



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

Issued by the Chief Inspector

Name of designated centre:	Valentia House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0035633

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 44 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 a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. 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:	38
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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
Tuesday 1 March 2022	08:15hrs to 19:15hrs	Catherine Furey	Lead
Monday 14 March 2022	08:40hrs to 14:30hrs	Catherine Furey	Lead
Monday 14 March 2022	08:40hrs to 14:30hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection of Valentia House Nursing Home which took place over two days on 1 March and 14 March 2022. Inspectors observed two very different days; on the first day, there were no restrictions to residents' personal freedom, to visiting or to the normal day-to-day running of the centre. On the second day, due to an outbreak of COVID-19, all residents were confined to their bedrooms on the advice of the public health department. Inspectors saw that the experience for residents during this time was not reflective of how residents normally spent their day and was in stark contrast to the first day of inspection.

Concerns in relation to staffing levels, infection control and overall governance and management following the first day of inspection, enhanced by an escalating outbreak of COVID-19, necessitated a further day of inspection, to ensure that residents were receiving adequate care and support, and that the provider was implementing an effective system to contain and manage the outbreak in line with best practice guidance.

On arrival to the centre, inspectors were met on both days by the person in charge and brief opening meetings were held. The registered provider was also present in the centre on both days. On the second day, the person in charge informed inspectors that the local Internet connection to the centre had failed ten days previously, through no fault of the centre, and that this had disrupted communication systems including any email contact. Additionally, electronic patient records were not accessible and could not be updated. The centre had reverted to a basic paper-based documentation system for daily notes, but could not update the existing electronic care plans or assessments. It also meant that residents were unable to access the Internet. The centre is registered to provide care for 44 residents, and there were 38 residents on the first day of inspection and 39 on the second. Over the two days of the inspection, inspectors greeted all residents, and talked in detail with a number of residents, including speaking to the same residents on both days. This provided an insight into the residents' experience both during the outbreak restrictions and in normal times. Residents were generally very complimentary of the care afforded to them, and they praised the staff for their efforts to contain the virus. Residents who were able to express their needs told staff that they had been kept up-to-date at all times and that they understood the reason behind the restrictions that were imposed and while the isolation was difficult, they accepted that it was in their best interests.

The centre is laid out over two floors. Bedroom accommodation is mainly provided on the ground floor. The five bedrooms on the smaller first floor were not in use on the first day of inspection. One room was used as a changing area. The unused bedrooms on this floor were in disarray and had not been deep cleaned. Cleaning staff confirmed that they were not part of the regular schedule of cleaning in the centre. Items of resident equipment, furniture, ornaments, mattresses and bedding was found cluttered within these rooms. On the second day of inspection, inspectors

saw that the first resident to be confirmed as having COVID-19 had been accommodated in one of these vacant rooms on the first floor on a temporary basis. Inspector found that the room had now been adequately cleaned and was suitable for resident use. Due to the attempts to cohort residents following the escalation of the outbreak, this resident had been unable to return to their own bedroom, despite their period of isolation being over. The resident stated that they were content enough in this room, but very lonely and would like to return as soon as possible downstairs. Staff were observed to be slow to respond to this residents call bell.

Inspectors observed that since the previous inspection, the centre had undergone some significant improvements to the premises, as detailed in the Capacity and Capability section of the report. Residents commented on the new flooring, saying that it had really brightened up the main areas. There are many communal areas throughout the centre where residents can sit and rest while walking around, and admire the views of the gardens. Visitors can be facilitated in residents rooms or in communal areas. A small dedicated visiting room provided a nice, private area for residents to relax with their families and friends. Residents told inspectors that they particularly enjoyed the bright views from the sun corridor. A small oratory was set up for residents use for prayer and reflection. Inspectors observed that residents rooms were nicely laid out, and many had undergone decorative improvements. A number of shared en-suites had been upgraded to a high specification.

