restraint use, ensuring best-practice is adhered to, as detailed under Regulation 7: Managing behaviour that is challenging
- further improvements required in the identification of fire safety risks, as detailed under Regulation 28: Fire precautions

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts of care required review to ensure that each contract specified the number of other occupants of the bedroom in which the resident resides. Inspectors identified that contracts of care specified the bedroom number, but did not state if the room was single or double occupancy.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre and this contained all of the information as required under Schedule 1 of the regulations.

The statement of purpose was updated following the inspection to reflect some minor amendments to the description of some facilities.

Judgment: Compliant

Regulation 31: Notification of incidents

The centre's incident and accident log was reviewed. This identified that an incident which required notification to the Chief Inspector within three working days as per Schedule 4 of the regulations, had not been submitted. The appropriate notification was made during the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure had been updated in alignment with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023, which came into effect on 1 March 2023. Some further updates required to the complaints procedure included the following;

- the nomination of a specific review officer
- the provision of training for both the complaints officer and the review officer.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care. Inspectors acknowledged that the management and staff of the centre had made a number of improvements to ensure that residents were provided with a quality service and an environment that promoted safety. There continued to be some improvements required in relation to privacy in shared bedrooms, documentation of wound care and restraint use, and some aspects of infection control. From a fire safety perspective, there was a strong focus on fire safety in the centre, however improvements were required by the provider to identify and manage some fire safety risks.

The emergency lighting in the centre had recently been upgraded and this further enhanced the means of escape. The fire alarm system was a fully addressable system which meant that the exact location of the device activated would be identified on any of the three fire alarm panels. These systems were serviced at the appropriate intervals and were up to date, however the annual certificate was not available.

Bedroom doors throughout were fitted with a magnetic device which allowed the resident to safely hold their door open if they chose to do so. The magnets would release the door on activation of the fire alarm. Some ceilings had timber sheeting which can contribute to the spread of fire. It was confirmed to inspectors that a proprietary paint had been applied to the timber in order to prevent the surface spread of fire.

The living room had an open fire. While it wasn't on the risk register, there were controls in place; there was a fixed guard and records for cleaning the chimney. There was no carbon monoxide detector and this is required to alert occupants if there was a presence of harmful carbon monoxide. Improvements were required to the means of escape, fire containment and identifying fire risks; these are detailed under regulation 28.

Efforts were ongoing to ensure that all areas of the centre were maintained to a high level both internally and externally. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. The centre was clean and there was good oversight of cleaning of the centre by management. This inspection found that while systems to maintain and improve the premises were in process, some issues with the centre's twin bedrooms,

as described under Regulation 17: Premises, required attention to fully comply with the regulation.

Staff were seen to adhere to guidelines for the use of personal protective equipment (PPE), and there was a good stock of this available for staff, including enhanced PPE should there be an outbreak of infection in the centre. Procedures for the surveillance of symptoms of infection in residents and staff remained in place. The provider had updated their emergency preparedness plan and included the arrangements to be instigated in the event of an outbreak of influenza and other respiratory illnesses. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists and the use of colour-coded flat mops and cleaning cloths to minimise the risk of cross-infection. Staff were knowledgeable in the correct procedures to maintain high standards of cleaning and decontamination. Audits of environmental cleanliness were also completed. Notwithstanding the good levels of cleanliness, inspectors identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. These are detailed under Regulation 27: Infection control.

The health and social care needs of the residents continued to be met to a high level. Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a residents condition. General Practitioner's (GP's) attended the centre on a regular basis and there was documented evidence that residents had regular medical reviews. There was evidence of appropriate referral to, and review by, specialist professionals where required, for example, wound specialist nurse, dietitian and chiropodist. Care plans were reflective of specialist advice, for example nutrition care plans were updated in a timely manner following reviews by the dietitian, and the relevant information was communicated to kitchen staff to ensure that the resident's changing needs were met. Residents' nutritional needs were being well supported. Suitable foods were provided to cater for residents' preferences and assessed needs, and residents had choices at mealtimes. Overall medication management systems had improved since the last inspection. Registered nurses were knowledgeable of their professional responsibilities in relation to medications and were seen to adhere to the principles of the 10 rights of medication administration when administering medications to residents.

There were detailed behaviour support plans in place to guide the small number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These plans were designed to minimise the use of restrictive interventions and to promote a restraint-free environment. Staff spoken to were familiar with each residents individual requirements. Since the previous inspection, the management team had completed a quality improvement initiative on the use of restraints such as bedrails and wander alarms. This had resulted in the reduction in their use. Inspectors saw evidence that when restrictive

devices were used, that there was evidence of consultation with the resident and a signed consent form. Inspectors were satisfied that no resident was unduly restricted in their movement or choices due to a lack of appropriate resources or equipment. Where necessary and appropriate, residents had access to alternatives to restrictive devices, for example, using alarm mats instead of having bed rails raised. An area for improvement in the monitoring of restrictive devices was identified, as detailed under Regulation 7: Managing behaviour that is challenging. Overall, the centre was open to adopting a culture of positive-risk taking and person-centred care.

