<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Valentia Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000571</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Valentia Island, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 947 6122</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:valentiachw@gmail.com">valentiachw@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Valentia Community Health &amp; Welfare Association Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brian O'Donovan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Aoife Fleming</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents</td>
<td>15</td>
</tr>
<tr>
<td>Number of vacancies</td>
<td>1</td>
</tr>
<tr>
<td>on the date of</td>
<td>inspection:</td>
</tr>
<tr>
<td>inspection:</td>
<td></td>
</tr>
</tbody>
</table>
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 judgments 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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 May 2015 09:30</td>
<td>06 May 2015 19:30</td>
</tr>
<tr>
<td>07 May 2015 09:00</td>
<td>07 May 2015 15:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This re-registration inspection of Valentia Hospital was announced and took place over two days. The centre consisted of one building, built on one level. At the time of inspection the centre provided continuing care and respite care to the older population of Valentia island and the surrounding area. The centre was registered to cater for 16 residents and on the days of inspection there was one vacancy.

Throughout the inspection, inspectors spoke with staff, residents and relatives. Inspectors observed care practices, reviewed documentation such as care plans, medical records, incident records, policies, fire safety records, training records and staff files.
The findings of the inspection are set out under 18 outcome statements. A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The following is a summary of these required improvements:
- a number of policies, and an annual review of the quality and safety of care, needed to be developed and/or updated
- the documentation of health needs required attention
- the notification of incidents to the Authority required attention
- access to dietician services required improvement
- the premises required improvements in order to protect the privacy and dignity of residents.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose was available to all residents and visitors in the front hall of the centre and was up to date and recently revised. It was reviewed by the inspectors and was found to include the items required under schedule 1 of the Regulations. The only minor modification to be made to the Statement of Purpose was to reference the 2013 Regulations rather than the 2009 Regulations.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The quality of care of residents was monitored and developed on an on-going basis. The centre had an effective management structure and clear lines of accountability. The person in charge was supported by an experienced nursing staff, five of whom were
nominated persons participating in management. There was evidence that there were sufficient resources in place to meet the needs of the residents. There were daily handover meetings in which nurses and care assistants participated. Evidence of regular staff meetings was seen by inspectors, as well as a monthly staff newsletter which highlighted the key priorities and changes in the centre for all staff.

Audits were conducted on the following areas:
- Infection control audit
- Falls and accidents audit
- Unexplained absence monitoring
- End of life audit
- Pressure sore audit
- Care home and dementia care audit
- Privacy and dignity audit
- Medication administration audit
- Activities audit
- Manual handling and patient moving audit
- Food and nutrition audit
- Health and safety audit
- Physical restraint audit

Actions and improvements to resident care were implemented as a result of these audits. Evidence of consultation with residents in the centre was seen by inspectors in the form of residents' surveys and feedback. However, there was no annual review of the quality and safety of care and quality of life of the residents, available in the centre.

**Judgment:**
Substantially Compliant

---

**Outcome 03: Information for residents**

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The residents' guide was seen by inspectors and it was made available to all residents in the centre in the front hallway. Inspectors viewed a sample of the contracts of care which were in place for all residents. They were comprehensive and outlined the services provided in the centre and the fees to be charged. The cost of additional services, such as hairdressing and chiropody, were outlined in the contract. The contracts also indicated if support was obtained from the Nursing Home Support Scheme.

**Judgment:**
Compliant
**Outcome 04: Suitable Person in Charge**  
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The person in charge was an experienced nurse manager who had worked at the centre for sixteen years. She was actively involved in the day to day running and organisation of the centre. Staff, residents and relatives all identified the person in charge as the person responsible for the delivery care in the centre and she was well known to them. The person in charge was found to be committed to the centre and to the care of residents and was continuously making improvements to the standards of care. She was familiar with the regulatory requirements and the importance of these. She was engaged in continuous professional development and had recently trained in end of life care, dementia care and nutrition in the elderly.

**Judgment:**  
Compliant

---

**Outcome 05: Documentation to be kept at a designated centre**  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The documentation required by the Regulations were well maintained and readily available to staff and inspectors in the centre. The directory of residents was viewed by inspectors and contained all the requirements of Regulation 19. A record of all visitors
was maintained and available in the front hall of the centre, along with the statement of purpose, residents' guide and the last HIQA inspection report.

