<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Valentia House Nursing Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004370</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Camolin, Enniscorthy, Wexford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>053 938 3125</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:valentianursing@eircom.net">valentianursing@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Valentia Nursing Home Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Anthony Kieran Hogan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Ide Cronin</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>43</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>4</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 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 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: 22 March 2016 09:20  To:  22 March 2016 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This was an unannounced monitoring inspection carried out by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to monitor on going regulatory compliance and to follow up on matters arising from a registration inspection carried out on 29 and 30 October 2014 and to monitor progress on the actions required arising from that inspection.

As part of the inspection, the inspectors met with residents and staff members observed practices and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes. It was found that progress had been made by the provider in implementing the required improvements identified by the registration inspection. However, further improvement was required to progress the refurbishment of the centre's premises in order to meet the required Regulations and standards and particularly to maintain privacy and dignity of residents and to meet the needs of residents with dementia.
The current person in charge had commenced employment in the centre following the registration inspection in 2014. She was interviewed and found to have satisfactory knowledge of her role and responsibilities and sufficient experience and knowledge as required by the legislation. However deputising arrangements for the person in charge needed to be strengthened. The assistant director of nursing was on long term leave and there was no person nominated to replace her. Senior nurses fulfilled the role of assistant director of nursing and deputised when the person in charge was on leave.

The person in charge and the provider who was available throughout the inspection demonstrated a good working knowledge of the legislation throughout the inspection process. Both voiced a desire to ensure the provision of a good service for residents and to comply with the Regulations.

Overall, the inspectors found that residents were cared for by a dedicated staff team that knew them well and were committed to ensuring their well being. Residents told the inspectors that they were able to make decisions and choices about their day to day routines such as when they went to bed, when they got up, the clothes they wore and what activities they took part in.

Arrangements were in place to promote residents’ health and well being. Residents had access to general practitioners (GPs) and to allied health professionals when required. Care staff, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences.

The inspectors identified further actions on this inspection. Areas for improvement identified on this inspection included the following:
* Governance and management
* Care planning
* Medication management
* Premises.

The action plan at the end of the report identifies the improvements that were required to comply 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.
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 inspector was satisfied that the Statement of Purpose described the aims, objectives and ethos of the centre and the service that was provided. It contained all of the information as required by the Regulations. The provider had made a copy available to residents.

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

**Findings:**
Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit programme that reviewed varied aspects of the service at intervals. Appropriate resources were
allocated to meet residents’ needs. These included appropriate assistive equipment available to meet residents’ needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

The person in charge demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. She demonstrated a sufficient knowledge of the legislation and their statutory responsibilities according to the Regulations. The person in charge was actively engaged in the governance, operational management and administration of this centre on a daily basis. She confirmed that the provider was supportive and was freely available to her and regular meetings were held between her and the provider as he was on site on a daily basis.

The inspector viewed audits completed by the person in charge which included medication management, documentation, end of life, restraint, hygiene, and satisfaction surveys had been completed in February 2016. There was an adequate level of compliance found throughout the audits and corrective actions were recorded for any issues that were highlighted in the audits.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. Inspectors saw that a quality improvement plan for 2016 had been developed as a result of the annual review for 2015. This included further auditing of antibiotic usage, staff appraisals and review of current activity programme.

However, inspectors observed that improvements to the level of clinical governance was required to further enhance the management structure. The assistant director of nursing was on long term leave. Currently there was no definitive deputy person in charge and senior staff nurses fulfilled the role of acting person in charge when the person in charge was on leave.

**Judgment:**
Substantially Compliant

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**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:**
A comprehensive Resident’s Guide detailing a summary of the services provided was
available. The inspectors viewed a sample of contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided to the resident, the fee payable by the resident and any charges made for additional services.

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**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.

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has been in post since 2014 and is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge worked full-time and generally worked from Monday to Friday, according to the rota provided to inspectors. She also was on-call out of hours. Staff spoken with confirmed that she was available daily in the centre and when on-call was immediately available.

She demonstrated good clinical knowledge with regard to the area of elderly care. For example nutritional care, falls management and basic nursing care to prevent pressure ulcers was evident on the day of inspection. During the fit person interview she displayed a good understanding of her legal responsibilities under the Regulations and Standards. Notifications had been submitted according to her legislative responsibility.

The person in charge had maintained her continuous professional development having previously completed a masters degree in gerontology. She continued to attend training and seminars relevant to her role such as dementia care and medication management.

