



**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 Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 February 2023
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0039346

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 February 2023	09:30hrs to 15:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This inspection took place over one day. The inspector met with all 18 residents living in Valentia Hospital, and spoke in detail with three residents. The inspector spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. From the observations of the inspector and from speaking with residents, it was evident that residents were well cared for and supported to have a good quality of life in Valentia Hospital.

On arrival, the inspector was met by the registered nurse on duty, who ensured that all necessary infection prevention and control measures, including hand hygiene and application of a face mask, were implemented, prior to entering the centre. The inspector was informed that the clinical nurse manager, was on planned leave. However, they put arrangements in place to attend the centre, and they facilitated the inspection process.

Valentia Hospital provides long term and respite care, for both male and female adults, with a range of dependencies and needs. The centre is situated on Valentia Island, in South Kerry, and views of the sea can be seen from many of the residents bedrooms and the centres courtyard. It is a single storey facility that can accommodate 24 residents. Bedroom accommodation in the centre comprises of twenty single and two twin bedrooms, all with en-suite facilities, overhead hoists and televisions. The inspector saw that bedrooms had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences.

The centre was observed to be very clean, homely, well maintained and had a good standard of decor. Pictures of the local south Kerry scenery, local art work and handmade quilts decorated the corridors, as well as wooden seagulls hanging from the ceiling. Communal space within the centre consists of a large sitting room, two adjoining dining rooms and a tranquility room.

All residents who spoke with the inspector were highly complimentary about the care and support provided, and described the staff as kind and caring. A large number of residents in the centre were living with a cognitive impairment (80%), and were unable to fully express their opinions to the inspector. These residents appeared to be content and relaxed in the company of staff, when observed throughout the day. One resident told the inspector " you wont find anything wrong here in Valentia because the care is so good".

Staff spoken with were knowledgeable of residents and their individual needs. Where residents required assistance during this inspection, the inspector observed staff assisting residents in a discrete and sensitive manner, at all times. There was a warm rapport between residents and staff and a relaxed and happy atmosphere was evident throughout the day.

Residents told the inspectors they could make decisions about their daily life in the centre and could choose how they spent their day. Some residents were observed to come to the centres sitting room, mid morning. This area was furnished with armchairs, a large television and various memorabilia. The inspector observed that this room was supervised by the activities coordinator or a member of the care staff throughout the day. Residents were seen to enthusiastically participate in an exercise session, reminiscence and the rosary on the day of the inspection. One resident recited a poem called "A deck of cards" for other residents, which they enjoyed. Discussions with the activity staff member indicated that they knew residents well and tailored the programme of activities to the preferences of residents. The programme of activities was also flexible to the wishes of residents, on a daily basis. Residents were seen to be provided with daily newspapers and weekly Kerry newspapers.

The inspector observed the dining experience at lunch time. Some residents had their main meal in the dining room, while others chose to remain in their bedroom. The inspector saw the food was appetising and well-presented and residents had choice. Many residents required assistance and staff sat with residents and provided assistance appropriately and engaged with residents at this time. Residents had access to snacks and drinks throughout the day in their bedrooms or in the communal rooms.

The next two sections of the report 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

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. Overall, findings of this inspection were that Valentia Hospital was a good centre where residents received high quality care. All areas identified on the previous inspection of June 2022, that required to be addressed, had been completed. However, actions were required with regards to the appointment of a person in charge who met the regulatory requirements, monitoring risk within the service, medication management and consultation with residents. These are further detailed under the relevant regulations.

The registered provider of this centre is Valentia Community Health & Welfare Association Company Limited by Guarantee. The management structure consists of the registered provider, an active voluntary board, with responsibility for the running the centre, a person in charge and a clinical nurse manager. The person in charge (PIC) had resigned their position in October 2022 and the Chief Inspector had been notified, as per regulatory requirements. This left a gap in the management structure which did not provide effective governance of the centre. The provider had indicated in their notification to the Chief Inspector that they had unsuccessful in

recruiting a person in charge that met the requirements of regulations, although they had been advertising the post since August 2022.

The provider had allocated the internal management responsibility for the centre to the clinical nurse manager, in the interim, while actively recruiting for a person in charge. Although it was evident that they have experience in nursing the older adult and they possess a management qualification, they did not have the relevant management experience, as required by the regulations. There had been ongoing engagement with the provider since October 2022, the most recent being a warning meeting in January 2023, to outline the concerns of the Chief Inspector in relation to the absence of a suitable qualified and experienced PIC. At this meeting the provider was advised that escalation proceedings would be initiated if a person in charge was not appointed in a timely manner. During this inspection, the inspector was informed by a director of the company that despite active recruitment to date a suitable candidate had not applied.

There were systems in place to monitor the service. Audits were completed in areas such as infection prevention and control, medication management and restrictive practice. Key quality indicators in aspects of resident care, such as weights, restraints, infection and wound care were being monitored daily and discussed at the daily handover. However, the annual review of the service and the monitoring of risk required improvement, as detailed under regulation 23.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. The staffing levels and skill-mix were adequate to meet the needs of the 18 residents living in the centre. All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills.

An accessible complaints procedure was in place. From a review of records it was evident that residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner and that they were recorded in line with the regulations. However, the person named as the complaints manager no longer worked in the centre, which required to be updated. All incidents had been reported to the Chief Inspector as per regulatory requirements.

Regulation 14: Persons in charge

The registered provider had not appointed a person in charge that met the requirements of the regulations. The business of a designated cannot be carried on without a person in charge. The person in charge has responsibility under the regulations for key areas of governance, operational management and administration of the designated centre, including responsibility for the supervision of staff who provide care and support to its residents.