The inspectors viewed the centres policies which were up to date and signed as being read by all staff members. However, some of the policies required by schedule 5 of the Regulations were not available:
- fire management policy
- staff training and development policy
- provision of information to residents policy

Inspectors viewed a sample of residents' care plans and found that that their medical and social needs were addressed. Each care plan contained recognised assessments of residents medical needs which were updated on a 3 monthly basis and nurses were responsible for updating these assessments for several residents. However, there were some gaps in the documentation of residents' care needs;
- The admission records outlining the medical and social condition of a resident who was readmitted back into the centre had not been updated on admission and records from the previous admission were still in place in the nursing file.
- Another resident with a pressure ulcer, who was receiving daily care, did not have a detailed nursing note in his pressure ulcer care plan or communication notes on a daily basis to outline the status of the ulcer or management of the dressing.

Some of the assessments for residents were not updated more frequently than a 3-monthly basis where the residents needs had changed. For example,
- A resident with pain and prescribed regular painkillers did not have a recent pain scale assessment documented.
- A resident, who was receiving regular oral care, did not have up to date oral hygiene assessments to reflect this changing need.

This system of recording was not in line with Regulation 21, Schedule 3 (4)(c) or with the guidelines set out in An Bord Altranais agus Cníamhséachais na hÉireann "Recording Clinical Practice Guidance for Nurses and Midwives" 2002.

There were copies of notifications submitted to the Authority in the centre. However, some gaps were identified in the notifications submitted and this is addressed in outcome 10 notification of incidents.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/ her absence.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was well supported by five nominated persons participating in management who were all staff nurses in the centre. The inspectors met with some of these nurses and found that they were experienced and familiar with the running of the centre. The person in charge was suitably covered in her absence.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There was a policy in place in the centre on recognising and responding to elder abuse. All staff had received up to date training on elder abuse and those spoken with by inspectors were familiar with what action to take if an allegation, suspicion or disclosure of abuse occurred. The residents that spoke with inspectors spoke warmly of staff and explained that they were very comfortable talking to staff or the person in charge if they had any concerns.

The person in charge had conducted an investigation into an allegation of verbal abuse which had been made by a resident and had appropriately spoken to all relevant parties. An independent person, who also acted as the independent person to review complaints, reviewed this investigation and allegation. Appropriate actions were taken to ensure the comfort and satisfaction of the resident, and a detailed account of the investigation was maintained in the centre.

All staff had received training on challenging behaviour and a policy was in place to support the management of challenging behaviour. The person in charge and a staff nurse explained to inspectors that they had implemented the learning from the training session and showed evidence to support how the needs of a resident with challenging behaviour had been met, and were being continuously managed in the centre.

Some residents in the centre were using bed rails and appropriate bed rail assessments and signed consent forms were in place, in line with best practice recommendations.
Appropriate systems were in place to protect the residents' finances which were securely stored in the centre. Residents' valuables were securely stored in the centre and accurate and transparent records of these were seen by inspectors.

**Judgment:**
Compliant

### Outcome 08: Health and Safety and Risk Management

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

**Theme:**
Safe care and support

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

**Findings:**
An up to date and comprehensive health and safety statement was in place in the centre. The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff. An infection prevention and control policy was in place in the centre and specific policies covering other relevant clinical areas, such as pressure sores and enteral feeding, were also in place. The centre was clean throughout and the cleaning and laundry facilities were found to be organised and supported the prevention of infection or cross-contamination. The log of incidents and accidents was viewed by inspectors and appropriate actions to mitigate or control against reoccurrence were implemented following these incidents. The audits conducted in the centre, as outlined in Outcome 2 governance and management, were evidence of learning from incidents in the centre in order to improve the safety of care in the centre.

A detailed emergency plan document was in place. This was updated during the course of the inspection to highlight the confirmed alternative locations where residents can be evacuated to in the event of an emergency.

