



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Valentia Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Wexford
Type of inspection:	Unannounced
Date of inspection:	16 October 2025
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0048241

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
--	----

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
Thursday 16 October 2025	11:10hrs to 18:10hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector found that Valentia Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were kind and attentive to their needs.

This unannounced inspection was carried out over one day, to assess ongoing compliance with the regulations and standards. The inspector arrived unannounced to the centre, and was met by the person in charge and two company directors. The inspector held a brief opening meeting with the person in charge to gather information on the current residents and the operations of the centre. Following this meeting, the inspector toured the premises. This gave an opportunity to chat with residents and visitors, and to observe the care environment and the interactions between residents and staff.

Valentia Nursing Home is a family-run centre, located the village of Camolin in Co. Wexford. All communal areas and bedrooms are at ground-floor level. The first floor contains staff facilities, offices and storage space. Overall the premises was warm and inviting and nicely decorated. There was also access to an enclosed garden areas which were well kept and attractive, with seating and walkways. On the day of the inspection, the library was an area where many residents gathered, where activities took place and visitors spent time with their loved ones. Although the centre appeared clean and well-maintained, some areas of improvements were identified in respect of infection prevention and control, as further detailed in the report.

Throughout the day of inspection, the atmosphere was relaxed and calm, and the inspector observed staff tending to residents' needs in a caring and respectful manner. The inspector spent time greeting residents and spoke in more detail with seven residents and five visitors to elicit their feedback on the service provided in the centre. The overall feedback was that residents were happy living in the centre and felt safe. Residents spoken with were happy with staffing levels and response times to call-bells. One resident told the inspector that they "couldn't ask for better" and another said "whatever we need, we get it". Visitors spoken with were very complimentary of the care that their family members received and the communication they received from staff, including that management were responsive to action any areas of feedback. One visitor said they chose this centre as it was small and family-run, and that their loved one felt at home in the cosy environment. Another visitor referenced how grateful they were for the seamless transition their loved one made when admitted to the centre.

Residents were offered a choice of appetising meals and hot and cold drinks and snacks were provided throughout the day. The inspector observed the lunch and tea time servings on the day of the inspection and found that there were sufficient staff available to provide assistance to residents where required. Overall, from speaking

with residents and from a review of records of residents' consultations, the inspector found that residents were very satisfied with the food offered.

Residents confirmed that they were engaged in activities and were satisfied with the arrangements in place. There were photographs on display of various outings and celebrations that took place over the summer and residents said they very much enjoyed going on these trips. On the day of inspection, residents were observed walking around inside and outside at their leisure, some liked to sit by the fire and watch TV, and others attended the scheduled activities. A visiting musician provided entertainment in the afternoon which was attended by resident and their families. Staff, residents and visitors sang and danced along to the well-known tunes. This was a joyous occasion, with one resident celebrating their birthday and receiving a rousing rendition of "Happy Birthday". The musician knew the residents and staff by name, and this brought a real sense of community to the occasion.

The next two sections of this report will describe the governance and management arrangements in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the centre was operating to a high standard, with good levels of compliance across all the regulations reviewed. The management team demonstrated a strong commitment to ensuring that residents received safe, person-centred, and high-quality care.

The registered provider of the centre is Valentia Nursing Home Limited, a family-run company, which has three company directors; all of whom were engaged in the day-to-day clinical and operational oversight of the centre, and all of whom were present on the day of inspection. There was clear evidence that the centre has the capacity and capability to deliver a good service. Governance and management systems were effective and ensured appropriate oversight of staff practices. The quality and safety of care were supported through good systems of monitoring, auditing and continuous quality improvement initiatives.

Throughout the inspection, the person in charge demonstrated very good insight regarding her roles and responsibilities, and described a well-organised model of service delivery, encompassing a high level of both clinical and social care. She demonstrated excellent knowledge of residents' individual needs. Staff were well-supervised in their roles. The registered provider ensured there was sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme. There was a minimum of two registered nurses on duty at all times. Adequate healthcare assistants, activity staff, catering and domestic staff supported the daily operations in the centre. Oversight of

administration, human resources, finances and record-keeping was maintained by clerical staff.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at governance meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and changing legislation. Staff were given opportunities to feed back on the service.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons and infection control.

Regulation 15: Staffing

The registered provider had ensured the number and skill mix of staff allocated to the centre was appropriate to the assessed needs of the current residents. It was evidenced within the staff roster that a minimum of two registered nurses was present in the centre at all times. Staffing levels were found to be in line with those outlined in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed by the inspector indicated that the vast majority of staff were up-to-date with mandatory and other relevant training. A programme of training throughout the year was ongoing to ensure all staff were trained in important areas such as fire safety and moving and handling.