Despite the noted refurbishment in the centre, inspectors observed that given the size and layout of the building, the allocated cleaning staff hours were not sufficient and as a result, the centre was not cleaned to a high enough standard that would control the spread of COVID-19 in the centre. Inspectors found that ancillary rooms such as store rooms and the sluice room and some residents' bathrooms were unclean. Inspectors also observed that there were a number of outdoor wooden sheds being used to store large quantities of PPE. These sheds were not watertight and inspectors observed damp PPE boxes stored on the floor. This was addressed following the inspection.

Inspectors observed mealtimes in the centre and found that on the first day of inspection, lunch time was an enjoyable occasion in the large dining room, with residents seated at nicely laid tables. Residents requiring assistance with their food and drinks were attended to discreetly by staff. There was a choice of main course and dessert and residents were unanimous in their praise for the food, giving their compliments to the chef. The food served was of a high quality and was attractively presented. On the second day, the dining experience was hampered due to residents isolating in their rooms, however staff had implemented a system to delivery meals to rooms on a phased basis from 12.30pm to 1.30pm to ensure all meals were served warm and that residents requiring assistance were afforded the time required. Inspectors noted that due to the unstable Internet, food and fluid records were not routinely maintained as they had been done via the electronic platform. No alternative paper-based system was implemented.

The activities coordinator was seen engaging with a number of residents throughout both days. It was evident that she knew the residents well. Residents were seen to engage in arts and crafts, Irish language lessons and sing songs. One-to-one time

was provided during the outbreak, bringing residents outside and engaging with them in their rooms, assisting with making phonecalls to their families and just spending time chatting in an attempt to alleviate their loneliness.

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

Overall, inspectors found that the actions taken by the registered provider to achieve compliance with the regulations were not sufficient to ensure the safety, care and welfare of the residents. Inspectors found that many of the issues identified on the last inspection had been addressed and improvements were noted in respect of the premises, however, overall levels of compliance with the regulations remained poor, and new areas of non-compliance were identified on this inspection.

The centre has a history of poor compliance with the regulations over the course of two inspections on 1 December 2020 and 18 March 2021. There had been ongoing engagement with the office of the Chief Inspector which included attaching a restrictive condition on the centre's registration. This restrictive condition required the centre to come into compliance with regulation 15: Staffing, regulation 17: Premises, and regulation 27: Infection control by 31 December 2021. The registered provider had submitted an application to remove the restrictive condition, outlining the improvements made to come into compliance with the specific regulations. This inspection was conducted over two separate dates. The first day of the inspection was undertaken to assess whether the changes that had been implemented were effective in ensuring the safety and welfare of residents in the centre and in improving regulatory compliance. The second day of the inspection was carried out during an escalating outbreak of COVID-19 within the centre.

Following the first day of inspection, a cautionary provider meeting was held on 11 March to discuss staffing concerns in light of the COVID-19 outbreak. Inspectors were not assured that the centre could sufficiently staff the centre due to the poor staff contingency. The registered provider engaged the services of agency staff to maintain the rosters, however the Health Service Executive (HSE) were required to step in and provide two nurses for a short duration to supplement the staff. Following the second day, an urgent compliance plan was issued to provide further assurances in relation to Regulation 27: Infection control. The registered provider was requested to;

- undertake a full deep clean of the centre
- arrange for large quantities of personal protective equipment (PPE) to be removed from inappropriate storage sheds and arrange for storage in a more suitable area

- carry out a service of the bedpan washer

The registered provider is Valentia Nursing Home Ltd, a limited company with three company directors, all of whom are involved in the operations in of the centre. One director is the general manager of the centre, one oversees fires safety and maintenance issues, and one provides clinical support. There is an experienced person in charge who works full-time in the centre, supported in her daily role by a clinical nurse manager. Registered nurses, healthcare assistants, activities, catering, household and administrative staff make up the complement of staff responsible for the delivery of care and support to residents. Similarly to the findings of the previous inspection, the clinical nurse manager was found to be predominantly part of the nursing complement. Where possible she was allocated a 12-hour shift for administrative duties, however due to the lack of nursing staff, this was not always achieved. This left the centre relying heavily on the person in charge as the only supernumerary management person on duty. Inspectors found that continued improvements in the overall governance of the centre are required to ensure effective oversight of many aspects of the service.