The risk register was viewed by inspectors and covered the risks of injury or harm to residents, visitors and staff. Since the last inspection a portable call bell system was implemented so that a resident always had a call bell on their person in the bedrooms and communal areas. There was a secure outdoor garden area available to residents. The centre had an open door policy. The staff explained that they had in the past implemented a resident whereabouts checklist for a resident at risk of unexplained absence in the past, and a security bracelet was only considered for residents as a last resort measure for resident safety.

The inspectors noted that a comprehensive smoking policy had been developed since the last inspection. A smoking shelter with seating and disposal bins was located in the secure outside area. None of the residents in the centre were smokers, but a day centre
attendee who was a smoker visited the centre on a several afternoons a week. However, there was no risk assessment in place regarding this situation to control the risk of fire/burns to other residents. Other risks which were identified during the inspection, but not risk assessed, were the unsecured storage of latex gloves and cleaning agents under the sinks in the bedrooms, and an open store-room containing latex gloves and wheelchairs. These all posed a risk of accidental injury to residents.

The service records for the fire equipment, fire alarms and emergency lighting were up to date. Records outlining the weekly checks of fire equipment, and daily checks of the fire alarm panel, were in place. Staff spoken with were familiar with the fire procedures and fire drills were conducted in the centre at least every six months. During the course of the inspection all fire exits were unobstructed.

**Judgment:**
Substantially Compliant

---

### Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The policy for medication management in the centre was up to date, centre specific and staff were familiar with the detail of the policy which they implemented in practice. The register of controlled drugs was viewed by inspectors and the balance of controlled drugs was checked by two staff nurses at the start of each shift. A spot check of balances of controlled drugs found that all was in order. The inspector reviewed the prescription sheets and found that all the required information (e.g. resident allergy status, photograph identification) was in place. However, the maximum daily dosage of PRN (as required) medications was not always documented on the prescription sheets. The inspector spoke with the nurses who were knowledgeable regarding the use of PRN (as required) medication and on an occasion when PRN medication was administered, an explanatory note was made in the residents nursing notes. Where residents medications were being crushed, this was prescribed by the general practitioner. The monitored dosage system in place for the medications had a tablet identification sheet attached. The medication trolley was viewed by the inspector and all medications were stored and labelled appropriately. However, there were several medication items in the medication press which were no longer prescribed for the resident, or were no longer required as they were packed in the monitored dosage system for regular administration.
The residents in the centre had a choice of pharmacy. The centre received regular
support from the pharmacist and records of medication use reviews by the pharmacist for all residents were seen on inspection. Medication errors and incidents were recorded by the nurses and a medication audit had been conducted by the person in charge in recent months.

**Judgment:**
Substantially Compliant

---

**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The inspector viewed the copies of recent notifications sent into the centre. There were 9 residents using bed rails at the time of inspection, however, the most recent quarterly notification to the Authority (NF39) did not provide this information.
On discussion with staff and the person in charge there were several incidents in the centre which should have been notified to the Authority within 3 days as required by Schedule 4 of the Regulations. These were as follows:
- An allegation of verbal abuse which was documented in the centre and investigated appropriately by the person in charge had not been notified to the Authority as an NF06.
- A resident had a grade two pressure ulcer and this had not been notified to the Authority as an NF03.
- A resident was transferred to hospital for an x-ray after a fall at the centre and this had not been notified to the Authority as an NF03.

The inspector wishes to note that the person in charge submitted both of the relevant NF03 notifications to the Authority within the week following the inspection.

**Judgment:**
Non Compliant - Major

---

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

Findings:
Residents had timely and appropriate access to medical care at the centre with two local
general practitioners visiting on a very regular basis. Residents medical and nursing
notes were reviewed and there was evidence of dental, optician, physiotherapy and
occupational therapy visits when required. Since the last inspection, speech and
language therapy (SALT) access had improved in that the person in charge told
inspectors that the SALT therapist would visit a resident on foot of a referral from the
general practitioner. However, access to dietician support at the centre was poor. The
person in charge told inspectors of her continuous endeavours to seek local dietician
support. Inspectors saw a record of dates of referral requests made for dietician reviews
for individual residents, however, letters in respond to these requests were shown to
inspectors that stated that this service could not be provided. There were several
residents who the staff believed were in need of dietician review, for example one
resident had a decreased appetite, and there were several residents in the centre with
diet controlled diabetes mellitus. Staff at the centre had undertaken training in nutrition
in the elderly in order to meet the residents' needs.