Staff were supervised in their roles daily by the person in charge. The provider had good procedures in place for the recruitment and retention of suitable staff which included a thorough induction process with regular reviews, and annual appraisals

for long term staff. Staff confirmed that they were offered opportunities to increase their knowledge and attend additional training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

A review was completed of documentation for staff members as required under Schedule 2. A sample of four staff files was completed and evidenced that all required information was present. This included; photo identification, records of registration (where applicable) and An Garda Siochana (police) vetting disclosures.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place with clearly identified deputising arrangements for key management roles. The inspector spoke with various staff who demonstrated an awareness of their roles and responsibilities. Systems were in place to ensure that the care provided to residents was safe, effective and regularly monitored. For example, weekly data was collated in relation to a number of key indicators including restrictive practice, wounds and falls. There was a low level of incidents and falls occurring, nonetheless the data continued to be collected and analysed to identify if there were any areas for improvement.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2024. This included targeted improvement plans for a variety of areas based on the analysis of key areas of care and support provided to residents, and upgrades to the premises during the year. The annual review was made available to residents in the centre.

The centre was well-resourced by the registered provider to allow a high level of care to be provided to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose which contained all of the information required by Schedule 1 of the regulations, for example; the services

and facilities provided, the total staffing complement, and the arrangements for residents to attend religious services of their choice.

Judgment: Compliant

Quality and safety

Overall, the care and support of residents was delivered in a person-centred way. Management and staff promoted an ethos of a human rights-based approach to life and care in the centre. Residents told the inspector that staff were kind and that this contributed to a good atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and social care. Some areas of the environment required enhanced oversight to ensure that infection control procedures were adhered to.

Residents each had a detailed individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. The inspector reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed. There were good arrangements in place for consultation with relatives and families.

Overall, the centre was well-maintained, and tidy which provided a comfortable environment for residents. An up-to-date outbreak contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand hygiene. The person in charge maintained records of antimicrobial use and was the centre's nominated infection control link practitioner. Audits of staff practices and the environment were completed regularly and showed good levels of compliance. Some of the inspector's findings, which had the potential to impact upon the spread of infection, were not captured in the infection control audits. These are detailed under Regulation 27: Infection control.

The inspector saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas regarding social and leisure activities, and standards of care.

Minutes of these meetings were documented, with action plans assigned and followed up on. There was a varied programme of activities in the centre. Predominantly, there were different activities on offer in the centre each day. Residents were also encouraged to maintain personal relationships with family and friends through regular visits and trips out where possible.

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 provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

The arrangements for visiting were set out in a recently-updated visitor policy, which included the procedures for ensuring residents receive visits from nominated support persons during outbreaks of illness, for example an influenza outbreak.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had sufficient space to store and display their personal possessions and clothing. Residents were satisfied with the laundry facilities provided and confirmed that their personal laundry was carefully managed and returned without delay.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a modified consistency diet. 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 high quality 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 and made available to residents, a guide in respect of the designated centre. This contained all of the required information, including a summary of the services and facilities in the centre, and how to access inspection reports in the centre.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the good practices seen during the inspection, some issues were identified, which were not in line with the National standards for infection prevention and control in community services (2018). Some areas of the environment were not cleaned to a satisfactory standard. For example;

- It had been identified in recent infection control audits that high dusting required attention. This had not been rectified, as the inspector observed areas of dust collection both high and low areas.
- There was an evident build up of grime in some shower drain outlets. These areas were not subject to regular cleaning regimen.
- The surround at the base of a small number of toilets was stained and required deep cleaning.
- At 11.30am, two communal toilets were signed off as being cleaned ahead of time at 12:00pm and 2:00pm.

Judgment: Substantially 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 using a range of validated assessment tools. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs.

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

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected. There was a focus on social interaction, led by staff. Residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valentia Nursing Home OSV-0004370

Inspection ID: MON-0048241

Date of inspection: 16/10/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>High and low dusting areas are on regular cleaning schedule and are checked and audited by the Person in Charge. Shower drain outlets are cleaned and put on a monthly cleaning schedule or more frequently as required. Older shower drains have been replaced. Stained toilets have been deep cleaned and will continue to be monitored. Sign off of cleaning schedules is now checked and audited by Person in Charge.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	01/11/2025