<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>Farranreagh, Valentia Island, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>066 947 6415</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 Company Limited by Guarantee</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brian O Donovan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>15</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This 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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 14 December 2017 12:00
       15 December 2017 09:00
To:    14 December 2017 17:30
       15 December 2017 18:00

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>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</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>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of an announced inspection to monitor compliance with the Regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

Valentia Community Health & Welfare Association Ltd holds responsibility for the provision of care at Valentia Hospital. The centre provides residential care for older...
adults, including convalescence, long and short term care, and palliative care. The centre is currently registered for 16 residents. As part of the registration renewal process the centre has submitted an application to vary the conditions of registration in relation to a new layout of premises, and additional accommodation for a further 8 residents, increasing registered occupancy to a total of 24.

The inspector met with the person in charge and members of the governing board, including the representative of the service providing entity. An updated statement of purpose and function was provided that reflected the changes in occupancy and related arrangements around staffing. The purpose of this inspection was to inform the registration renewal process and assess the developed premises and related arrangements against the regulatory requirements. Management of the centre had produced a comprehensive annual review that included the proposals for the coming year in relation to the new premises and associated benefits for residents.

Documentation reviewed by the inspector included policies and procedures as required by the regulations. The person in charge explained processes around the review of these documents to ensure that any changes associated with the transition to the new premises were included, for example fire-safety arrangements. Management explained the transition arrangements to support staff and residents during the construction that included revised staffing levels and training as necessary. Residents would transfer to the new building on a phased basis with no new admissions taking place until the existing residents had settled in their new accommodation. The new premises were an adjoined extension of the existing building that provided accommodation for all 24 residents. Residents would continue to use the recreational, communal and dining space of the existing building. The new build plans allowed for the enhancement of these facilities following the completed transition from existing accommodation.

Significant work had been done to support residents to plan ahead for their future care and to manage expectations on the transition to the new living arrangements. There was evidence that residents and their relatives had been provided with information on the developing changes on a regular basis and that consultation had taken place during the build and reconfiguration process. Improvements had also been made in the interim to enhance the communal sitting areas and reconfigure available storage. However, at the time of inspection a number of residents continued to be accommodated in multi-occupancy rooms and these circumstances had an impact on residents in relation to their experience of personal privacy. Pending the registration of the new premises and the transfer of residents to the new accommodation these issues remained.
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:
A statement of purpose was in place that fulfilled the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). A copy of the statement of purpose was readily available for reference. The person in charge had a revised statement of purpose prepared that reflected arrangements for accommodation and services in keeping with the new premises.

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 designated centre operated on a voluntary basis with a well-established system of governance in place. The centre was managed via a board of directors. The service was provided by Valentia Community Health & Welfare Association Ltd. A nominated member of the board acted as representative of the service proving entity. Effective systems of communication and accountability were in place with regular meetings between
management and the board. The person in charge held appropriate responsibility and accountability for the day-to-day management of the centre. A member of nursing staff was also nominated as a person participating in management. Effective supports were in place including an administrative resource. During periods of absence by the person in charge, responsibility for the management of centre rested with the senior staff nurse on duty.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency that included a regular schedule of audits and regular meetings with staff and residents. Management had put in place the necessary resources to develop the premises and facilities in keeping with the application proposals. Appropriate resource assessments had also taken place in relation to staffing levels and training needs. There was documentary evidence that residents and their families were kept informed of the progression of plans and that consultation took place with residents around their preferences in relation to transition arrangements.

In keeping with statutory requirements an annual quality review had been completed which was comprehensive and included an assessment of the service against the standards.

Judgment:
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:
There was a guide for residents available that summarised the services available at the centre. In addition the person in charge had prepared a summary guide on the transition process around the move to the new premises for reference by residents and their relatives.

Each resident was provided with a contract of care on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector saw that residents’ contracts had been signed and dated and were maintained on care plans.

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:**
There had been no change to this appointment since the last inspection. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate arrangements were in place for the management of the centre by a suitably qualified member of staff during absences of the person in charge.