The inspectors viewed a number of residents' care plans. Detailed care plans and clinical
assessments were in place in the residents' files and were updated every 3 months.
However, in situations when a resident's needs changed the associated clinical
assessment was not always updated and there were some gaps in care planning
documentation. This has been addressed under Outcome 5 Documentation.

There was detailed evidence in residents care plans to show that where residents'
manual handling support and personal care support needs had increased, these were
met by staff in response to the increasing dependency levels of many residents over
time. Evidence of residents' right to refuse treatment was also seen in the nursing notes.
For example, if a resident refused a medication this was documented appropriately in
the medication administration sheet and nursing notes, and the nurses appropriately
followed this up with the general practitioner. Residents' consent for the use of their
photograph on their files was seen in their notes. Residents were supported and
encouraged to make healthy life choices as a nutritious diet was available, their weight,
bloods and blood pressure were regularly monitored and a variety of activities were
available to meet their interests. The inspectors spoke with several residents and
relatives who all reported positively on the care in the centre.

Judgment:
Substantially Compliant

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. The premises, having regard to the needs of the residents,
conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations
### 2013.

**Theme:**
Effective care and support

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

**Findings:**
Valentia hospital was found to be clean and decorated in a homely manner throughout. The centre had three communal rooms where meals were served and activities took place. There was a bright and spacious residents' lounge which was decorated with local paintings, bookshelves and had a large television. The dining room was spacious and had adequate space for the residents to sit comfortably during mealtimes. There was a spacious second dining room which had paintings of the local area on the walls and had a large television.

The centre comprised of one single bedroom, two twin-bedded rooms, one three-bedded room and two four-bedded rooms. All bedrooms had a hand-wash basin. However, the multi-occupancy bedrooms were unsuitable to protect the privacy and dignity of residents as outlined in the Statement of Purpose. One twin bedded room and one four bedded room had below the minimum usable floor space per resident as outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland. The curtain to provide privacy around one residents bed in a multi-occupancy room was not long enough to fully go around the bed. The inspectors saw that staff did use these curtains to protect the residents privacy and dignity, but that bedside lockers often had to be moved in order to position a hoist between the curtain and the bed due to a lack of space. Each resident had a bedside locker and wardrobe, however, the wardrobes were located at one end of the bedroom and not near the residents bed. These findings were acknowledged by the person in charge and the provider who outlined to the inspectors that plans were underway to build on an extension to the centre over the coming year.

There were two assisted toilets in the centre, one shower room with a toilet and another room with a bath, shower and toilet. Hand rails were in place as required by all toilets and in all showers. The sluicing room was found to be clean and a hand-wash basin was in place. However, there was no air drying rack upon which to dry basins etc. There was a secure, and very pleasant outside garden area with seating, flower beds, a bird-house and a clothes line in order to make the centre more homely and person-centred.

**Judgment:**
Non Compliant - Major

### 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

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

**Findings:**
A centre-specific complaints policy was in place which named the person in charge as the complaints officer and an independent named person was nominated to ensure that all complaints were responded to appropriately. The complaints procedure was displayed prominently in the front hall of the centre with a comments box. The inspectors viewed the log of complaints documented in the centre. Complaints were addressed by the complaints officer in a timely and appropriate manner. Actions were taken to resolve the issue and to inform improvements to practice in the centre. The satisfaction of the complainant was documented in all cases. From reviewing the complaints, which covered a range of issues, it was evident that residents or staff were not adversely affected by reason of the complaint having being made.

**Judgment:**
Compliant

---

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
The policy on end of life care was detailed and centre specific, and leaflets and information on bereavement and advanced care planning were available for staff and relatives. The person in charge had conducted an audit of end of life care in the centre and the results highlighted to staff the importance of documenting residents wishes for end of life in their nursing notes, and this was seen by inspectors. The inspectors viewed the end of life care pathway of a resident who was at end of life. The care pathway consisted of nine detailed care plans to address the medical and spiritual needs of the resident. These detailed care plans addressed needs such as pain, oral care, circulation, personal and skin care. However, while daily, attentive nursing care was given, there were some gaps in updating the assessments associated with these care plans, for example the oral hygiene assessment and pain assessment tools had not been updated regularly. This has been addressed under Outcome 5 Documentation.