Judgment: Not compliant

Regulation 15: Staffing

From a review of the staffing rosters and from the observations of the inspector, it was evident that the number and skill mix of staff was appropriate to meet the needs of the residents living in the centre. There was a registered nurse on duty at all times, as required by the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

There was a positive emphasis on training in the centre and training was found to be well monitored. All mandatory training, as per the centres policy, was found to be up-to-date. Staff demonstrated competence in their work and told the inspector that training was easily accessible. There was a comprehensive induction programme to support new staff in their role. Fire safety training was taking place on the day of inspection for staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider was maintaining a directory of residence in the centre, which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The following required to be addressed pertaining the the governance and management of the service:

- the provider had not appointed a person in charge of the centre that met the requirements of the regulations, leaving a gap in the management structure as actioned under regulation 14.
- there was not an annual review of the quality and safety of care to residents

- for 2022 available or commenced, which is a regulatory requirement.
- although there was a risk register in place in the centre, there was not evidence that these risks were being monitored or reviewed, as per the centres policy. For example; some risks referenced restrictions on visiting and COVID-19 precautions, that were no longer applicable to delivery of the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The records of accidents and incidents which occurred in the centre were appropriately recorded. The inspector found that all had been managed and reported to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The notice on display outlining the nominated complaints officer was not accurate and reflected a person no longer working in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, findings of this inspection were residents in Valentia Hospital enjoyed a good quality of life, had good access to medical care and a social and recreational programme. However, this inspection found that some improvements were required in consultation with residents and medication management. These will be discussed under the relevant regulations.

Residents received a good standard of health care and services were provided in line with their assessed needs. Residents had timely access to general practitioners, who visited the centre weekly. A new system of care planning documentation had been implemented, in response to the findings of the previous inspection. Care plans were developed for residents and these were seen to be personalised and provided good guidance on the care to be delivered, to each resident on an individual basis.

Residents hydration and nutrition needs were assessed and regularly monitored.

There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. The centre had a low use of restrictive practices and maintained a comprehensive register of any practice that was or may be restrictive. Where bed rails were in use there was an assessment and consent for each resident and evidence that alternative interventions had been trialled.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Controlled drugs records were maintained and managed in line with professional guidelines. The inspector spoke with nursing staff on duty in relation to medication management and they demonstrated competency and knowledge in relation to their responsibilities. Medication audits were taking place. The system in place for the return of unused medication required review, which is further detailed under regulation 29.

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. Staff were observed to adhere to good practice in relation to hand hygiene and the use of personal protective equipment. Hand hygiene facilities in the centre had been enhanced since the previous inspection, to ensure that they complied with relevant guidance.

Residents had access to an activities coordinator and the inspector observed a busy activities programme throughout the inspection. The activities coordinator was committed to their role and engaged well with residents. However, there were not records available of residents meetings taking place, which is actioned under regulation 9.

Regulation 10: Communication difficulties

The inspector saw that residents with communication difficulties were facilitated to communicate freely; for example via individual communication boards. Communication care plans reviewed provided detail regarding the residents care requirements and methods in place to enhance and assist communication. They also included multi-disciplinary input where appropriate.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. Appropriate risk

assessment and safety measures were in place for indoor visiting.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and they were referred to allied health professionals or their general practitioner if required. Improvements were noted in the dining experience for residents since the previous inspection, as it was seen to be a more sociable experience for residents.
Judgment: Compliant
Regulation 27: Infection control
The centre was observed to be very clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. The provider had addressed the absence of adequate hand washing facilities for staff, as per the findings of the last inspection. Three new hand washing sinks had been installed on the centres corridors.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The inspector saw that some medications, not in use, for over a year were stored within the centre. These should have been returned to pharmacy in accordance with the centres policy and requirements of the regulations.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
It was evident to the inspector that there were improvements in care planning and

assessment since the last inspection. New documentation had been implemented. From a sample of care plans reviewed the inspector saw that a comprehensive assessment of residents needs were recorded, using a variety of validated tools and care plans were developed following these assessments. The inspector found that care plans were reviewed and updated in accordance with the regulations, the changing needs of residents and the recommendations by allied health professionals.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their general practitioner. There was appropriate referral to allied health professionals and evidence of regular review and input from chiropody and physiotherapy. There was a low incidence of pressure ulcer formation within the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bedrails were managed in the centre through ongoing initiatives to promote a restraint free environment. Where 'as required' psychotropic medication was administered, the effects and outcome for the resident following the administration of the medication was recorded and audited weekly.

Judgment: Compliant

Regulation 9: Residents' rights

The following required to be actioned to ensure residents rights were upheld:

- there was not evidence of a residents meeting taking place in the centre for over 6 months. This was contrary to the statement of purpose which stated that residents would be consulted with about the running of the centre, every three months.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0039346

Date of inspection: 15/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>We interviewed a candidate on the 19.03.2023 and the successful candidate will commence in Valentia Hospital on the 24.04.2023 having served her notice period. She will undertake a management course at the earliest available date.</p>	
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>PIC appointed as above.</p> <p>Annual review of quality and safety of care has commenced and will be completed by 30.04.2023. We are commencing a new risk register to record identification of the risk management of same and recording completed of the remedy. - Immediate</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The notice regarding the complaints officer has been updated. - Completed</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We have inspected the medicines in stock removed all medicines belonging to old residents. We will have a quarterly review of stock medicines by person in charge and the responsible provider (GP) - Completed</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>On 10.03.2023 we had a residents meeting with five residents present. They discussed upcoming events, St. Patrick's Day & Easter, daytime activities and satisfaction with all. Also present Staff Nurse and admin staff for minutes - Completed</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 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management capacity in the health and social care area.	Not Compliant	Orange	24/04/2023
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.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	30/04/2023

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	01/03/2023
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	01/03/2023

	complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/03/2023