<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Valentia House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000300</td>
</tr>
<tr>
<td>Centre address:</td>
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</tr>
<tr>
<td>Telephone number:</td>
<td>053 938 3125</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:valentianursing@eircom.net">valentianursing@eircom.net</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Kieran &amp; Nora Hogan Partnership T/A Valentia House Nursing Home</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kieran &amp; Nora Hogan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Caitriona Hogan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 February 2014 10:00  
To: 20 February 2014 17:40

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
<th>Outcome 06: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of an unannounced monitoring inspection. This was the fifth inspection of Valentia Nursing Home by the Health Information and Quality Authority’s (the Authority) Regulation Directorate. The inspector met with residents, the provider, the assistant director of nursing, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 10 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The provider is currently completing an extension to the front of the premises to expand two bedrooms. The provider also outlined plans to build a further extension later in 2014.

At the last inspection of the nursing home in January 2013, there were 37 improvements identified including requirements to:

- Ensure that prescriptions transcribed by nurses were signed by the transcribing
nurse
• ensure that prescriptions transcribed by nurses had a second signature to verify that the transcription was accurate
• introduce a system to review and improve the quality and safety of care
• put in place a comprehensive policy to protect resident from risk of harm or abuse
• residents absconding
• emergency planning
• fire safety
• consent to the use of restraint
• care planning for residents with cognitive impairment
• complaints
• absence from the staff files of a complete employment history and medical certification of fitness to work.

On this inspection it was found that most of these measures had been implemented satisfactorily. However, there were a number of issues that were not dealt with appropriately and a number of other actions were also identified on this inspection. These improvements and other improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The provider was required to complete an action plan to address the following areas:
• The prevention and control of infection
• ensure that prescriptions transcribed by nurses were signed by the transcribing nurse
• ensure that prescriptions transcribed by nurses had a second signature to verify that the transcription was accurate
• ensure the prescriptions transcribed by nurses were co-signed by the prescribing doctor within a designated time frame
• ensure that a record of each drug and medication was signed and dated by the general practitioner
• disposal of unused medications
• introduction of an audit system for reviewing the quality and safety of care.

Full Action Plans for all of these issues are available at the end of this report.

The inspector spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and relatives stating they are welcomed at any time. Residents’ comments are found throughout the report.
Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge was a registered nurse, worked full-time and was the director of nursing in the centre for approximately 15 years. The inspector saw evidence that her registration with An Bord Altranais was up-to-date.

On the day of inspection the person in charge was unavailable and the assistant director of nursing (ADON) was available in her place. The ADON was a registered general nurse who had qualified overseas and had 9 years experience of working in the area of care of the elderly. The inspector observed that the ADON was familiar with the day-to-day management of the organisation and was knowledgeable about the residents and their care needs.

### Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. There was a policy on the protection of residents from abuse...
which had been reviewed in February 2013. This was supplemented by policies on responding to allegations of abuse which was reviewed in March 2013.

On the day of inspection training was in progress for staff on the protection of residents from abuse. The inspector reviewed staff training records and saw evidence that all staff had received mandatory training on the prevention of elder abuse. Staff interviewed knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

At the last inspection it was found that some improvements were required in relation to the recording of financial transactions. On this inspection it was apparent that improvements had been made by requiring residents or their relatives to sign for lodgements and withdrawals. Where this was not possible there were two signatures by members of staff to record the transaction. The inspector saw accurate complete records were maintained of all financial transactions.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were a number of areas that required action from the last inspection including:
• Arrangements relating to residents absconding
• emergency planning including evacuation plans for residents
• review of incident reporting
• fire safety
• maintenance records.

This inspection began at 10:00 am. On the initial walk through the premises the inspector observed a toilet seat soiled with faeces in the assisted bathroom. In the assisted shower room used wet towels had been left on the assisted shower chair. In both the bathroom and the assisted shower room pieces of toilet paper were observed on the floor. All bathrooms had paper towels for residents to dry their hands but hand towels were also provided on towel rails next to the sink. The soap dispenser was broken in the visitors’ bathroom. These five issues did not accord with best practice for the prevention and control of infection.

Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the premises. One resident was positive for
Clostridium difficile, which is an infection that causes chronic diarrhoea. The care plan identified that this resident was to be nursed in a single room, stool samples were to be sent to the laboratory and clothes and bed linen to be put in an alginate bag and washed separately from other clothes. Staff were observed entering and leaving the resident’s room wearing disposable gowns and disposable gloves in accordance with best practice to control the potential spread of infection. The inspector visited the laundry room and found laundry staff to be aware of infection control principles and in particular the need for separate storage of dirty clothes, washed clothes and clean clothes.