Access to palliative care services was available when necessary in the centre. Inspectors
spoke with staff about end of life care and found that staff were familiar with the residents' holistic care needs at this time and all staff had received training in end of life care in 2014. Open communication between staff and relatives of residents at end of life was evidenced and staff spoke of residents who had recently passed away with dignity and warmth.

Judgment: Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The policy for monitoring and documenting the nutritional intake of residents was centre specific. There was a fresh supply of drinking water and juice available to residents throughout the day. All staff had been trained in nutrition for the elderly in 2014. Inspectors observed mealtimes and found that these were social occasions with residents receiving assistance in a dignified and unhurried manner. Inspectors spoke with residents who complimented the variety and quality of meals on offer. The menu was displayed in large print on the dining room noticeboard every day and a pictorial version of the menu was also available. Residents choose their meals every day and there was always choice on offer if they changed their mind. Meal times in the centre were reasonable and snacks were readily available in the evening when the kitchen was closed. The inspectors spoke with the chef who was trained in food hygiene and preparation and knew the residents preferences very well. She used as much local produce (e.g. fish, eggs and dairy produce) as possible and the food prepared was nutritious and home made. The kitchen staff met with the person in charge every Monday in order to plan the weeks menu and to receive any updates on residents' dietary requirements. An up to date list of residents with impaired swallow and diabetes was maintained in the kitchen so that meals were prepared as appropriate for each individual resident. However, the lack of a visiting dietetic service to the centre was noted by inspectors as a risk to residents with complex nutritional needs and this has already been addressed under Outcome 11 Health and social care needs.

Judgment: Compliant
**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspectors saw evidence of residents surveys to consult with them on the running of the centre. The activities coordinator also met with residents regularly on a one to one basis to collect their views, experiences and suggestions for their care in the centre. The activities coordinator was also a health care assistant but had dedicated time to coordinate activities every Monday, Wednesday and Friday. Inspectors noted that this arrangement ensured that the residents particular interests and recreational needs were being met and they engaged and interacted in the activities seen over the course of the inspection. The range of activities included reminiscence, music, aromatherapy, massage, exercise activities, rosary and bingo.

Residents had access to an independent advocacy service when required. Residents were facilitated to vote in the centre. The religious needs of the residents were met with regular visits by local priests. Inspectors noted that residents' choices were facilitated in the centre, for example, residents could stay in bed in the morning if they wished, and if they wanted to have a meal at a different time this was easily arranged. Open visiting was observed in the centre with visitors coming and going over the course of the two days of inspection. There was ample communal space in the centre, with two day rooms and a dining room, which facilitated residents receiving visitors in private if they wished. The residents had access to a telephone and newspapers. Even though there were no televisions in the bedrooms, except the single bedroom, there were two televisions in the day rooms which residents reported to be sufficient for their needs. The centre was very much involved in and a part of the local community. Residents were visited regularly by neighbours, and staff and volunteers who lived in the local area kept residents informed of local events and news. Staff were observed by inspectors to speak kindly and respectfully to residents. While most residents in the centre had multi-occupancy bedrooms which compromised their privacy, as outlined under Outcome 12 Safe and suitable premises, curtains to protect their privacy while care was being given were used.

**Judgment:**
Compliant
Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The inspectors saw that the residents' bedrooms were personalised with photographs and personal items. Each resident had a bedside locker and wardrobe in their bedroom, and lockable storage space was available in the wardrobes. A record of each resident's personal clothing and property was kept up to date in their nursing notes. The laundry facilities in the centre were well organised and residents' clothing was labelled to prevent any mix up. The inspectors spoke with the laundry staff member who was familiar with the infection control processes relating to laundry. The inspectors observed that she also tailored and mended residents items of clothing as needed.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The policy on recruitment and selection of staff was centre specific and outlined that the person in charge verified the references of new employees. The inspectors viewed a sample of staff files and found that the documents required by Schedule 2 of the
Regulations were in place. Training in fire safety, manual handling, elder abuse, hand hygiene, infection control, challenging behaviours and end of life care had been conducted by all staff over the past two years. Staff were familiar with the policies in place in the centre and a copy of the last inspection report, Regulations and standards, were available for staff in the nurses office.

