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:	16 February 2026
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0049688

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 and female residents who are usually over the age of 65 years. 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:	23

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
Monday 16 February 2026	14:30hrs to 19:00hrs	Breeda Desmond	Lead
Tuesday 17 February 2026	08:45hrs to 13:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This was a two-day unannounced inspection of Valentia Hospital carried out by an inspector of social services. The inspector met with most residents throughout the inspection, and spoke with five in more detail to gain insights into their life in the centre. Residents reported that Valentia Hospital was a good place, they said they were very happy, cosy and comfortable, and care was excellent. Residents said that staff were respectful and helpful.

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, South Kerry, and it is registered to provide care to 24 residents. There were 24 residents living in the centre during this inspection. Residents' accommodation comprises twenty single bedrooms and two twin bedrooms, all of which have en-suite facilities. Bedrooms were spacious and homely and in general, had appropriate seating and lockable storage for residents belongings. Each bedroom was equipped with an overhead hoist to support the safe transfer of residents in their bedrooms. Some bedrooms were decorated with residents' personal belongings, furniture and pictures from home. There was access to a television in all bedrooms. In twin bedrooms, there was one mobile privacy screen which could not ensure the privacy of either resident as it was not long enough to surround a bed.

The premises was well maintained. Local community workers were employed to carry out essential maintenance and upgrades to the premises both internally and externally. The centre was homely with pictures on the walls of local South Kerry scenery, patchwork quilts and pictures of residents celebrating events. Residents were seen to mobilise freely on the wide corridors and staff were observed to assist residents to be independent in accordance with their ability, including going for walks. Information displayed on notice boards included the complaints procedure, leaflets regarding advocacy services, and local news. Some flooring was replaced following the findings of the last inspection.

Other facilities available to residents include the large day room with glass double-doors into the first dining room; beyond this is a second dining room with the new specialist table which facilitated residents with adaptive chairs to sit and enjoy their meals in a normal social manner. Residents reported that they were delighted with this. There is a quiet room for residents to have visitors, however, this was currently unavailable to residents due to items being stored here which were awaiting removal or disposal.

A garden area, to the back of the centre, overlooked the sea and provided safe unrestricted access to an outdoor space for residents. This area was well maintained and there were several raised flower beds with herbs, some vegetables and flowers; these will be re-planted in the next few weeks when the weather improves. The poly-tunnel to the side of the garden also had an array of things growing, and this

too will be replanted when the weather changes. All the raised flower beds, benches and chairs were painted in an array of colours and looked really well.

Throughout the inspection the inspector observed that residents were engaged in meaningful and enjoyable activities in the day room. Activities included one-to-one engagement as well as group activities such as singing and dancing. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner and observation demonstrated that staff were familiar with residents' needs and preferences.

The inspector observed staff serving residents food and fluids at regular intervals throughout the day, in their bedrooms and in the sitting room. Meals were well presented and residents reported that the quality if food was excellent with choice at every meal. All residents had their breakfast in their bedrooms. Staff were observed to go from room to room with the serving trolley which included a bain-maire that ensured porridge was served hot to each resident.

The centre appeared clean. Hand washing advisory signage was replaced over hand-wash sinks during the inspection. While there were clinical hand wash sinks available throughout the centre, none of them complied with mandated national guidelines. The clinical handwash sink in the sluice room was stainless steel and somewhat corroded. It was located wedged between the sluice hopper and the bedpan washer. Several of the assistive support rails in en suite bathrooms were seen to be corroded and rusted.

The laundry had two sinks, one for hand washing and the second for laundry purposes. There were three washing machines and two industrial dryers. The laundry staff were knowledgeable regarding segregation of clothing and optimum washing temperatures. There were a lot of black bags left here with clothing belonging to residents that were no longer in the centre.

The next two sections of the report present the findings in relation to the governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This un-announced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and to follow up on the previous inspection findings.