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**Outcome 06: Absence of the Person in Charge**

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

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<td>Governance, Leadership and Management</td>
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</table>
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were arrangements in place for the management of the centre in the absence of the person in charge. A senior staff nurse deputised in the absence of the person in charge and the provider was on site on a daily basis. Improvements in relation to this are discussed under outcome 2

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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on safeguarding vulnerable persons at risk of abuse. The inspectors spoke with staff members, who had good knowledge of the reporting procedure, and what to do in the event of an allegation. Inspectors saw that all staff had up to date training in abuse. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

There was a policy available advising on appropriate use of restraint including bedrails. A restraint register was available and recorded bedrail use in the centre. The inspectors observed that approximately 52% of residents in the centre used bedrails. While many were referenced as enablers, all bedrails viewed by inspectors restricted residents getting out of bed independently. As they extended the full length of beds, this was contradictory to their enabling function. However, the inspectors observed that half bedrails were available and there was some evidence of actions to reduce bedrail use.

Management of behaviour that challenges was reviewed by inspectors. The person in charge advised inspectors of three residents with behaviours that challenge. Staff were well informed and knowledgeable regarding triggers and de-escalation of individual resident’s behaviours that challenge. Each of these residents had a care plan to advise
staff on management of their behaviours. However, the care plans did not reference the proactive or reactive triggers and de-escalation procedures to support these residents. In addition, some residents were prescribed PRN (as required) psychotropic medications as part of their proactive behaviour management. However, medication used in this format for the purpose of behaviour de-escalation was not informed by a protocol as part of residents’ care plans.

Residents finances were not reviewed on this inspection.

**Judgment:**
Non Compliant - Moderate

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**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:**
The centre’s safety statement was updated for 2016. The risk management policy was up to date and contained the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self-harm. While actions arising from the previous inspection of the centre in October 2014 were addressed in the centre’s risk documentation, inspectors identified further risks on this inspection. For example, there were no handrails on a corridor on the ground or first floor and keys left in doors posed potential risk for vulnerable residents leaving the centre unaccompanied. Three residents were assessed as being at risk of leaving the centre unaccompanied.

There was an infection control policy. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre. Household staff were knowledgeable in the area of infection control. A flat mop cleaning system was introduced since the last inspection and involved a change of mop following cleaning of each area including bedrooms. The inspector spoke to a member of cleaning staff, who was knowledgeable regarding cleaning procedures in line with best practice.

The inspectors reviewed fire safety procedures in the centre. Inspectors observed that all staff attended training on fire safety procedures. However, the records viewed did not provide assurances that fire evacuation drills had been completed to reflect day and night-time conditions. The inspectors requested the provider to provide assurances to the Health Information and Quality Authority (HIQA) by Friday 25 April 2016 that residents could be safely evacuated in the event of an emergency.

This information was forwarded as requested and referenced simulated fire evacuation
drills completed on 23 March 2016 that reflected night and day-time conditions. Inspectors observed that curtains were fitted over some fire exits. The provider advised inspectors that he would review this finding. The provider was completing installation of ramps down from fire exits to footpaths to replace steps on the day of inspection. Self-closure units were fitted on all bedroom and kitchen doors. Residents’ personal evacuation plans required review to ensure the needs of residents with dementia and residents with reduced mobility at night were reflected.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The inspectors found that for the most part there were safe systems in place for the management of medication. There was a clinical storage room where medication supplies and trolleys were secured. The area was noted to be clean and well organised. Nursing staff were well informed about the medication in use and residents’ medication regimes. The inspector found that each resident’s medication was reviewed every three months by the GP, pharmacist and nursing staff.

Medication was found to be suitably and safety stored. Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre’s medication policy. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.

The inspector observed that nurses were transcribing medications. However, the method of transcribing that is transferring the medication order from the original prescription to the current medication administration record in use was not in line with best practice. Transcribed orders were not signed and dated by the transcribing nurse nor were the transcribed orders co-signed by the prescribing doctor within a designated time frame. The inspector observed that the practice of transcribing was not subject to audit which would identify deficits in practice as the nurse who transcribes is professionally accountable for the decision to transcribe and the accuracy of the prescription.
**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**
*An account 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. An inspector reviewed the incident log, and saw that all relevant details of each incident were recorded together with actions taken. All quarterly notifications had been submitted to the Chief Inspector as required by legislation.

**Judgment:**
Compliant

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

**Findings:**
The healthcare needs of resident’s were generally met on this inspection. Residents had access to a general practitioner of their choice, psychiatry of older age, palliative care services and allied health professional services. There were 43 residents residing in the centre on the day of this inspection. Many residents had complex care needs. 23 residents had been assessed maximum dependent and nine had high dependency

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needs, eight had medium dependency needs and the remaining four residents were assessed as low dependency needs. Residents’ documentation reviewed referenced appropriate specialist referral with timely consultation. Recommendations made following specialist consultations were appropriately implemented and recorded in residents’ care plans. The inspector observed that many residents had assistive wheelchairs for which they were individually assessed by the relevant allied professional.