Staff spoken with were experienced and demonstrated a clear understanding of their roles and responsibilities in the centre. Lines of accountability were clearly demonstrated. A nurse was always on duty in the centre to meet the needs of the residents. The inspectors viewed the staff rosters and found that the actual and planned rosters were in place and provided adequate staff numbers. The person in charge explained to inspectors that due to increasing dependency levels of the residents over the past year, it was difficult for staff to allocate sufficient time to assist residents with their meals. The person in charge had sought the assistance of some relatives and local volunteers to assist with this. The volunteers who visited the centre to assist residents at mealtimes had all been Garda vetted and their duties were documented and signed off by the person in charge and the volunteer themselves. All volunteers worked under supervision of the nurse in charge.

**Judgment:**
Compliant

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### Report Compiled by:

Aoife Fleming
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Valentia Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000571</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>06/05/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08/06/2015</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care and quality of life of the residents, available in the centre.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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.

Please state the actions you have taken or are planning to take:

Annual Review of all our present audits of the quality and safety delivered to the Residents will be completed and available at centre.

Proposed Timescale: 01/07/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the policies required by Schedule 5 of the Regulations were not available:
- fire management policy
- staff training and development policy
- provision of information to residents policy

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
Fire Management Policy, Staff Training Policy and Provision of Information Policy will be in place.

Proposed Timescale: 01/08/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some gaps in the documentation of residents' care needs;
- The admission records outlining the medical and social condition of a resident who was readmitted back into the centre had not been updated on admission and records from the previous admission were still in place in the nursing file.
- Another resident with a pressure ulcer, who was receiving daily care, did not have a detailed nursing note in his pressure ulcer care plan or communication notes on a daily basis to outline the status of the ulcer or management of the dressing.
- Some of the assessments for residents were not updated more frequently than a 3-monthly basis where the residents needs had changed. For example,
  - A resident with pain and prescribed regular painkillers did not have a recent pain scale assessment documented.
- A resident, who was receiving regular oral care, did not have up to date oral hygiene assessments to reflect this changing need. This system of recording is not in line with Regulation 21, Schedule 3 (4)(c) or with the guidelines set out in An Bord Altranais agus Cnaimhseachais na hEireann "Recording Clinical Practice Guidance for Nurses and Midwives" 2002.

**Action Required:**
Under Regulation 21(1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
All Residents Care Plans will be reviewed and adapted to address all issues highlighted following inspection. All staff will be involved in these new procedures.

**Proposed Timescale:** 01/07/2015

---

**Outcome 08: 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:**
None of the residents in the centre were smokers, but a day centre attendee who was a smoker visited the centre on a several afternoons a week. However, there was no risk assessment in place regarding this situation to control the risk of fire/burns to other residents.

Other risks which were identified during the inspection, but not risk assessed, were the unsecured storage of latex gloves and cleaning agents under the sinks in the bedrooms, and an open store-room containing latex gloves and wheelchairs. These all posed a risk of accidental injury to residents.

**Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Risks highlighted have been risk assessed and each risk has been addressed.

**Proposed Timescale:** Completed

---

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

---

Page 22 of 28
The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff.

**Action Required:**
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

**Please state the actions you have taken or are planning to take:**

*Risk – Abuse, Identified following inspection will be addressed and the Risk Management Policy will be adapted accordingly.*

**Proposed Timescale:** 01/07/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff.

**Action Required:**
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

**Please state the actions you have taken or are planning to take:**

*Risk – Unexplained Absence of any Resident, Identified following inspection will be addressed and the Risk Management Policy will be adapted accordingly.*

**Proposed Timescale:** 01/07/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff.

**Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff.

Action Required:
Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

Please state the actions you have taken or are planning to take:
Risk – Aggression and Violence, Identified following inspection will be addressed and the Risk Management Policy will be adapted accordingly.

Proposed Timescale: 01/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had an up to date risk management policy, however, it did not address the risks identified in Regulation 26 (1); abuse, self-harm, aggression and violence, unexplained absence, accidental injury to residents, visitors and staff.