**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:**
Documentation in relation to the application for renewal of registration had been completed according to requirements. This included confirmation of appropriate insurance in relation to the reconfigured premises. The person in charge had reviewed all the policies and procedures as required by Schedule 5 of the regulations and arrangements were in place to amend this documentation as necessary to reflect any changes that might be created by the transition to the new premises. These included evacuation procedures, emergency plans, risk management procedures and related health and safety protocols, for example. Documentation around consultation that had taken place with residents and details of the transition arrangements were available for reference.
Records listed in Schedules 2, 3 and 4 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspector reviewed a sample of staff files and found that all the requirements of Schedule 2 had been met and Gárda Vetting as required was in place. A Directory of Residents was maintained in keeping with Regulation 19 that contained the relevant information required under Schedule 3. The inspector met with staff responsible for record maintenance who demonstrated that appropriate systems were in place to ensure safe-keeping and ease of access. Records as set out in Schedule 4 of the regulations were maintained and included records of notifications, a complaints log and fire-safety records.

**Judgment:**
Compliant

**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:**
Appropriate arrangements were in place for the management of the centre by a suitably qualified member of staff during absences of the person in charge. Management understood the statutory requirement to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. There had been no such periods of absence in the interval since the last inspection.

**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 had been no change to policy or procedures in relation to safeguarding since the last inspection and no information relating to safeguarding concerns had been received by the centre. The inspector spoke with staff who demonstrated an effective understanding of their role and duties of care for residents. A regular training programme was in place and all staff had received current training on the prevention, detection and response to abuse.

Systems to protect residents included a signed register of visitors. The inspector spoke with residents and visitors who recognised and understood who was in charge and who they could go to should they have any concerns they wished to raise. The centre implemented robust policies and procedures in relation to the appointment of staff that ensured the necessary security vetting was in place for all new staff, or volunteers, before they commenced their role.

Procedures and practice in relation to the management of care for residents who might have a responsive behaviour had been found to be compliant during a dementia focused inspection in March 2017. A programme of training was provided for staff that included how to provide care for residents with dementia who might exhibit responsive behaviours (how people with dementia or other conditions communicate or express their physical discomfort, or discomfort with their social or physical environment). At the time of the inspection there were no residents whose assessed needs required the implementation of any specific behavioural management plan.

A restraint policy was in place that promoted a restraint-free environment with the stated aim that underlying factors be considered and restraint used only as a last resort. Assessments had been undertaken to ensure that the use of restraint, such as bed-rails, was safe and appropriate. These assessments were documented on individual care plans. Where bed-rails were in use, records were maintained that reflected regular monitoring, as required. Appropriate protocols were in place around the use and monitoring of psychotropic medicines and oversight of such use included a regular audit process.

The inspector reviewed policies and arrangements to protect residents’ property. Effective systems of monitoring were in place that included an inventory of individual belongings. Residents were provided with secure units for storage. The inspector reviewed the management of finances with the person in charge. Protocols were robust and included the recording of transactions with double signatures by staff and the resident, or a relative, as appropriate. A sample of transactions was reviewed during the inspection and records reconciled with amounts held. Where the centre managed finances for a resident the funds were held in a separate resident property account. This system was monitored regularly. The centre operated as a registered charity and external financial auditing procedures also took place.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**
*The health and safety of residents, visitors and staff is promoted and*
Theme:
Safe care and support

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

Findings:
There was evidence that arrangements had been implemented to limit disruption to residents during the building and renovation phases and to minimise noise and dust. Areas under construction had been physically segregated from the designated centre and access areas had been cordoned off to ensure safety. Management confirmed that there was regular communication about the changes on an almost daily basis. Staff were kept continually informed of any evolving risk issues at daily handover meetings or as circumstances might arise in the course of work. Risk management and health and safety related documentation had been revised to reflect the circumstances of the development. The training matrix reflected an effective training programme around revised practice in relation to fire safety and evacuation procedures and staff spoken with confirmed that they had attended the relevant training events.

A comprehensive risk management policy was in place dated 14 September 2017 that referenced the required areas as specified in Regulation 26(1). The policy included arrangements to identify record, investigate and learn from serious incidents. A current safety statement was in place dated 6 December 2017. An accident and incident log was maintained. There was an active risk register that was kept under regular review and had last been updated on 22 November 2017.

Policies and procedures on infection control were consistent with national guidelines. A nominated person had responsibility for infection control in keeping with the standards. Work routines observed by the inspector reflected good practice and included the appropriate use of personal protective equipment and effective cleaning systems such as colour-coded cloths and cleaning equipment. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained. Hazardous substances were securely stored. An environmental report was available dated 9 September 2017.