Each residents' needs were determined by a comprehensive assessment of their health and wellbeing. A variety of accredited tools were used to assess residents’ risk of falling, developing pressure ulcers, impaired mobility, impaired mental function and malnutrition among others. The arrangements to meet each resident’s assessed needs were set out in an individual care plan which informed their individual care needs. However, the inspector found that the needs of some residents were not informed by a corresponding care plan and the interventions listed did not comprehensively inform care activities to address some residents' needs such as behaviour that challenges. This is outlined and actioned under Outcome 7.

The inspector observed that residents and their relatives, where appropriate were involved in care plan development. There were nine incidents of residents with pressure related skin ulcers notified to HIQA since 01 January 2015. Four of these incidents occurred in the centre. The inspectors reviewed pressure ulcer preventative management. All residents were assessed for risk of pressure related skin damage using an accredited tool every four months or more often if their health changed. Pressure relieving equipment was available and used for residents assessed as being at risk. Repositioning schedules were maintained for residents in bed and residents with unintentional weight loss were referred to the dietician. Nutrition supplements were administered as recommended.

There were no residents in receipt of end of life care on the day of inspection. Inspectors observed that residents end-of-life preferences were obtained and were reflected in individual care plans that referenced on going discussion with residents by staff to ensure their needs and wishes were accurately reflected.

Judgment:
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:
The centre provided accommodation for 47 residents. Residents had a variety of communal areas to rest and relax in. The seating provided was comfortable and was arranged in small clusters which promoted residents to engage in conversations with each other. Small occasional tables were placed among seating arrangements. There was a comfortable and relaxed atmosphere in the centre. Residents’ bedrooms each had a door that gave them access to the landscaped gardens surrounding the centre. However, a secure garden area was not available for residents who were at risk of leaving the centre independently if they wished. The secure fence was removed on the day of inspection to accommodate building works. Residents dining facilities were spacious and were within close proximity of the kitchen. However, some areas of the centre required improvement to ensure they met the needs of residents as described in the centre’s statement of purpose.

The inspectors observed the layout of some twin bedrooms negatively impacted on residents’ privacy needs. Due to the layout of these rooms, residents could not access their wardrobe without entering the private bedside space of another resident. Bed-screen curtains did not extend the full distance around beds therefore residents’ privacy needs could not be met whilst engaging in personal activities by the sink in their room or in their bed area.

Five residents resided on the first floor. The first floor was accessible by means of a stair lift. There was appropriate assistive equipment available, stored conveniently to meet the needs of residents, such as electric profiling beds, hoists, pressure-relieving mattresses and cushions, wheelchairs and walking frames. Inspectors observed residents moving around independently on corridors which had hand-rails that promoted independence. However, handrails were not fitted on one communal corridor on the ground floor the corridor on the first floor. The corridors on the first floor were narrow. The provider advised inspectors that only residents who mobilised independently were accommodated in this area. The handrail support on the stairs required review to ensure it provided adequate support to assist residents accessing the stairs.

Parts of the centre were in disrepair including wooden wall panelling in the dining room, a door from a communal sitting room to the garden and panelling in a conservatory area at the entrance to the centre. There were light bulbs missing from some of the ceiling lights in one corridor which reduced the light provided in this area. There were a sufficient number of toilets, wash basins, baths and showers. The ground floor contained two shower rooms with a toilet and wash-hand basin, an assisted bathroom with a toilet and wash-hand basin and a disused bathroom currently being used for storage purposes. On the first floor there were two bathrooms, one of which contained a bath, wash-hand basin and toilet and the second had a shower, a toilet and wash-hand basin. There were appropriate sluicing facilities available.

Judgment:
Non Compliant - Moderate
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):
No actions were required from the previous inspection.

Findings:
Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A record was maintained of current registration details of nursing staff.

Mandatory training was in place and staff had received up to date training in fire safety, moving and handling and safeguarding vulnerable persons. Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection.

Residents and staff spoken with expressed no concerns with regard to staffing levels. Inspectors observed that call-bells were answered in a timely fashion. Staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting rooms. The inspectors observed good interactions between staff and residents who chatted with each other in a relaxed manner. An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster. The person in charge outlined to inspectors that it was in the quality improvement plan to conduct appraisals for all staff in 2016.

Good supervision practices were in place with the nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents. The person in charge was also noted to be involved on a daily basis and clear directional leadership and support was noted to be provided to care and ancillary staff.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handovers each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular meetings between nursing management at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the regulations
and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the provider and the person in charge. The inspectors found staff to be well informed and knowledgeable of their roles, responsibilities regarding residents.

Volunteers were being used within the centre. However, there was no evidence of volunteers’ roles and responsibilities set out in a written agreement as required by the Regulations.