In their application to remove the centre's restrictive condition, the registered provider outlined a number of improvements made to achieve compliance with the relevant regulations. Inspectors verified many of the improvements identified on the application as follows:

Regulation 15: Staffing

- A second nurse has been rostered on night duty each night, ensuring there are two nurses to care for 44 residents

Regulation 27: Infection control

- A new laundry facility had been constructed, which supported best practice guidelines
- Additional domestic equipment had been purchased, ensuring that two domestic staff could work separately in the centre
- The majority of the carpets in the centre had been replaced with suitable, washable flooring

Regulation 17: Premises

- Existing storage spaces had been reconfigured and additional storage space had been created
- A number of en-suites and shared bathrooms had been upgraded and refurbished including the removal of unsafe shower trays
- The main driveway had been top-dressed and was in a good condition
- A safe, circling walkway had been created in the enclosed courtyard

Notwithstanding the above improvements, inspectors identified further issues during both days of inspection which identified that the centre failed to achieve compliance with these regulations.

- The whole time equivalent of registered nurses was not in line with the centre's Statement of Purpose and there was no contingency for separate teams in the event of an outbreak of infection, or for unforeseen absences. This is outlined under regulation 15: Staffing.
- There were serious deficits in infection control practices which are highlighted in detail under regulation 27: Infection control.
- Areas of the premises continued to require attention to ensure the safety of residents in the centre, as outlined under regulation 17; Premises.

Additional non-compliance was identified during this inspection in relation to:

- Regulation 21: Records
- Regulation 5: Individual assessment and care plan
- Regulation 7: Managing behaviour that is challenging

Weekly data on aspects of care such as incidents, wounds and falls was collected by the person in charge. However, improvements were required with regard to the audit tools in use, to ensure all relevant details were captured, which could then inform comprehensive, tailored action plans for improvement. Oversight of training in the centre required strengthening, as a number of staff were overdue for important training modules, including infection control and safeguarding training. Record-keeping in the centre, in particular in relation to staff files as required by Schedule required improvements to meet regulatory requirements.

The registered provider and person in charge were aware of their regulatory requirement to submit notification of certain incidents that occurred in the centre. Complaints were generally well-managed in the centre in line with the centre's own complaints procedure. Residents who spoke with the inspector said that if they did have any concerns, they would be comfortable to highlight these issues to staff.

Regulation 15: Staffing

Following the previous inspection in March 2021, the registered provider had committed to rostering two staff nurses at night. A review of rosters found that this had been implemented. However, the rosters showed that overall nursing staffing levels were less than those outlined in the centre's statement of purpose. As a result, the clinical nurse manager was required to work nursing shifts and was rarely available to be rostered in a supernumerary capacity.

The lack of nursing staff meant that there was no contingency in the event of planned or unplanned absences. The centre was unable to staff two distinct teams during the outbreak and as a result there was crossover of staff from detected to not-detected areas.

Having regard for the layout and size of the centre, inspectors found that there was insufficient cleaning staff to ensure that the centre was cleaned and disinfected to a high level. For example, at the weekend, there was no cleaning staff on duty after

1pm. During the outbreak, the centre failed to provide sufficient additional cleaning hours to ensure the level of enhanced cleaning required during an outbreak was implemented.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector was not assured that staff had access to training relevant to their roles. A record of all relevant mandatory and additional training was maintained in the centre. A review of this record identified a number of gaps in training.

- There was no record of infection prevention and control training for 18 staff. This did not provide assurances that staff were sufficiently trained to carry out best practice procedures during the outbreak of COVID-19.
- Training in the management of responsive behaviours was not in place for ten staff. This was important as there were a number of residents with a diagnosis of dementia, some currently displaying responsive behaviours.
- Medication management training was overdue for eight nurses. This was important as some medication issues were identified which were not in line with best practice guidance.
- Mandatory safeguarding training was overdue or not in place for a total of seven staff.
- Moving and handling training training was overdue or not in place for a total of 11 staff.