Records indicated all staff had received up-to-date training in manual handling and fire-safety. Members of staff spoken with by the inspector confirmed that they regularly partook in fire drills. Personal evacuation plans were in place for all residents that reflected their needs and abilities in relation to mobility. A daily check of both the fire panel and fire escapes was recorded. Weekly checks and fire alarm tests were documented. Regular evacuation drills took place. On the day of inspection all corridors were clear and emergency exits were unobstructed. Emergency lighting was certified quarterly. Documentation was in place to verify that equipment such as hoists and beds were regularly serviced. Appropriate signage and notices were in use. However, in one instance hazard signage to notify the location of oxygen containers was not in place.
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:
Relevant policies and procedures were in place relating to the ordering, prescribing, storing and administration of medicines to residents. A member of nursing staff explained the processes in relation to the management of medicines, including the disposal of unused and out-of-date medicines, and was able to identify and reference the relevant policies as appropriate. Prescription and administration records for residents were maintained appropriately and included a photograph, as well as other necessary biographical information. Practice in relation to administering medicines was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. Compliance aids were in place for reference by administering staff. Medicines, including the medicines trolley, were securely stored in a locked treatment room. All medicines were labelled appropriately and dates of opening were recorded where necessary. Where medicines were refrigerated, a record of temperatures was maintained and monitored. A register of controlled drugs was maintained. A review of the controlled drug register confirmed that effective monitoring processes were in place with checks on both administration and stock control verified and double signed by members of nursing staff at the start and end of each shift.

A sample of prescription records was reviewed. Where PRN (as required) medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, this practice was appropriately authorised by the prescriber and documentation was in place to this effect. No residents were self-administering at the time of inspection. The administering nurse explained that, if a resident refused a medicine, it would be re-offered at a slightly later time; if refusal persisted, the information would be recorded on the administration sheet and referred to the prescriber for review.

Detailed reviews by the pharmacist were maintained on individual care plans that included information on possible side effects and contra-indications for medicines. 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:
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector in keeping with requirements. A record of all notifications and associated investigations and documentation was made available to the inspector. Action identified on the previous inspection had been addressed and all quarterly reports were completed as required in keeping with Regulation 31(3).

**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):**
No actions were required from the previous inspection.

**Findings:**
Processes around the planning and provision of care had been found compliant on a dementia focused inspection in March 2017. There had been no change to the processes in relation to care planning since that inspection.

An admissions policy was in place and the person in charge confirmed that no new admissions would take place until the transition of existing residents to the new accommodation was complete. Care plans were well laid out and easy to follow. Validated tools were used to assess residents’ levels of needs and ability in relation to activities of daily living such a hydration, nutrition, cognition, mobility and skin integrity, for example. Residents had regular access to the services of a general practitioner (GP).
and the inspector met with the attending GP in the course of the inspection.

Management confirmed that the centre was well resourced and provided with effective access to health services such as speech and language therapy and occupational therapy. A chiropodist routinely attended the centre. Physiotherapy was made available depending on the needs of the resident. Regular reviews in relation to dental and optical needs took place. Access to community mental health services was consistent. Consultancy services for gerontology were available on referral as required.

Care plans contained daily narrative notes that accurately reflected the circumstances of the resident. Moving and handling charts had been completed for residents with mobility needs. Related care plans provided information on how the resident should be provided with assistance when moving and the type of specialist equipment to be used, if necessary. At the time of inspection, there were no residents at the centre presenting with wounds or pressure sores.

There was evidence that care plans were reviewed on at least a quarterly basis or as assessed needs required. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances for individual residents.

 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 was set back a short distance from the main road on the outskirts of Knightstown, Valentia Island. The site overlooked the peninsula and had scenic views of the bay. The new extension had a direct entrance that was wheelchair accessible and led into a reception area and main corridor. There was a nurses' station adjacent to the entry point. Parking facilities were available on site. The new premises were well laid out and finished to a very high standard with under-floor heating throughout.

The new extension provided accommodation for 24 residents in 20 single and two twin rooms. All rooms were bright with natural light and many bedrooms overlooked the local landscape and sea. Corridors were spacious and fitted with natural light wells.
were decorated with large photographs of local landscapes and landmarks to facilitate orientation within the space. All rooms were fitted with an overhead hoist and included a wheelchair accessible en-suite shower and toilet, contrasting grab rails and a wash-hand basin. Emergency call facilities were accessible in all rooms. Emergency exits, signage and fire equipment were in place. Rooms were spacious and many had been fitted with the necessary furnishings which were well designed and of good quality. Five rooms were completely furnished, decorated and ready for new admissions. The remainder were decorated and partly furnished ready to receive residents who would transfer, with their beds, from the existing facility. A few of these rooms stored some mattresses and furniture that could only be fitted when residents had moved in, and management confirmed that these rooms would be cleared and ready for admissions in the course of the transition process.