Findings from the last inspection (February 2025) in relation to aspects of the premises and some fire safety concerns were addressed. However, other fire safety precautions requiring action remained outstanding, despite the registered provider's commitment to having these completed by 30 June 2025. Findings identified from

this inspection for action included staff files, care records, monitoring of the service, and infection control. The feedback meeting with members of the board of directors was held following the inspection to facilitate members of the board to attend. They gave a commitment to have the remainder of the fire works completed within a fortnight of the inspection; the person in charge committed to doing fire safety drills and compartment evacuations immediately, to include evacuation of bedrooms, and cognisant of both day and night duty staffing levels. The board committed to providing updates by 03 March 2026 to the Chief Inspector and while an update was received regarding the status of fire safety works, evidence of fire drills and simulated evacuations were not received.

Valentia Hospital is a designated centre for older persons which is operated by Valentia Community Health & Welfare Association Company Limited by Guarantee, the registered provider. The company consists of a voluntary board of directors with responsibility for running the centre; one of the directors is nominated to represent the registered provider.

Clearly defined management structures are in place, to enable accountability and responsibility for the service. The person in charge is supported by a clinical nurse manager, nurses, care staff, catering staff, household staff and two administrators. The registered provider representative and members of the board are available to the management team on site.

While there were some management systems in place including clinical and environmental audits along with weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections and falls, action was required to ensure the service was effectively monitored, as evidence on inspection showed issues were not identified as part of the audit process. Examples of this are expanded upon under Regulation 23: Governance and management.

A record was maintained of incidents and accidents occurring in the centre. Records demonstrated that appropriate notifications were submitted in accordance with regulatory requirements.

A review of training records showed that training was up to date and further training was scheduled in the weeks following the inspection to ensure all training remained current. A sample of staff files was examined and while they had most of the information as required of Schedule 2 of the regulations, some information was not in place. This is further discussed under Regulation 21: Records.

Schedule 5 policies and procedures were reviewed and most were out of date and some were not dated. Other issues relating to these are further discussed under Regulation 4: Written policies and procedures. The complaints procedure displayed required attention to ensure it was accessible and complied with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications, as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and was articulate regarding governance and management of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection, the inspector found there were sufficient staff on duty in the centre to meet the assessed needs of residents, given the size and layout of the centre. Assurance was provided that oversight of staffing was kept under review, in particular, household cleaning staff in the event of an outbreak or other infection in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix was examined and this showed good oversight of training needs with further training scheduled in the weeks following the inspection to ensure staff training remained current. Fire training had increased from every two years to annually, following the findings of the the last inspection.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed and some required attention to ensure compliance under Schedule 2 & Schedule 3 of the regulations:

Schedule 2:

- there were no education certificates of qualifications declared in one file reviewed
- while there were references in place, some did not identify the reporting relationship between the person and the referee, to be assured that the

person providing the reference had the required authority to provide an accurate reflection of the person’s employment.

Schedule 3:

- daily records were in place to record care given to residents within a 24-hours period; while these were generally completed comprehensively, the record of care was examined at 11am during the morning of inspection - it detailed care given from 8am -13:00hrs, showing that charts were filled before care was given, so it could not be assured that residents received actual care recorded.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required to ensure the service provided was safe, appropriate, consistent and effectively monitored:

- all fire safety issues identified on inspection in February 2025 had not been resolved; details of which are set out under Regulation 28: Fire precautions
- while audits were being completed, they did not reflect inspection finding such as full compliance with maintaining residents’ privacy and dignity, even though these could not be assured in multi-occupancy bedrooms due to the lack of appropriate privacy screens,
- many of the audits queried whether there were associated current policies in place to support practice and all answers indicated that policies were in place, however, it was not identified that they were significantly out of date and could not reflect up-to-date research best practice
- there was a lack of oversight of medication transcription practices which were not in line with the centre's policy, as further outlined under Regulation 4: Policies and Procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Clarification was provided on inspection regarding the NF40 six-monthly notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure the complaints procedure was in an accessible format for all residents, as:

- the complaints procedure displayed (and the associated policy) outlined that if a compliant was escalated from informal to a formal complaint, there was a requirement that this be in written format, which may be inaccessible to some people.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Action was required to ensure compliance with Schedule 5 written policies and procedures, as follows:

- most policies were out of date
- one policy was not dated so it could not be determined when it was written
- some of the policies such as the creation and maintenance of records did not have the specified requirements as detailed in the regulations
- many of the documents were titled guidelines rather than policies
- the complaints policy did not reflect the requirements of the updated regulatory requirements. It did not ensure accessibility of people who may not have the expertise of writing, or English may not be their first language,
- the medication management policy was not implemented into practice as many of the medication prescription administration charts were transcribed by nursing staff and not co-signed by the medical practitioner prescriber. This was rectified on inspection with the attachment of current prescriptions to prescription administration charts for relevant residents.

Judgment: Not compliant

Quality and safety

Residents reported that they were happy and felt safe in Valentia Hospital. Residents' needs were being met, through access to health care services and good opportunities for social engagement, including community involvement.

Mass is celebrated on site once a month and people from the community attend as well. A ceili is held once a month and there is live music every week. The activities programme is facilitated over seven days per week with a varied programme. Throughout the inspection staff were observed to sit and chat, read the news paper and socially engage with residents as well as encourage involvement in the singing and dancing for example. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished.

A choice of meal was offered to residents throughout the day and options not on the menu were also available if a resident preferred something else. The inspector observed mealtimes in the dining room as a sociable and relaxed experience, with residents chatting together and staff providing assistance where required. Some residents were facilitated to eat in their bedrooms, in accordance with their preferences.

Pre-admission assessments were conducted by the person in charge in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed on admission using validated tools. Personal emergency evacuation plans were in place for each resident.The inspector reviewed a sample of care plan documentation. Information contained in care plans was seen to be person centred, clearly outlining the specific care preferences of residents, including end-of-life care decisions and wishes. They also included medical histories to further inform individualised care. However, some care records were not updated when the needs of residents changed, which is a regulatory requirement. This and some further findings are actioned under Regulation 5: Individual assessment and care plan.

Residents medical needs were supported by local general practitioner services. There was good access to allied healthcare professionals such as a physiotherapist and occupational therapist service from the community, community palliative care services, and access to dietician services had been strengthened since the previous inspection. There was a reported low incidence of pressure wound development in the centre and the inspectors saw that the risk of this was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. However, documentation relating to residents requiring wound care management was not appropriately maintained. This is further detailed under Regulation 6: Health care.

The findings of the previous inspection highlighted the requirement for the provision of emergency lighting along external escape routes to safely guide occupants from the exits to a place of safety if the power in the building failed. On inspection it was confirmed that additional external lighting was installed at the assembly end-point, but assurance was not provided that lighting was installed along evacuation routes.

As detailed under Regulation 23: Governance and Management, oversight of fire safety precautions was inadequate, and while some remedial works had been undertaken following the significant findings of the last inspection in February 2025, many of the issues remained unresolved on this inspection. Details of which are included in Regulation 28: Fire precautions.

A review of the emergency plan showed that it had been updated following previous inspection findings to a comprehensive plan for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property, in accordance with regulatory requirements.

Regulation 10: Communication difficulties

Observation on inspection demonstrated that staff had excellent knowledge and understanding of residents' communication needs. One resident's care records showed that they had accessed the National Charity for Deaf and Hard of Hearing services (CHIME) and their audiology report informed their care planning.

Judgment: Compliant

Regulation 11: Visits

While the registered provider had arrangements in place for residents to receive visitors, the only private space was the quite room and this room was unavailable to residents and their visitors due to a large amount of items stored there.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included monthly weights, and maintaining a food intake monitoring chart if required. Improvement was noted on this inspection whereby residents now had access to the services of a dietician. Speech and language therapy was also available.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While comprehensive information was obtained regarding the resident's changed needs following transfer back into the centre from acute care for example, information transferred with the resident when they were temporarily absent from the centre to another care facility were not maintained on site. So it could not be assured that all relevant information about the resident was provided to enable them to be cared for in accordance with their current assessed needs, wishes and preferences.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure compliance regulatory requirements, as follows:

- while there were clinical hand wash sinks available throughout the centre, none of them complied with mandated national guidelines. The clinical handwash sink in the sluice room was stainless steel and somewhat corroded. It was located wedged between the sluice hopper and the bedpan washer and did not have the recommended distance to mitigate the risk of cross infection,
- several of the assistive support rails in en suite bathrooms were seen to be corroded and rusted. The person in charge outlined that these were in the process of being replaced, and this was welcomed,
- infrequently used sinks were not included in the weekly flushing regime as part of legionella precautions
- the large clinical waste bin was in the main car park and was un-secured, enabling unauthorised access to clinical waste.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to achieve compliance with this regulation:

- a review of emergency evacuation floor plans was required. The legend on the plans indicated three possible colour-coded escape routes, however, the floor plans just detailed one possible escape route
- there was no evidence of weekly hydrant fire checks since December 2023
- there were gaps seen in the daily fire safety checks.

The arrangements for providing adequate means of escape including emergency lighting required action:

- on inspection it was confirmed that additional external lighting was installed at the assembly end-point, but assurance was not provided that emergency lighting was installed along evacuation routes as identified on the previous inspection in February 2025. An updated report was submitted on 03/03/26 advising that this was being addressed currently.

The measures in place to safely evacuate residents, staff knowledge and the drill practices in the centre required action:

- while fire drills and simulated evacuations had been undertaken following the findings of the last inspection, these were generally undertaken in non-bedroom areas such as the dining room and kitchen for example, despite the regulator highlighting the necessity to undertake simulated evacuations of the largest compartments. Some records did not include information on the number of staff involved in the evacuations or the number of residents. Times taken to evacuate a full compartment when staffing levels was reduced to lowest levels was prolonged, cognisant that this centre is remote and is heavily reliant on two staff on duty at night time. This was a repeat finding.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some actions were required to ensure regulatory compliance regarding individual assessments and care plans:

- from a review of a sample of care plans the inspector found that routinely, residents' care documentation was not updated when the needs of the resident changed when a resident had become more dependant or following an acute illness for example.

Judgment: Substantially compliant

Regulation 6: Health care

Some action was required to ensure a high standard of evidence-based nursing care was provided, as:

- one resident's care documentation reported that they had multiple wounds and a pressure ulcer, however, the associated wound care management

records such as assessments, status update, or wound care regime were not in place to enable assessment and ensure treatment was effective.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure restrictive practices were implemented in accordance with national policy:

- the level of bedrail restraint comprised approximately 60 % of residents (14 of 23 residents). While some residents will need this restraint, it could not be assured that it was used in accordance with Dept Of Health national policy as the level of restraint in use was very high.

Judgment: Substantially compliant

Regulation 8: Protection

The service was not a pension agent for any resident and petty cash was not maintained for residents. Residents had access to secure storage space within their bedrooms if they choose to hold valuables. There were no safeguarding concerns open at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure the rights of residents, as follows:

- in twin bedrooms, there was one mobile privacy screen which could not ensure the privacy of either resident as it was too short to enclose a bed; should both residents wish to have privacy in their bedroom, this could not be facilitated,
- in the sample of admission care records examined, staff indicated that providing information to residents such as the residents' guide and the complaints procedure was not applicable, even though the provision of this information is a regulatory requirement.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0049688

Date of inspection: 17/02/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • A template will be designed, with a tick box system, to confirm the relationship between the employee and referee. This will be in place for all new employees. • Schedule 3: Charting plans are outlined from 08.00-13.00, any alterations are completed at the end of each shift.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Fire safety issues are addressed in Regulation 28 • Re the privacy and dignity, we will purchase longer screens 31.07.2026 • Policies are being purchased and will be in place by 31.07.2026 • The monthly medication prescription from the GPs will be signed. This will start from April's medications charts. We have a rolling 12-month audit programme that covers all HIQA requirements. The completion of these monthly audits will now be included in the monthly return to the Board and any matters arising from the audits relayed to the Board if not easily resolved.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• Going forward, we will ensure that the policy purchased removes the requirement for the formal complaint to be written down and will include access to Patient Advocacy Services 30/04/26.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies, going forward, will be purchased which will address all of these issues (out of date policies, maintenance of records, upgrade guidelines, update the complaint policy to ensure accessibility of people who may not have expertise in writing or English as their first language, and the medication management policy will be updated to ensure the safe administration of medication). 31.07.2026
Note : All new Policies and procedures will be reviewed and amended to reflect specific care given in Valentia Community Hospital.