There was an up-to-date policy on missing persons. The emergency plan had been updated in February 2013 and contained the steps to follow in the event that a resident was noticed to be missing. The plan outlined a time schedule for checking the premises, contacting the family of the resident and alerting An Garda Síochána. The inspector reviewed a care plan of a resident identified as being at risk of wandering. This resident had been assessed as requiring a security tag which was an alarm that sounded when a resident exited the premises. Separate records were available to show that monthly checks were undertaken to ensure that the security tag was functioning appropriately. The care plan had been updated on 14 February 2014 to show that the resident no longer required the security tag as their mobility status had changed.

The emergency plan adequately addressed the centre’s response to fire and other emergencies like loss of power, loss of lighting or water supply. The plan detailed arrangements to accommodate residents in other nursing homes in the event of it being necessary to transfer residents. Each resident’s personal evacuation plan was available in their room.

In relation to fire safety a new fire detection system was installed in December 2013. This included two fully addressable fire alarm panels which identified the exact location of any fire. All fire extinguishers had been serviced recently. Emergency escape signage, emergency lighting and electrical wiring had been serviced in October 2013. Since the last inspection a fire detection system had been installed in the laundry. The laundry room contained fire extinguisher and fire blanket which were easily accessible in the event of a fire.

Up-to-date service records were available for hoists, slings, wheelchairs, beds, cot sides and bed pan washers. Since the last report the chairlift between the first and second floors had been serviced in February 2013.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were a number of issues requiring action from the last inspection including the transcription of prescriptions by nursing staff and medications requiring special control measures being left unattended.

On this inspection a number of medication administration records had been transcribed by nursing staff. Transcribing is the act of transferring a medication order from the original prescription to the current medication administration record. The inspector observed that transcription records had not been signed by the transcribing nurse. The transcription record was not checked by a second person to minimise the risk of error. The transcription record had not been co-signed by the prescribing doctor within a designated time frame. These three issues meant that the transcription record had not been verified as being an accurate list of the resident’s medication.

The inspector reviewed the prescription sheet for one resident which had been signed by a general practitioner (GP). Each medication was listed on the sheet and the first medication was signed by the GP. However there was an arrow downwards from this signature to indicate that all the medications in the list were to be administered. It was not clear to the inspector that a record of each drug and medication was signed and dated by the GP as required by article 25(1)(d) of the Regulations.

In relation to disposal of unused medications the centre received a blister pack from pharmacy containing all the medication for each resident. One medication record showed that a resident had one drug that had been discontinued. Staff were observed administering the remainder of the resident’s medication and then sticking the discontinued drug back into the blister pack. These were to be returned to pharmacy at the end of the week. There was a risk of medication error in this practice.

On this inspection medications that required special control measures were stored in a locked cupboard and stock levels were recorded twice daily at the end of each shift. There was no evidence of such medication being left unattended on the medication trolley.

A number of residents required medication to be administered in a crushed or altered format. The records reviewed indicated that the GP had authorised the medication to be crushed. This was in line with best practice as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format.
**Outcome 10: Reviewing and improving the quality and safety of care**

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Major

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Since the last inspection a comprehensive audit of care had been completed in March 2013. The inspector reviewed audits of:
- Comprehensive resident assessment files
- Staff recruitment selection and appointment
- Health and safety
- Complaints
- Infection control and prevention
- Medication management
- Accidents and incidents.

There was evidence of improvement to practice as a result of the learning from these monitoring reviews. In a review of accidents and incidents the person in charge noted that some resident care plans did not refer to the incident or accident. The review was also noted that some care plans did not have an action plan to reduce the risk of recurrence of the incident. Subsequently a check list was devised as a guide for staff. A further review taken in April 2013 showed that the care plans did refer to the incident and did have an action plan to prevent recurrence of the incident.

The inspector did not see evidence of ongoing review of quality of care as the last audit was completed in April 2013.

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**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective Care and Support
Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were a number of issues requiring action on the last inspection in relation to health and social care needs including:
• Consent to the use of restraint
• Risk assessments and safety checks of restraint
• Suitable activities
• Care planning for residents with cognitive impairment.

The care planning and recording of care for each resident was comprehensive. There was evidence that care plans were reviewed at least every three months. This plan of care was undertaken in conjunction with the resident and their family and signed by attending the care planning meeting. Records of residents review by healthcare professionals including dieticians and speech therapists were maintained in the progress notes. There were four separate GPs and each resident's medication was reviewed every three months. There was a communication book for the GPs which highlighted issues for review. There was evidence of close cooperation with Care Doc for out of hours care.