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Since the previous inspection, there had been improvements in the methods of consultation with residents about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted in the centre for residents' and families information. Visits to the centre were not subject to any current restrictions, and visits were seen to be taking place throughout the day. Residents were supported to go outside and to go on outings with their family members and friends. The management team had identified that further dementia-specific activation was required, to ensure all residents were in receipt of activities that met their specific needs. Some staff members were trained in the provision of dementia-specific therapies and these were included in the weekly schedule of activities.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

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 17: Premises

As identified on the previous two inspections, some double-occupancy rooms in the centre were found not to comply with the reconfiguration requirements as outlined in S.I no. 293 (2016). Since the previous inspection, the provider had attempted to comply with the requirements, and had made, for example, storage space available at the foot of beds. Despite these efforts, the presence of built in wardrobe facilities and the placement of a bed close to the door in one room, meant that residents did not have the necessary privacy to conduct personal activities in private. The floor space area did not adequately include the space occupied by a bed, a chair, and personal storage space of that room. The registered provider outlined that they had met with an architect to explore options to extend these rooms, and come into compliance with the regulation.

Two of the double-occupancy rooms, were unsuitable for use by residents requiring additional mobility supports such as hoists for transfer into and out of bed. The registered provider amended their statement of purpose to reflect this, following the inspection.

While further progress to address premises deficits had been made since the previous inspection, the following required action to ensure compliance with regulation 17 and Schedule 6:

- A shower head was missing from an ensuite
- There was no light fitting in the Hair Salon. Light fittings on a bedroom corridor required replacement

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, drinks and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and this was made available to the residents. This guide did not accurately describe the procedure respecting complaints, including external processes and information regarding independent advocacy services.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an updated risk management policy in place, however it detailed only four of the five specified risks, as outlined in the regulation. Inspectors found that while four of these risks were mentioned in the policy, they were not subject to a thorough risk assessment and there were no measures outlined to control these risks in the centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Some improvements were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- a number of vases were stored on an open unit in the dirty utility "sluice" room. This sluice room is a high-risk area with potential for spread of infection, and should not be used for storage of equipment other than decontaminated sanitary equipment
- the handwashing sink in the sluice room was a domestic sink, and therefore effective hand hygiene in this area could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the proactive focus on fire safety in the centre, some fire safety risks had not been identified, for example; an exposed wire in the hair salon and the practice of charging hoist batteries on a protected bedroom corridor. The provider arranged for an electrician to attend the centre the following day.

The means of escape required improvement, for example:

- the configuration of the layout meant that if a fire started in the living room, staff may be required to access parts of the building from the outside to assist residents. The locking mechanisms on exits and the evacuation procedures requires review to ensure staff can safely assist residents to evacuate
- the threshold to some exit doors were high. This meant that egress may be hindered where mobility aids and evacuation aids were used
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- the green break glass units to release the exit lock, at some exits were too high. The magnetic locks require review, as inspectors were told that they were not connected to the fire alarm system and would not release the lock when the alarm system was activated
- a bedroom corridor was not adequately protected from adjacent dining and sitting rooms with fire rated construction
the means of escape from two bedrooms at ground floor had excessive travel distance in one direction. There were exit doors directly from the bedrooms but these were kept locked

The arrangements for maintaining fire equipment, means of escape, building fabric and building services required improvement:

- there was no record of the periodic inspection of the electrical installation in the building
- while the fire alarm system was being serviced at the correct intervals, there was no annual certificate available. The service records did not identify the system category.

Improvements were required to ensure adequate containment and detection of fire;

- deficits were identified to some fire doors, however the fire door audit due to be completed the following week would identify and address noted deficits
- the enclosure to the kitchen was inadequate and required upgrading
- the window to the hair salon was not fixed shut and did not afford adequate containment of fire
- further assurance was required regarding the integrity of the fire rated ceilings. These were breached by recessed light fittings and attic hatches
- some bedroom corridors required additional smoke detectors to ensure sufficient coverage by smoke detectors was provided

While there were frequent drills simulating varying scenarios, there was no record of a drill to simulate the evacuation of the largest compartment of twelve when staffing levels were lowest. This was completed and submitted in the days following the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Medicines were transcribed onto an electronic recording system from original prescriptions, by the pharmacist. The original prescriptions were prescribed by the GP who also signed when any medicine was discontinued. Indications for administration were stated for short-term and "as required" medications. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were disposed of appropriately. Controlled drugs were carefully managed in accordance with professional guidance.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes

Judgment: Compliant

Regulation 6: Health care

There was a very low level of pressure ulcer formation within the centre, due to the appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise. Nonetheless, the assessment of wounds and the documentation of same required review, as large gaps were noted in the wound care charts. Additionally, clinical measurements of wounds were not being consistently completed, in line with best-practice guidance.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was clear documentation of the types of restraint used in the centre. Despite overall good practice in the assessment and use of restraint, there were large gaps in the documentation of the monitoring, review and release of restraints such as bedrails. On some occasions, there was no evidence of the restraints being checked overnight, which is not in line with best practice guidance.