Judgment: Not compliant

Regulation 21: Records

A sample of four staff files were examined by the inspector. Records as required by Schedule 2 of the regulations were not seen to be maintained for each member of staff. For example:

- One staff member had no written references or record of any training in their file
- One new nurse had no file maintained in the centre. There was no evidence of past employment history, relevant qualifications, registration with the Nursing and Midwifery Board of Ireland (NMBI) or written references.

Judgment: Not compliant

Regulation 23: Governance and management

The centre was not operating in line with the staffing resource set out in its statement of purpose. There continued to be inadequate resourcing of staff to provide a contingency in the event of staff absences and planned leave. This was identified on the first day of inspection as a risk should the centre be subject to an outbreak of COVID-19. During the subsequent outbreak, the centre operated with insufficient nursing, healthcare and cleaning staffing levels. The normal management structure which identified the lines of authority and accountability for specific roles was not in place. As identified under Regulation 15: Staffing, the clinical nurse manager was redeployed to nursing duties and had no supernumerary shifts to complete her assigned duties or provide supervision and oversight to staff. This left the centre relying on the person in charge to oversee the service.

Inspectors were not assured that the management systems in place were strong enough to ensure that the service provided was safe, effective and consistently monitored. Audits viewed by the inspector did not always identify action plans for improvement. For example, a recent audit of incidents and accidents was a collection of data rather than an analysis of the individual incidents and there was no evidence of systematic steps taken to reduce incidents and accidents occurring.

The cleaning systems in place were inadequate to ensure the centre was cleaned to a high standard. Environmental and infection control audits did not identify that some equipment, furniture and areas of the centre required further cleaning. Cleaning staff did not have specific training relevant to their roles and there was a lack of supervision and oversight of cleaning staff, which is required to ensure that new members of staff are adhering to best practice guidance. Findings in this regard are detailed under Regulation 27: Infection control.

Communication systems within the centre required strengthening. Meetings of all staff grades were infrequent and there was no evidence of shared learning to drive improvements in the provision of care to the residents. Daily communication between nursing and healthcare staff could be improved to ensure that residents' needs are identified in a timely way. For example, there was no formal mid-shift handover, and healthcare staff inputted residents morning care records into the electronic system at a set time in the afternoon. This system was task-based in nature and could lead to omissions and errors in the documentation of residents' basic care needs. On the second day of inspection, due to the Internet service being unavailable, healthcare staff were not maintaining regular documentation such as food and fluid intake charts. This is important as many residents were noted to have reduced appetites as a result of COVID-19 infection.

The oversight of key clinical areas such as resident care planning and the management of behaviours that challenge was poor. The care planning system had not successfully transferred to the planned electronic system and as a result not all residents had identified individual plans of care. The oversight of training provision was poor, with lengthy gaps for mandatory and additional training. This could lead to poor outcomes for residents. For example, infection control training was not in

place for a large number of staff, and this was evident on the second day of inspection, when staff were seen to wear PPE inappropriately.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was prominently displayed throughout the centre for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.

Records of complaints made were reviewed by the inspector. Complaints were seen to be well-managed in line with regulatory requirements with the centre's own policy. The satisfaction of the complainant was documented for all complaints. The inspector spoke with residents who confirmed that they were aware of the complaints procedure.

Judgment: Compliant

Quality and safety

Inspectors found that the well-being of residents in Valentia House Nursing Home was compromised due to the restrictions imposed by the outbreak of COVID-19 in the centre. Dedicated staff worked hard to ensure that the physical and social needs of the residents were met where possible. Staff were caring and kind and were familiar with the resident's individual preferences. Nonetheless, this inspection found that inconsistencies in relation to infection control, medicines management, care planning, the management of behaviours that challenge and residents' rights had a negative effect on the quality and safety of the care delivered to residents.

Prior to the first inspection, the centre had recently managed to contain two individual cases of COVID-19 in the centre. These cases had not been declared as an official outbreak and were well-controlled. Shortly after the first day of this inspection, the centre experienced a significant outbreak of COVID-19 which the provider did not have the systems in place to contain, leading to 32 residents and 12 staff becoming infected with the virus. The second day of the inspection took place during the outbreak. Due to the Internet service not operating, outbreak advice from the public health department and local infection prevention and control nurse specialists were unable to be viewed by the inspectors. The provider and person in charge assured inspectors that detailed telephone communications had taken place and all advice was followed. Notwithstanding this level of engagement, the centre struggled to implement procedures to control the spread of infection. There was a lack of sufficient oversight to identify potential risks and opportunities for improvement. Findings in this regard are detailed under regulation 27: Infection control.