**Judgment:**
Substantially Compliant

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**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:**

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
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<th>Valentia House Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004370</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22/03/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21/04/2016</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 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 definitive deputy person in charge and senior staff nurses fulfilled the role of acting person in charge when the person in charge was on leave.

1. Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that medication used for the purpose of behaviour de-escalation was not informed by a protocol as part of residents’ care plans.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All behaviour care plans will now be changed to include the protocol for use of antipsychotic and anti-anxiolytic medication as part of de-escalation of behaviour that challenges where appropriate. Consultation with relevant health professionals will also inform the care plans. Current practice is to use all other techniques to prevent and de-escalate behaviour that challenges before prescribed medication is considered.

Proposed Timescale: 31/07/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors observed that approximately 52% of residents in the centre used bedrails. While many were referenced as enablers, all bedrails viewed by inspectors restricted residents getting out of bed independently.

3. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All residents with bed rails will be reviewed and reassessed with a view to remove bed...
Rail. Resident safety and preference will inform the process.

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<tr>
<th>Proposed Timescale: 31/08/2016</th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe care and support</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans did not reference the proactive or reactive triggers and de-escalation procedures to support residents with challenging behaviour.

**4. Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
All behaviour care plans will now be changed to include proactive and reactive triggers, de-escalation procedures and include the protocol for use of anti-psychotic and anti-anxiolytic medication where appropriate. Consultation with relevant health professionals will also inform the care plans.

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<thead>
<tr>
<th>Proposed Timescale: 31/07/2016</th>
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<tbody>
<tr>
<td><strong>Outcome 08: Health and Safety and Risk Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe care and support</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors identified further risks on this inspection:

* There were no handrails on a corridor on the ground or first floor.
* Keys left in doors posed potential for vulnerable residents at risk of leaving the centre unaccompanied.

**5. Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Handrails will be fitted on the corridor on both the ground and first floors on or before the 31 July 2016.
Keys for individual external bedroom door will be removed and hung up on hooks in an appropriate place to allow those residents that are safe to go into the garden to do so while maintaining the safety of those residents that are vulnerable.

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<th>Proposed Timescale: 31/07/2016</th>
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<td><strong>Theme:</strong></td>
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<td>Safe care and support</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents’ personal evacuation plans required review to ensure needs of residents with dementia and residents with reduced mobility at night were reflected.

### 6. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
All personal evacuation plans are currently up to date and will be updated to reflect the new HIQA guidance on Fire Precautions In Designated Centres for Older People February 2016.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/05/2016</th>
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<tbody>
<tr>
<td><strong>Outcome 09: Medication Management</strong></td>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe care and support</td>
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</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The method of transcribing, that is transferring the medication order from the original prescription to the current medication administration record was not in line with best practice. Transcribed orders were not signed and dated by the transcribing nurse nor were the transcribed orders co-signed by the prescribing doctor within a designated time frame.

### 7. 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:**
Transcribing is no longer in practice in Valentia Nursing Home and therefore this error should not recur.

Proposed Timescale: 21/04/2016

Outcome 12: Safe and Suitable Premises

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<tr>
<th>Theme:</th>
<th>Effective care and support</th>
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</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Due to the layout of some bedrooms, residents could not access their wardrobe without entering the private bedside space of another resident. Bed-screen curtains did not extend the full distance around beds and as such, residents’ privacy needs could not be met whilst engaging in personal activities by the sink in their room or in their bed area.</td>
</tr>
</tbody>
</table>

8. **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:
Bed screens and layout in double rooms will be reviewed and new curtains will be fitted to ensure the privacy of all residents.

Proposed Timescale: 31/07/2016

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<th>Theme:</th>
<th>Effective care and support</th>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>A secure garden area was not available for residents who were at risk of leaving the centre unaccompanied.</td>
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</tbody>
</table>

9. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
On the day of inspection footpaths were being laid in the secure garden following extension of four rooms. The garden was not accessible on that day as the secure fence was moved to accommodate the works. The garden is now accessible for residents and has been accessible for the past eight years approximately.
<table>
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<th>Proposed Timescale: 21/04/2016</th>
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**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Parts of the centre were in disrepair including wooden wall panelling in the dining room, a door from a communal sitting room to the garden and panelling in a conservatory area at the entrance to the centre. There were light bulbs missing from some of the ceiling lights in one corridor which reduced the light provided in this area.

**10. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
All of the issues identified above will be addressed and replaced or repaired as appropriate. It is in our service plan for 2016 to improve the look of and the lighting in two corridor areas.

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<th>Proposed Timescale: 31/10/2016</th>
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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence of volunteers’ roles and responsibilities set out in a written agreement as required by the Regulations.

**11. Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
A volunteer policy including roles and responsibilities is currently in draft and once agreed will be fully implemented.

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<tr>
<th>Proposed Timescale: 30/06/2016</th>
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