



**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:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	28 February 2025
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0046580

About the designated centre

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

The designated centre provides 24-hour nursing care to 56 male and female residents who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a two-storey extended building located on a green-field site. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork, which aims to embrace positive ageing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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How we inspect

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
Friday 28 February 2025	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead
Friday 28 February 2025	09:00hrs to 17:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, the residents reported that the service provided to them was good and that they were happy living in the centre.

Following an introductory meeting with the person in charge, the inspectors went for a walk around the centre. The inspectors observed that the centre had a busy but calm atmosphere. At the time of this inspection, fire safety enhancement works were underway in various sections of this centre. The inspector found that the provider had arrangements in place to ensure that the disruptions to residents with dust and noise during the fire safety works were kept to a minimum. One resident informed the inspectors that they were kept informed of the fire safety works in the centre.

Residents had access to spacious communal rooms and beautifully landscaped outdoor garden areas within the centre, allowing for social interaction and relaxation. The inspectors saw residents accessing the outdoor areas without any restrictions, and some residents were found accessing these areas with the company of staff. There was a friendly and relaxed atmosphere in the centre, and the residents told the inspectors that they were happy living there.

The residents' accommodation was spread out over the two floors. There was a mix of single and double-occupancy rooms, and they appeared clean and well-organised. Residents were supported to personalise their bedrooms, with items such as photographs, and other personal belongings.

The inspectors observed that the centre has balconies on the first floor, which offered panoramic views of the surrounding outdoor areas. These balcony spaces were equipped with metal safety rails intended to prevent accidental falls. However, the height of the rails was below 150 cm, and the inspectors were not assured that the current height of these safety rails could adequately protect residents from potential falls.

The inspectors observed that some residents were up and participating in the routines of daily living. Residents told inspectors that there were enough staff on duty to meet their needs.

Residents and staff were seen spending time chatting together as residents went about their daily routines. Care delivery was observed to be unhurried throughout the day. During the afternoon hours, the inspectors saw residents enjoying various games, such as ball games, in one of the communal rooms.

The inspectors noted that the dining room was well-arranged, featuring dining tables and comfortable seating. Menus were available for residents, and the dining room had a relaxed atmosphere. Residents were facilitated to dine in small groups at the tables, making mealtimes a social occasion. Residents' feedback was positive

regarding quantity, quality and the variety of food that was on offer. Some residents commented that the food provided in this centre was of good quality. Another resident commented that the food provided in the centre was of good quality.

The inspectors saw that there were a number of visitors in the centre during the day of the inspection, and residents expressed their contentment, confirming that they enjoyed unrestricted visiting, allowing them to spend their time with their friends and families.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found several improvements and compliance findings in this inspection. There were ongoing quality improvement initiatives to enhance the daily lives of residents.

This was an unannounced inspection, carried out over one day by inspectors of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also reviewed the registered provider's implementation of their compliance plan submitted following a previous inspection in October 2024 and information submitted as part of the provider's application to vary Condition 6 and to remove Condition 5 attached to the registration of this designated centre. The inspectors observed that the fire-safety work to achieve compliance with Regulation 28: Fire precautions was ongoing in different sections of the building during this inspection.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre has access to and support from centralised departments such as human resources, accounts, and information technology.

The local management team includes a director of nursing and a service manager who both support the person in charge. Additionally, a team of clinical nurse managers, nurses, healthcare assistants, household staff, catering personnel, physiotherapists, and occupational therapists contribute to the delivery of care for the residents in the designated centre.

However, the centre remains without an appropriate person participating in management (PPIM) who has the authority to make senior operational decisions about the management of the centre as a whole.

There were sufficient resources in place on the day of the inspection to meet the assessed needs of residents. However, the centre had several staff vacancies, and the provider filled these roles with the agency staff and staff who were re-deployed from another health care unit. Training records demonstrated that staff were appropriately trained to perform their roles.

There were adequate arrangements in place in respect of the management and supervision of volunteers, including having appropriate garda clearance in place as required.

Regulation 15: Staffing

There was sufficient staff on duty with an appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and completed all necessary training appropriate to their role. Staff were appropriately supervised according to their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have sufficient resources in place according to the registered statement of purpose (SOP). For example:

- There were seven staff nurse vacancies, eight vacancies for health care assistants, and one for catering. The provider confirmed that there is an ongoing recruitment process to fill-in these vacancies.

There was not a clearly defined management structure in place that identified the lines of authority and accountability. For example:

- While there was an appointed person who participated in management (PPIM), this is not a senior decision-making post with the authority to make significant decisions pertaining to the operation of the designated centre.

The provider's management systems, which were in place to ensure necessary oversight of the centre's premises and environmental risks did not ensure that the service provided was safe and effectively monitored. For example:

- The balconies on the first floor of this centre lacked safety rails of appropriate height to prevent any potential health and safety risks to residents.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers who attended the centre had the roles and responsibilities set out in writing, and there were arrangements for supervision and support. There was a vetting disclosure in place in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector of Social Services had been informed of all incidents which occurred in the centre within the required time-frame.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were supported and encouraged to enjoy a good standard of care and support in line with their assessed needs and preferences. The inspectors observed significant improvements in the quality of care provided to the residents since the last inspection.