Inspectors observed a good level of nursing support was provided to residents. There were systems in place for the regular monitoring of all residents for signs and symptoms of COVID-19. Residents had good access to their own GP's, and during the outbreak all residents were medically reviewed. An additional level of clinical oversight was provided by one of the company directors, who is familiar with the residents and attended the centre to support the person in charge. Inspectors reviewed residents' records which showed that there was timely an appropriate referral and review by a range of health and social care professionals such as physiotherapy, speech and language therapy and tissue viability nurse. Access to chiropody services was insufficient, as detailed under regulation 6: Healthcare.

There was an electronic system of clinical assessment and care planning in place which had not been implemented in full. Some records were held in old paper-based files and as a result, there were large inconsistencies in the quality of care planning overall. Some residents had detailed and descriptive plans in place, while others had and sparse details and serious omissions in relation to important medical issues. This is detailed under regulation 5: Individual assessment and care plan.

There were a number of residents in the centre who were living with a diagnosis or a suspected diagnosis of dementia. Inspectors observed staff interactions with these residents, some of whom displayed repetitive and wandering behaviours, and some who displayed distress and disorientation. Despite the kindness displayed by staff during these behaviours, corresponding care plans for these residents did not contain sufficient individual and specific information to guide staff to best respond to these behaviours. This is detailed under regulation 7: Managing behaviour that is challenging.

Further oversight of overall medication management practices is required to minimise errors, including accidental omissions of medications. Medication management training was overdue for a number of staff nurses. This is important as there are a number of newer staff nurses who require up-to-date knowledge and skills in relation to medication management.

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Annual fire training was completed by staff and regular fire drills were undertaken.

Residents had access to a range of interesting activities over seven days. This was led by two activity coordinators. In their absence, additional healthcare assistants were rostered to deliver the activity programme. On the second day of the inspection, group activities were suspended on foot of public health advice. Staff took measures to try to meet the residents' social needs while they isolated in their bedrooms, and also brought residents outside for fresh air and walks. Resident's privacy in a small number of rooms was compromised, as detailed under regulation 9: Residents' rights.

There were a number of visiting areas available throughout the centre and in the grounds of the centre. Indoor visiting was taking place on both days of the inspection in line with current HPSC guidelines. On the second day of inspection, due to the outbreak of COVID-19, visitors booked in advance and went through a screening process and infection control guidelines including the wearing of appropriate PPE prior to visiting. Inspectors met a number of visitors during the inspection who were delighted to be able to get into visit their family members again. The centre also facilitated visiting for compassionate reasons and window and garden visits. Residents also kept in touch with their families via post, telephone, video calls and other technological means.

Regulation 11: Visits

On the first day of inspection, visits to the centre were unrestricted and were conducted in line with the most up-to-date guidance issued by the Health Protection surveillance Centre (HPSC).

On the second day of inspection, visits were restricted on foot of public health advice in light of the outbreak of COVID-19 in the centre. All residents continued to be offered visits by a nominated person of their choosing during the outbreak. Appropriate risk assessment was conducted prior to visitors accessing the centre.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the overall premises improvements seen, inspectors observed that many items of furniture had worn and scuffed surfaces, for example, wooden

bedrails, bed tables, lockers, doors, sideboards and chests of drawers. These items were not only unsightly but posed an infection control risk as the uneven and worn surfaces could not be effectively cleaned and decontaminated.

A number of bedrooms have patio access to the gardens. Inspectors found that some of these patio doors had a steep step out to the garden areas. Other doors had a gradual sloped walkway. None of these exits had sufficient assistive rails and they posed a risk of injury should a resident want to enter the garden from their patio door.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented.