The extension provided additional storage space and also a new sluice facility. The bedpan washer had yet to be fitted in the sluice facility and the person in charge confirmed that this equipment would be transferred from the original unit when transition commenced following the registration of the new premises.

At the time of inspection some of the external works, such as landscaping, had yet to be finalised. A paved courtyard was accessible on the sea side of the extension and fittings were in place for a water feature. This was a secure area where residents could sit outside in finer weather. In light of ongoing works the grounds were well maintained overall.

On the day of inspection there were 15 residents in the centre and one vacancy. All residents continued to be accommodated in the original designated centre and there had been no substantive change in these circumstances since the previous inspection. Improvements had been made to the communal areas and a homely fire place and electric fire had been fitted in one of the communal sitting areas. Management confirmed that the original building would no longer provide any accommodation but that plans were in place to reconfigure some of the areas, following transition, to improve communal and office space. An additional toilet facility had already been provided and further improvements would include additional storage, quiet rooms and a communal space for the day-care service. The existing kitchen facilities were appropriate to fulfil the catering requirements of the expanded centre and would remain unchanged. The laundry facility was also fit for purpose and would remain located on-site in an adjacent building.

**Judgment:**
Substantially Compliant

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**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):
No actions were required from the previous inspection.

Findings:
This outcome had been assessed as compliant as part of the dementia focused inspection in March 2017. Since then there had been no change to the operational policy for the management of verbal and written complaints.

The procedure for making a complaint included details of both a nominated complaints officer, and another individual with responsibility for oversight of the process, as specified in the regulations. A summary of the complaints process was clearly displayed at the entrance area of the centre, for ease of reference by residents and visitors. The procedure outlined the appeals process and also provided contact information for the office of the Ombudsman. A summary of this information was available in the guide for residents and in the statement of purpose.

The person in charge explained that there was ongoing communication with residents on a daily basis to ensure that needs were met and that preferences were accommodated where possible. The inspector reviewed the log of complaints which was clearly maintained and set out the circumstances of the complaint, any action that had been taken in response, and a record of the complainant having been informed of the outcome as appropriate. The person in charge confirmed that there was a regular review of all complaints to identify areas for learning and improvement, and these were referenced in the annual quality review. At the time of the inspection there were no open complaints and none had been subject to any appeal process since the previous inspection. The system for dealing with complaints was in keeping with statutory requirements.

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 inspector reviewed end-of-life care and practice with the person in charge who explained that the centre had a holistic approach to care with consideration given to the physical, psychological, spiritual and social needs of residents. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in
a way that met their individual needs and wishes. A quality improvement plan was in place that included the development of advanced care directives and staff had access to an ongoing training programme. Care plans included relevant information about residents’ preferences and profiles on ‘What matters to me’ had been completed. Effective support was available from both GP services and a palliative care team. Family and friends were facilitated to be with their relative at the end-of-life stage and hospitality could be provided. The person in charge confirmed that pastoral care was available as required to meet the diverse spiritual needs of residents.

**Judgment:**
Compliant

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**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:**
There were robust, site-specific policies dated 2 November 2017 on the management of nutrition and hydration. Records were maintained that ensured staff were familiar with these policies and understood procedures.

Residents’ needs around nutrition and hydration were routinely assessed on admission. The diet for each resident was reviewed on a weekly basis by a member of nursing staff. Referrals to allied healthcare professionals, such as a speech and language therapist or dietician took place as required. Fluid and food intake and output charts were maintained where necessary. Residents were reviewed on an ongoing basis through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool.

Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. Staff with responsibility for providing assistance at mealtimes had received relevant training in supporting residents who might have difficulty when swallowing. The inspector observed that residents were provided with choice at mealtimes and that meals were freshly prepared and well presented. Home baking was also provided. Residents spoken with were complimentary of the food and pleased with both the variety and quality.

The inspector spoke with the member of staff responsible for catering at the centre and noted that effective communication systems were in operation between the kitchen and care staff around the needs of residents. Records of dietary requirements were documented for reference. The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report from an
inspection on 19 September 2017 was available for reference.