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. The records reviewed by the inspectors indicated that the residents could attend outdoor activities, such as shopping and visiting the day-care services and cafes. The provider had arranged a minibus service to facilitate residents' attendance at these outdoor events. While some residents preferred to stay in their

own rooms, their choices were respected, and they were supported in how they chose to live in this centre.

The inspectors reviewed a sample of care files and found that a comprehensive nursing and social care assessment was completed on all residents within 48 hours of admission. Additionally, a range of validated assessment tools, such as malnutrition universal screening tools, dependency level assessment tools, and pressure ulcer risk assessment tools, were used to complement the comprehensive assessment. Continuous re-assessment of residents' needs was also completed on a four-monthly basis or sooner if required. Care plans were comprehensive and described the care required to meet the needs of residents. Care plans were very person-centred and reflected the care provided to them.

Residents had access to a general practitioner (GP) who attended the centre regularly, which ensured that any medical concerns were addressed in a timely manner. Additionally, residents had access to specialist health and social care professionals through a referral system. An advanced nurse practitioner in dementia services was available to the residents in this centre to assist residents and their families in managing the complexities associated with dementia.

The inspectors reviewed the arrangements for the storage and administration of medicines in the centre. Each resident's medication was securely stored in their own bedrooms. Additionally, the provider maintained a main storage area for medicines. Controlled drugs were kept in the nurses' station, and a system was in place to monitor the record-keeping and storage of these drugs. Furthermore, arrangements were established to ensure that the pharmacist could fulfil their obligations to the residents. The inspectors were also informed that the provider was in the process of procuring new storage arrangements and an electronic medication administration system to ensure that the medication management system is safer. These actions were taken as part of their quality improvement programme.

The inspectors engaged with several residents, and they confirmed that they felt safe in the centre. Staff who spoke with the inspectors demonstrated good awareness of the safeguarding procedures established within the centre that are to be followed.

Regulation 10: Communication difficulties

The registered provider ensured that each resident who had communication difficulties could communicate freely. A sample of care plans reviewed indicated that the communication care needs of residents were included in all the care plans to guide staff in supporting the residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the safe storage and administration of medicinal products. The inspectors observed that the medicinal products were stored in a safe and secure manner. The medicine administration records indicated that all medicinal products were administered in accordance with the directions of the residents' general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed upon admission to this centre and reviewed at regular intervals, which informed the care plans.

Judgment: Compliant

Regulation 6: Health care

The residents in this centre had regular access to their general practitioner (GP). Additionally, residents had access to specialist services, such as psychiatry of old age, palliative care, speech and language (SALT), occupational therapy (OT), geriatrician, dietitian and optician.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector had up-to-date knowledge and skills appropriate to their role to respond to and manage responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Restraint assessment files indicated that appropriate alternatives had been trialled before recommending the use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection
The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.
Judgment: Compliant
Regulation 9: Residents' rights
Residents had access to daily newspapers, radio, television and internet. There was an independent advocacy service available to residents. The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.
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 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0046580

Date of inspection: 28/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Designated Centre will have sufficient resources in place according to the registered Statement of Purpose (SOP) by 31st July 2025</p> <ul style="list-style-type: none">• Currently there are 10 beds temporary closed in the Centre due to essential fire safety works and thus the hospital is operating at a reduced occupancy level at present. The Person in Charge and the Provider continue to work closely with the HR department in the recruitment of all approved posts.• To date two staff nurses are at the final stages of the recruitment process. The remaining five nurse positions are at stages in the recruitment process. To ensure safe staffing levels in line with the Centre's Statement of Purpose there are four agency nurses employed within the Centre on an ongoing basis and a further one nurse has been redeployed from another HSE facility. This ensures that staffing within the Centre is in line with the statement of purpose.• Of the vacant HCA positions, one HCA's commenced employment on the 28th April and a second HCA has an agreed start date of the 5th May 2025. A further six HCA's are in the process of recruitment. In the interim, three HCA's have redeployed from another HSE Facility. As essential fire safety works are being completed within the Centre at present the Centre is not operating at full capacity. There are four regular HCA agency staff working in the Designated Centre which ensures continuity and safe staffing levels in line with the Centre's Statement of Purpose.• The one catering vacancy in the Designated Centre is currently being covered by regular agency staff who have worked in the Designated Centre for the past number of months.	

- A PPIM with a senior decision-making remit to make significant decisions pertaining to the operation of the designated centre will be appointed by 30th June 2025. An application to vary has been submitted to the Authority.
- The provider has reviewed the management systems within the Centre to ensure necessary oversight of the Centre's premises and environmental risks and to ensure that the service provided is safe and effectively monitored.
- HSE Estates visited the Centre on 25th March 2025. The balconies on the first floor of the Centre were reviewed. The balustrades were found to be presented in substantial compliance with the building regulations. The balconies were found to be appropriate height to prevent any potential health and safety risks to residents. However the Designated Centre has a risk assessment in place to further reduce potential risk. .

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 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.	Substantially Compliant	Yellow	31/07/2025
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.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	25/03/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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