There was not adequate management arrangements in place to ensure the delivery of safe and effective infection prevention and control (IPC) within the service. For example:

- There were no IPC audits seen to identify good practices and deficits
- There was no COVID-19 contingency plan seen on the day of inspection which needs to discuss detailed infection prevention and control governance and management arrangements, preparedness and contingency plans, staffing arrangements, isolation plans and audit and review arrangements.

Staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs

- There were insufficient cleaning resources provided to ensure that the outbreak environment and resident equipment was cleaned and disinfected to a safe standard.
- The centre was trying to have separate cohort groups of staff but inspectors did see that this was not always possible and staff were seen crossing into all areas of the centre.

Standard precautions and transmission-based precautions were not effectively and consistently implemented. This was evidenced by:

- Storing resident equipment such as unclean wheelchairs, hoists slings, in the same room as sterile dressings and supplies.
- There was excessive amount of healthcare risk waste bags that was stored in an unsecure area awaiting collection.
- Many hoist slings were found hanging from pieces of equipment and no resident identifiers were seen on the slings, indicating they were not resident

specific.

- Communal items such as creams, shampoo and soaps were seen in the in several shower and bathrooms. It is preferably for residents to have their own products to reduce the risk of cross infection from one resident to another.
- Many of the gloves in the centre were vinyl gloves rather than nitrile. Vinyl gloves are not recommended for healthcare as they do not offer adequate protection against blood and body fluids.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example:

- Improvements were required in equipment and the centre hygiene. For example staining and rust was observed on commodes, trolleys, wheelchairs, nebulizer compressors.
- Many items of equipment and boxes were seen stored on floors which is inappropriate and unsafe as cleaning the floor beneath is impossible and the items become contaminated.
- The correct chlorine bleach product was in place for disinfection but staff were using at an incorrect dilution rate and they were not using any contact time and wiping the chlorine bleach from the area after use (as per manufactures guidance).
- There were no clinical hand wash sinks available other than in nurses room and this sink was not compliant with compliant with HSE/HPSC guidelines.
- In some of the double occupancy rooms the wardrobes were in the allocated bed area for one resident and the other residents or staff would have to traverse that bed area to gain access to another residents belongings. This was not only impinging on a resident's privacy but was also an infection prevention and control risk.

Judgment: Not compliant

Regulation 28: Fire precautions

Following the inspection in December 2020, the registered provider committed to a schedule of ongoing simulated drills to ensure that the staff were competent to carry out a full compartment evacuation of the largest compartment of seven residents. Fire drill records reviewed by the inspector showed that regular fire drills were undertaken, however these drills simulated the evacuation of small numbers of residents and did not provide assurances that staff were competent to evacuate the centre's largest compartment of 7 residents. Following the inspection, the provider arranged for a full, timed evacuation of the centre's largest compartment with the lowest staffing levels. This was found to be completed in a satisfactory manner. Further, regular drills are required to ensure all staff are competent in the

compartmental evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While the general medication management systems in place were found to be good, further oversight was required to ensure that medications were correctly administered;

- A regular medication had been omitted in error 15 times in the past month. This medication had been signed in the medication administration record as being administered.
- Medications were being administered to a small number of residents in an altered format such as crushed. The inspector noted that these medications had not always been individually prescribed to be crushed by the GP. Alternative forms of medications such as liquids were not always used, when these were available.
- The timing of medications was not always prescribed by the resident's GP, in line with best practice guidance.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The current system of care planning in the centre did not fully detail the residents social, health and personal needs. For example;

- There were inconsistencies in the assessment of residents social needs. As a result, social and recreation care plans were minimal and did not contain relevant details about the residents past lives, occupations, family or current interests.
- A resident who had recently been admitted did not have a completed plan of care in place within the required 48 hour timeframe.
- A resident assessed as high risk of falls did not have a falls care plan in place. There were no documented measures put in place to minimise the risk of falls occurring

The care planning system had not successfully transferred to the planned electronic system and as a result not all residents individual plans of care were identified and implemented