The centre's policy on restraint required updating to ensure that it was in line with the national policy as published by the Department of Health.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse:

- staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the centre was not acting as a pension agent for any resident. Inspectors verified that there were secure systems in place for the management of residents' personal finances
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents meeting minutes, satisfaction surveys, and from speaking with residents on the day.

Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a good level of personal detail. This detail informed individual social and activity care plans. A schedule of activities were available for residents. This schedule was delivered by dedicated activity staff over seven days.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant

Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valentia Nursing Home OSV-0004370

Inspection ID: MON-0032859

Date of inspection: 07/12/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1- All notifiable incidents will be submitted within the required time frame. Additional oversight agreed in the management meeting to ensure all relevant notifications are made in the correct time frame. 2- All nurses have been educated and instructed on the correct documentation of wound care. PIC will monitor the same by quarterly auditing. 3- Following the inspection, bed rails release checks reverted to paper system, which has been daily monitored by the nurse in charge on duty and counter checked by CNM weekly and will be audited by the PIC quarterly. 4- Please see Regulation 28 Fire precautions. 	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contracts of care have been changed to reflect the occupancy in the bedroom.</p>	
Regulation 31: Notification of incidents	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifiable incidents will be submitted within the required time frame. Additional oversight agreed in the management meeting to ensure all relevant notifications are made in the correct time frame.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A complaint review officer has been nominated and the training scheduled for the review officer. The complaints officer had already completed the training on 30/08/2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 1-The shower head in the en-suite in room 20 has been replaced 2- Light fitting in the hair salon has been replaced. 3-Light fittings on the bedroom corridor has been replaced. 4-In consultation with the residents involved, the built-in wardrobe- in the room referred to, will be removed to improve the configuration of this room. This will allow the bed to be moved from directly beside the door. 30/04/2024. The rooms in question are restricted as set out in the Statement of Purpose. The provider is engaged with the planning authority with a view to extending the rooms in question. The timeline and plans for this action will be shared with the authority.</p>	
Regulation 20: Information for residents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: The resident guide has been reviewed and the necessary information has been added. (updated complaint procedure and information on visits).</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk management policy has been reviewed and risk assessment completed on each risk.</p>	
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"> - Vases were removed from the Sluice room immediately following the inspection. - - All staff have been reminded of the appropriate use of Sluice room. - - Housekeeping staff have been instructed to inspect the room daily. - - The sink in the Sluice room will be replaced by the end on April 2024 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Comprehensive Risk assessment was undertaken in conjunction with Competent Fire Safety Professional and submitted with a time bound action plan. The RPR will communicate with the inspector as actions are completed. This identifies the following;</p> <p>Provision of extra external lighting and lowering of green break glass units</p>	

planned. Q2 2024.

Fire door report received and shared with the inspector. Remedial work to commence. Q2.

Periodic Inspection has been carried out and a report is due.

Annual Certification is provided with confirmation of system category.

Work is commenced to provide separation for bedrooms from the kitchen area including new fire rated door and fire rated construction. 31/3/24

Fire drills were undertaken satisfactorily to simulate evacuation of areas identified as at risk. Further drills to monitor performance will continue.

Remedial action is planned to upgrade the kitchen ceiling and doors to provide 60 minutes protection from the rest of the centre. Q2 2024.

Recessed lights will have fire hoods fitted. Some recessed lights are to be replaced. Attic hatches are to be replaced with fire resisting hatches. Q2 2024.

The threshold of exit points is to be lowered. Q3 2024

The hair salon window is fixed shut and a mechanical ventilation system is to be installed.

31/3/24

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: Nurses have been instructed of the correct documentation of wound care and to accurately record the measurements of the wound. PIC will audit the same quarterly. Ongoing wound care training in place.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The documentation of monitoring, review and releasing of bed rails has been changed to a paper system that is subjected to a regular audit by PIC and CNM. The restraint policy has been updated in line with the National policy as published by the department of health. Ongoing assessment of the restraint will be carried out.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	30/01/2024
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	19/02/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	07/02/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/12/2023
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	17/02/2024
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained	Substantially Compliant	Yellow	17/02/2024

	absence of any resident.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	17/02/2024
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	17/02/2024
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	30/04/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	28/02/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/03/2024

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	07/12/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	07/12/2023
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	01/04/2024
Regulation 6(1)	The registered provider shall, having regard to	Substantially Compliant	Yellow	10/12/2023

	<p>the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
Regulation 7(3)	<p>The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.</p>	Substantially Compliant	Yellow	01/02/2024