The inspector reviewed care plans of residents who required the use of restraints which included bedrails and a lap belt for a chair. The decision to use restraint was signed by a nurse and the resident’s GP. There was evidence of a restraint assessment form completed by staff and co-signed by the resident’s family. This assessment was for review every three months. One resident had been assessed as requiring restraint in the form of a security tag as they were at risk of absconding. However this had been reviewed in February 2014 as their mobility status had changed and the security tag had been removed.

For one resident requiring the use of bedrails the file contained a copy of the policy on use of bedrails. There was a rationale for the use of bedrails as the resident’s balance and mobility were compromised. There was evidence that alternative interventions had been assessed to avoid the use of restraint. There was a daily check list in relation to the use of restraint in the residents’ notes. At night there was an hourly check list completed to ensure the safety of the resident requiring bedrails.

A care plan for a resident with cognitive impairment was reviewed and this included a comprehensive plan for communication, suitable activities to include hand massage therapy and music therapy, physical safety including the wearing of appropriate footwear when mobilising, hygiene needs and other activities of daily living.

In relation to suitable activities there was a policy on participation in care and day to day activities dated February 2013. A full-time activities coordinator, who was appointed in January 2013, worked Monday to Thursday from 9:00 am to 6:00 pm. There was a library area dedicated to the activities programmes. Older photographs of residents and
life stories were displayed prominently in a number of locations. There was an individual activities plan for each resident and this was evident in each resident’s care plan reviewed by the inspector. Some activities that residents chose to participate in included seasonal planting in the garden, baking, reminiscence therapy with older pictures and life stories.

There was a residents meeting every six months where issues discussed included the physical environment, resident care needs, foot and activities. Residents and their families were invited to attend. A new innovation was the introduction of 3 monthly Valentia House newsletter. The Christmas edition contained residents’ memories of Christmas, festive recipes and favourite carols.

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the last inspection it was found that the doors in the shared en suites were difficult to manoeuvre and the locking mechanisms on the doors were not suitable to adequately protect the privacy and dignity of residents. This was found on this inspection to have been satisfactorily remedied.

The centre was over two floors in the original part of the building. On the first floor there were four single bedrooms and a twin bedded room all of which had a wash-hand basin in the room. There were two bathrooms on the first floor, one with a bath and the second a shower. The windows on the first floor were adequately restricted but the window on the turn of the stairs was difficult to open and close. The kitchen and main office were on the ground floor in the original part of the building. There were four bedrooms on the ground floor in this side of the building, two of which were being renovated during the inspection to provide en suite facilities.

The remainder of the bedrooms were in the newer extension to the main building and all bedrooms were on the ground floor. There were eight twin bedded rooms, one triple bedded room with the remainder being single bedrooms. Some of the bedrooms were en suite with shower, toilet and washbasin and some shared en suite facilities. For residents without en suite facilities there were two shower rooms with a toilet and wash-
hand basin on the ground floor. There was also an assisted bathroom with a toilet and wash-hand basin. These bathroom facilities were discussed in more detail in relation to infection control in Outcome 7.

Access to the newer extension was via the sitting room door. While this door opened easily the handle was noticed to be in need of repair. There were a number of well furnished quieter areas including a sitting room, a conservatory, and a library where residents could meet and receive visitors.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**  
Person-centred care and support

**Judgement:**  
Compliant

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
On the previous inspection it was found that the centre was not compliant with the regulations as the complaints procedure did not identify an independent person to ensure that complaints were appropriately responded to.

On this inspection the complaints procedure had been amended to include the person to whom a complaint was to be made and the independent reviewer of complaints was identified. A copy of the procedure was displayed in each resident’s bedroom.

The complaints log contained one complaint for 2013. The inspector found that this complaint had been listened to and acted upon appropriately. There was one other complaint received in January 2014 but it had been misfiled in a staff record. The inspector found that this complaint had been dealt with appropriately. The person in charge will record this complaint in the complaints log and file the record in the complaints folder.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**  
Person-centred care and support
Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Three issues had been identified on the last inspection as requiring action:
• The timing of meals
• access to specialists like dieticians
• resident dietary care plans being available to kitchen staff.

On this inspection it was found that the timing of the breakfast had been changed and breakfast was served from 7:00 am. Residents could choose to eat breakfast in their own room if they wished. Lunch was served from 12 mid-day and again residents could choose to dine in their own room. The inspector saw a plan setting out the menu for four weeks with different dishes for each day. Residents outlined that they could request a different option to the menu if they so desired.

There were two dining rooms available both of which overlooked the garden. The inspector observed a pleasant dining experience at lunchtime. The meals were well prepared and well presented. Any resident who required assistance with eating and drinking was supported in a discrete and sensitive manner.