Judgment: Not compliant

Regulation 6: Health care

Records viewed by the inspector identified that a private allied health care service had not been provided for an extended period of time during the pandemic. There was no evidence that residents were supported to access this service under the General Medical Services (GMS) scheme. The private service had recently resumed however there was no clinical documentation made of the interventions provided to each resident following this service.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Similarly to the inspection in December 2020, there continued a high use of bedrails throughout the centre. On the first day of inspection 35% of residents had one or more bedrail applied. The inspector was not assured that restraints were managed in line with the national guidelines published by the Department of Health, as evidenced by the following:

- The use of bedrails were not always risk assessed and alternatives were not always trialled prior to their use.
- There was no system in place to monitor the safety and response of the resident when bedrails were applied. This is important as bedrails are associated with risk of injury, distress, discomfort and agitation.
- Documentation including care plans and behaviour charts for residents identified as displaying behaviours that challenge did not fully outline the potential triggers to behaviour, and the de-escalation techniques used.
- Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were not consistently explored before administering psychotropic medications.

The inspector was not assured that the systems in place and oversight of restraint use reflected a commitment to restraint reduction and an aim towards a restraint free environment.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were not assured that the privacy and dignity of residents was consistently promoted. For example;

- Three bedrooms open directly into a busy communal area. The residents' privacy in these rooms was compromised as other residents were seated in the communal area directly facing into these bedrooms. Inspectors observed staff assisting the residents in these bedrooms with the doors open on two occasions.
- The configuration of a twin bedroom required review, as one resident's wardrobe was not easily accessible as it was located across the room within another residents bedspace.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0035633

Date of inspection: 14/03/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A new nurse has been recruited and completed Garda Vetting. Due to personal circumstances a start date has not yet been established. We have recruited a second nurse who is currently undergoing the Garda Vetting process. We have also recruited an overseas nurse and are awaiting the paperwork.</p> <p>We have successfully recruited a number of HCA'S and there is ongoing recruitment in this area. We are recruiting two further HCA'S from overseas and expect the process to be completed by the end of September.</p> <p>We have updated the Statement of Purpose to reflect current staffing levels.</p> <p>We have recruited an additional housekeeper.</p> <p>We have supplemented staffing levels with fully qualified Agency staff when required and vacant shifts have been successfully filled.</p> <p>In the event of an outbreak further staff will be sourced from Agency. The PPIM and PICS will ensure that there are two distinct teams and will avoid cross over of staff from detected to non-detected areas.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

Staff have updated infection prevention and control and hand hygiene training on HSE Learning Land. Hand Hygiene is audited weekly.

The mandatory training for staff has been scheduled and is due for completion by June 30th.

Nurses have completed medication management training.

Regulation 21: Records

Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
We have commenced a pre-employment checklist to ensure compliance with regulatory requirements. Staff files will be audited annually. All nursing staff have up to date NMBI registration on file.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Meetings with all staff grades have been held since the inspection and a meeting schedule has been implemented.

A mid-shift catch-up/ safety pause has been introduced to improve daily communication between nursing and care staff and ensure residents needs are identified in a timely way.

The internet has been stabilized in the center enabling the completion of the transfer of care plans to the electronic system.

In response to staffing challenges and increased IPC demands, the Person participating in Management has restricted admissions to the four beds on the first floor. This decision will be reviewed quarterly.