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

• The quiet room has been cleared but there are also two other options available to families, namely the small dining room and the polytunnel (in summer months)

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

• There is a specific 'Transfer Policy' available in the suite of policies to be purchased. This will be implemented going forwards. Transfer documentation will be copied and maintained in the resident file. 31.07.2026

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Four sinks have been identified as non-compliant with HBN00-10. The most urgent sink (in the sluice room) will be replaced initially, and a phased replacement plan will be put in place to replace the remaining sinks.
• The sink will be relocated to the other side of the sluice room. Quotes being requested.
• Support rails in the bathroom will be replaced. Eight bathroom rails have been purchased and ongoing replacements will be completed by year end.
• Infrequently used sinks have been identified and will be included in the weekly flushing regime. 31.03.2026
• The large clinical waste bin in the main car park is normally locked, this has been highlighted to housekeeping staff.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• We will review the emergency evacuation floor plans to ensure that the three possible escape routes are also reflected in the floor plans. 31.07.2026
• Fire hydrant checks are actually performed but the information is in a separate daily/weekly folder, maintained at the nurses station (as opposed to the Fire Safety Register folder).
• As above. Re gaps in training

Regulation 28: Fire Precautions : Please refer to List /Schedule of works.
Items remaining since 03.03.2026
• 3. THE ELECTRICIAN IS AWARE THAT THE GREEN BREAK BOXES NEED INSERTING. This is complete.

• 6. More emergency lighting along external escape routes needs to be installed. This is complete.

• 12. HOLE IN THE PLASTERBOARD IS FIXED VENT HAS BEEN SEALED. This is complete.

• 17. We will review the emergency evacuation floor plans to ensure that the three possible escape routes are also reflected in the floor plans. 31.07.2026

• FIRE DRILLS: have been altered to now include more people, different compartments, and to compound evacuation training. Ongoing.

Note : Fire drills are normally completed quarterly but are monthly at the moment to reflect the new learning needed after the dividing of Compartment 2.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• Further training has been in the format of a 'reminder notice' has been disseminated to staff regarding updating care plans.
• Nurses will be requested to complete 'Care Planning with Older Persons' in HSEland.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• A new 'wound care' policy will be purchased and implemented. 31.07.2026

Note : The PIC has obtained a wound care policy from the selected company. This has been amended and we are now using the TIME Clinical Support Tool.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Bedrail use will be reviewed in consultation with the GP.30.04.2026

Note : The PIC has an appointment on 16.04.2026 with both Doctors to review restrictive practices and to sign residents' drug charts.

Eight of the residents bed rails have been reviewed.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• We will purchase screens to ensure resident's privacy is maintained. Quotes being obtained, 31.08.2026.
• A resident guide and the complaints procedure leaflet will be generated and provided to all new admissions. 31.07.2026

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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	16/04/2026
Regulation 21(1)	The registered 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.	Substantially Compliant	Yellow	31/07/2026

Regulation 23(1)(d)	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	31/07/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/07/2026
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	31/07/2026
Regulation 28(1)(a)	The registered provider shall take adequate	Substantially Compliant	Yellow	31/07/2026

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Orange	31/07/2026

	followed in the case of fire.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/07/2026
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2026
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/07/2026
Regulation 04(3)	The registered provider shall review the policies	Not Compliant	Orange	31/07/2026

	and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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.	Substantially Compliant	Yellow	31/07/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	31/07/2026

	from time to time, for a resident.			
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.	Substantially Compliant	Yellow	31/07/2026
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to information about current affairs and local matters.	Substantially Compliant	Yellow	31/07/2026
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	31/07/2026