Action Required:
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
Risk – Self-harm, Identified following inspection will be addressed and the Risk Management Policy will be adapted accordingly.

Proposed Timescale: 01/07/2015

Outcome 09: Medication Management

Theme:
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were several medication items in the medication press which were no longer prescribed for the resident or were no longer required as they were packed in the monitored dosage system for regular administration.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose 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.

**Please state the actions you have taken or are planning to take:**
*Medication Management is currently being reviewed and all issues highlighted following inspection will be addressed. Medication Policy will be adapted to reflect change.*

**Proposed Timescale:** 21/07/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The maximum daily dosage of PRN (as required) medications was not always documented on the prescription sheets.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
*This is currently being addressed with each Residents Medication review - which involves the G.P.*

**Proposed Timescale:** 31/08/2015

**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An allegation of verbal abuse which was documented in the centre and investigated appropriately by the person in charge had not been notified to the Authority as an NF06.
A resident had a grade two pressure ulcer and this had not been notified to the Authority as an NF03.
A resident was transferred to hospital for an x-ray after a fall at the centre and this had not been notified to the Authority as an NF03.

**Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
*All above incidents have been reported back to HIQA following inspection.*

**Proposed Timescale:**  *Completed*

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were 9 residents using bed rails at the time of inspection, however, the most recent quarterly notification to the Authority (NF39) did not provide this information.

**Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

**Please state the actions you have taken or are planning to take:**
*All reports have been returned as required to HIQA*

**Proposed Timescale:**  *Completed*

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

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Access to dietician support at the centre was poor. The person in charge told inspectors of her continuous endeavours to seek local dietician support. Inspectors saw a record of dates of referral requests made for dietician reviews for individual residents, however, letters in respond to these requests were shown to inspectors that stated that this
service could not be provided. There were several residents who the staff believed were in need of dietician review, for example one resident had a decreased appetite, and there were several residents in the centre with diet controlled diabetes mellitus.

**Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
*We have obtained access and support from a dietetic service. This service is not being provided by the HSE. The Dietician has visited our premises in late June and she has reviewed all our residents and appropriate action plans are now in place to deal with issues highlighted. We will have continued access and support from this dietetic service following consultation and following referral when required.*

**Proposed Timescale:** *Completed*

---

**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 multi-occupancy bedrooms were unsuitable to protect the privacy and dignity of residents as outlined in the Statement of Purpose. One twin bedded room and one four bedded room had below the minimum usable floor space per resident as outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland. The curtain to provide privacy around one resident's bed in a multi-occupancy room was not long enough to fully go around the bed. The inspectors saw that staff did use these curtains to protect the residents privacy and dignity, but that bedside lockers often had to be moved in order to position a hoist between the curtain and the bed due to a lack of space. Each resident had a bedside locker and wardrobe, however, the wardrobes were located at one end of the bedroom and not near the residents bed.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
*The curtain that provides privacy around a resident’s bed which was found to be unsatisfactory – has been addressed and is now fully functional. Completed.*

*The issues around the multi occupancy rooms and the useable floor space per resident is being addressed by the construction of a new wing to the building which will comprise of 20 single bedded rooms and 2 twin bedded rooms all with ensuite toilet, shower facilities and all*
constructed to meet the standards of National Quality Standards for Residential Care Settings for older people in Ireland. When this extension is completed, the current 16 residents will be relocated to this wing and the rooms then vacated will be changed to other uses such as admin, storage, daycare centre etc.

A site adjacent to the premises has been purchased and planning permission has been approved for the development. Fire Safety certification and Disability Access certification has just recently been approved for the development also. The project will be going to tender over the next number of weeks and construction is due to commence before the end of September 2015.

The total project is costed at €1.4 million. Fundraising for the project commenced in 2013 and is ongoing and is projected to exceed €500,000 by the end of December 2015.

Please see supporting documentation relating to planning permission and cash on hand for the project supplied under separate cover.

Proposed Timescale:

The Contract for the Project will be put out to tender and awarded over the next number of weeks with work on the project scheduled to commence by the end of September 2015. Fundraising is ongoing to fund the development and it is projected that the extension will be fully completed and operational by the end of December 2018.