Regulation 17: Premises

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Most of the external doors with step steps are only used to facilitate visits. This was particularly important throughout the pandemic. These doors enabled Valentia to continue having visits during the pandemic.</p> <p>An equipment audit is underway and will be completed by the end of May and older damaged furniture is routinely replaced.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New cleaning schedule has been devised for all terminal cleans – with Deep cleans to be signed off by PIC / CNM or in their absence by staff nurses. A daily checklist is in place to ensure regular effective cleaning of reusable equipment such as hoists and hoist slings. This is included in the weekly monitoring tool All Storage areas have been deep cleaned and decluttered All residents have individual full hoist slings. Standing hoist slings are shared but cleaned between use. All hoists are cleaned between use with Sani universal Wipes which are then dated and labelled</p> <p>Training is scheduled for housekeeping staff.</p> <p>The cleaning roster and schedule were reviewed, and cleaning hours increased to facilitate enhanced cleaning during outbreak. This increase in hours has been maintained to ensure a staff member is available until 6pm.</p> <p>The use of vinyl gloves has been discontinued for patient care.</p> <p>The Clinical waste storage area is in the process of being secured with the completion date of end of May.</p> <p>A Covid outbreak contingency plan is in place and is reviewed monthly.</p> <p>The provision of clinical hand wash sinks is being examined under the capital development plan.</p> <p>IPC audits are now included in the monthly audit schedule, they are actioned and will be reviewed as part of the monthly clinical governance meeting with the clinical lead.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have completed the drill following the inspection as required. We will continue to have fire drills for all staff members twice yearly.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A medication incident was raised following the inspection in relation to the medication omitted and the resident was reviewed by the general practitioner.</p> <p>Regular monthly medication administration audits have been implemented to ensure all medications are administered as prescribed.</p> <p>The general practitioners have been asked to order the timing of the resident's medication. They have also been asked to sign an individual crush order for each medication rather than a generic crush medication order for any resident requiring medications in an altered form.</p> <p>All nursing staff have completed online medication management training and have been booked to attend further training facilitated by a trained pharmacist.</p> <p>The pharmacy has agreed to recommence quarterly audits in May 2022</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans have been fully transferred to the electronic system and will be reviewed in line with 4 monthly assessments to provide sufficient up to date information to guide care. Care plans will be reviewed and updated to ensure they are person centred and include resident's engagement in activities, personal hygiene, management of responsive</p>	

behaviours and falls management. Ongoing review of care plans will be carried out to ensure that assessments and care plans clearly reflect the needs and challenges/problems of the resident and outline the best approach to administer the care for each resident. All nurses are aware that care plans must be updated along with the 4 monthly assessments. This will be audited three times a year.

A nurse has been allocated a protected hour each day to complete and review care plans

Spot checks of care plans are being conducted by the PIC / CNM weekly to supplement the regular programme of audit.

All new admissions have a comprehensive assessment and a care plan commenced within 48 hours of admission, the care plan is developed in consultation with the resident, their family representative and the Multi-disciplinary team and will be completed within one week of the residents' admission as stated in our Statement of Purpose.

Resident / family consultation on the care plans will be recorded in the relevant section of the electronic records.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 All residents living in Valentia Nursing Home that hold a medical card are entitled to free medical services within the GMS scheme and every effort is made to ensure residents can access these services on site, in the absence of a GMS approved provider a private service is provided. This provider has agreed to document all treatments on the electronic system going forward.

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 All residents using bed rails have had a risk assessment completed, which identifies the alternatives trialled. The MDT has been established to examine the and improve the centers policy on promoting a restraint free environment. Additional training will be provided in the management of responsive behaviours.

Restraint release records for bedrails have been transferred to the electronic system, these records are reviewed by the PIC / CNM weekly and have been added to the audit schedule.

Care planning deficits relating to residents displaying responsive behaviours have been addressed to identify potential triggers to behaviour, and the de-escalation techniques to be employed. The care plan also includes the indication for the use of prescribed psychotropic medication. The care plans will be audited four monthly as per the audit schedule.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Work is planned to ensure each resident in a twin bedroom will have their own personal storage areas with a completion date by June 30th

All staff have been reminded to close the bedroom doors to ensure residents privacy

Seating in the communal area directly facing the three bedrooms has been reconfigured.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/06/2022
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	31/05/2022
Regulation 21(1)	The registered	Not Compliant	Orange	31/05/2022

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	05/05/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/05/2022
Regulation 27	The registered	Not Compliant	Red	05/05/2022

	<p>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.</p>			
Regulation 28(1)(e)	<p>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.</p>	Substantially Compliant	Yellow	05/05/2022
Regulation 29(5)	<p>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 any advice provided by that resident's pharmacist regarding the appropriate use of</p>	Substantially Compliant	Yellow	05/05/2022

	the product.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	05/05/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/05/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/05/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or	Not Compliant	Orange	31/05/2022

	poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	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.	Not Compliant	Orange	31/05/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	05/05/2022