The inspector reviewed the medical records of one resident who required percutaneous endoscopic gastrostomy (PEG or directly into the stomach) feeding and there was evidence of an initial nutrition screening using the malnutrition universal screening tool (MUST). A monthly weight chart for this resident was also kept. It was recorded that the resident had been referred to and seen by a dietician and a speech and language therapist. A swallow care plan was devised and a current PEG food prescription was documented by a dietician. The inspector found this resident's care plan had been updated to reflect the initial screening, referral and follow up actions.

There was evidence that each resident’s nutritional needs were communicated to kitchen staff. There was a communication book in the kitchen which contained each resident’s swallow care plan and food preferences. There was a chart available in the kitchen outlining which resident needed food to be altered to enable residents to swallow more easily. There was a chart detailing which residents required supplementary drinks.

The inspectors saw documentation that all catering staff had received food hygiene (HACCP) training in February 2014. Kitchen staff informed the inspector that the Environmental Health Officer had inspected the kitchen in early February 2014 but the report had not yet been issued.
### Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the last inspection a number of issues arose relating to absence from the staff files of a complete employment history and medical certification of fitness to work. On this inspection there were satisfactory arrangements in place to ensure that all staff members were recruited in accordance with the regulations. The inspector reviewed a sample of staff files which were found to include complete employment history and medical certification of fitness to work. The registration details of all eight nurses on the roster were verified as being up-to-date.

There was evidence of appropriate supervision and support of staff. Each staff file contained a staff appraisal questionnaire which outlined areas of strength and areas for improvement. The appraisal also reviewed quality of work, knowledge, organisational ability and reliability and was signed by the staff member and the person in charge. The inspector also reviewed minutes of staff meetings where issues discussed included sick leave arrangements, new staff canteen, infection control measures and an update of the environmental health officer inspection.

The inspector was satisfied that the education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. Each staff member had a training record in place which included evidence of additional completed courses relevant to their practice. Seven of the eight nursing staff had completed medication management training in November 2013. All catering staff had completed food hygiene training in February 2014. All staff had completed mandatory fire prevention training, prevention and responding to elder abuse training and manual handling training.

On the last inspection the person in charge had been asked to review staffing levels at night time to ensure adequate care was provided to residents. The provider outlined on this inspection that the roster was drawn up on a two weekly basis and was under constant review so that extra staff could be deployed if necessary depending on the assessed needs of residents.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

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<tr>
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<tr>
<td>Date of inspection:</td>
<td>20/02/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Toilet seat soiled with faeces in the assisted bathroom.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
I will implement a cleaning checklist / log for all bathroom area’s to be completed by staff. I have also addressed this finding with my cleaning and care staff.

Proposed Timescale: 18/03/2014

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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<tr>
<td>In the assisted shower room used wet towels had been left on the shower seat.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<td>Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>I have raised this finding with all my staff.</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>All bathrooms had paper towels for residents to dry their hands but handtowels were also provided on towel rails next to the sink.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Hand towels have been removed from bathrooms.</td>
</tr>
<tr>
<td>Proposed Timescale: 18/03/2014</td>
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<tr>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The soap dispenser was broken in the visitors’ bathroom.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Soap dispenser has been replaced.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Proposed Timescale: 18/03/2014</th>
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<tbody>
<tr>
<td><strong>Outcome 08: Medication Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Transcription records had not been signed by the transcribing nurse.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Transcription records have now been signed by the transcribing nurse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 18/03/2014</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The transcription record was not checked by a second person to minimise the risk of error.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
</tbody>
</table>
and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
All transcriptions has now been co signed by a second nurse.

Proposed Timescale: 18/03/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The transcription record had not been co-signed by the prescribing doctor within a designated time frame.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
Transcription records have been co signed by the prescribing doctor.

Proposed Timescale: 18/03/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear that a record of each drug and medication was signed and dated by the GP

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
I have brought to the attention of the GP your findings in this area and it has been addressed.

Proposed Timescale: 18/03/2014
### Theme: Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Unsafe practice relating to return of unused medicines to pharmacy.

**Action Required:**
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

**Please state the actions you have taken or are planning to take:**
All blister packs will be returned immediately to the pharmacist should there be any changes in their medications. All nursing staff have been made aware of this action.

**Proposed Timescale:** 18/03/2014

### Outcome 10: Reviewing and improving the quality and safety of care

#### Theme: Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was evidence of a systematic review of quality of care.

**Action Required:**
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Please state the actions you have taken or are planning to take:**
All audits are due for review in April 2014.

**Proposed Timescale:** 30/04/2014

### Outcome 12: Safe and Suitable Premises

#### Theme: Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The door handle of the sitting room was noticed to be in need of repair.

**Action Required:**
Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The door handling has been fixed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
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</thead>
<tbody>
<tr>
<td>18/03/2014</td>
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