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

**Findings:**
The inspector reviewed documentation around the planning of the new premises and transition arrangements. Documents that residents could reference had been revised to reflect the change in circumstances, including the statement of purpose and the residents’ guide. A review of care plans confirmed that there was ongoing consultation with residents and their families in relation to preferences and understanding around the proposed move to the new accommodation. Individual transition plans indicated that issues around change management in relation to staff, environment and the continuity of care had been given appropriate consideration. The inspector met with residents who were aware of the move and were looking forward to the new accommodation. Questionnaires that had been completed by residents and relatives referenced information that had been provided around consultation in relation to the new premises. Consideration had been given to maintaining friendships and relationships that had developed for residents while living in the centre. The proposed date of transfer had been planned in conjunction with residents, all of whom had been given an opportunity to view and choose their new room in order to support their orientation in the new accommodation. A booklet of information entitled “We’re moving” had been developed by the person in charge that covered key information for both residents and their families in relation to the circumstances of the transition to the new premises.

As assessed on previous inspections, the centre was managed in a way that promoted personal choice, autonomy and independence for residents. A well developed activation programme was in place and resources were dedicated on a consistent basis to the provision of meaningful engagement appropriate to residents’ abilities and interests. Staff demonstrated a person-centred approach to care and the inspector saw that interactions and communication between staff and residents were considerate and appropriate. At the time of inspection residents continued to be accommodated in the original centre, pending transition to the new accommodation. As identified on previous
Inspections, existing arrangements for accommodation in two multi-occupancy rooms, for up to four people, did not support adequate privacy for residents in the conduct of their personal activities. Privacy screens were in use and some improvements had been made in the provision of private space to receive visitors. However, these were inadequate in ensuring privacy of communication or consultation in the multi-occupancy rooms. Management confirmed that these issues would be addressed when residents transferred to the new accommodation and the inspector noted that the provision of mostly single rooms would greatly improve circumstances in relation to the provision of personal care.

**Judgment:**
Substantially 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:**
Residents were provided with appropriate storage space to keep clothing and belongings. Lockable bedside storage was available in each bedroom. A property list was completed on admission for each resident and the inventory was reviewed regularly. There had been no substantive change to the laundering processes and all laundering requirements were fulfilled on-site. The laundry facility was located in an adjacent building and was appropriately equipped to meet the laundering requirements of the centre. Laundry processes ensured the safe return of belongings to residents.

**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):

Findings:
The person in charge confirmed that staffing levels were under ongoing review in relation to the move and the increased occupancy levels. Board approval was in place for the appointment of additional resources where necessary and additional hours were provided by the existing bank of staff. Revised arrangements would be implemented as necessary following transition and the subsequent commencement of new admissions in keeping with the transition plan. The transfer plans allowed for the move of up to two residents per day with flexibility around these arrangements and a reduced rate of transfer if necessary. No new admissions would take place until all current residents had completed their move.

Management confirmed that the training schedule had been revised to ensure that training needs were met for all new staff and appropriate supervision arrangements were in place for the period of transition. An additional staff resource would be on duty over the period of transition. The person in charge confirmed that once the transition of existing residents had been completed, no more than three new admissions would take place per week and that staffing levels would remain under review and increase incrementally as necessary in keeping with this admission rate.

A planned and actual staff roster recorded a staffing level appropriate to meet the needs of the residents. The skill mix of staff on duty at any given time was also in keeping with the resident profile. The person in charge confirmed that the centre had been able to maintain consistent staffing levels and that there was no reliance on agency resources. Designated staff had responsibility for administrative support at the centre. Communication systems were in place to ensure that information about the changing needs of residents was shared in a timely manner with the relevant staff. Regular handover meetings took place on a daily basis at shift intervals. Appropriate supervision was in place and a qualified nurse was on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. The person in charge confirmed that new staff were inducted through a regular, centre-specific training programme.

Training was provided in keeping with the resident profile and a regular programme of training was in place. Staff had undertaken infection prevention and control workshops and training for professional development was also accessible. Volunteers provided support at the centre and the inspector saw that appropriate supervision arrangements were in place. The inspector confirmed that relevant documentation was maintained in relation to the appointment of volunteers as required by the regulations. Policies and procedures were in place around the recruitment, training and vetting of staff. These procedures were robust and appropriately referenced the verification of qualifications, as well as security background checks for appointed staff. A sample of staff files was reviewed that was well maintained, easily accessible and demonstrated that documentation was in keeping with the requirements of Schedule 2 of the regulations. Management confirmed that references were verified. Documentation that confirmed the
The registration status of qualified nursing staff was in place. The person in charge understood the regulatory requirements for volunteers, including independent advocates, and confirmed that Garda vetting was in place for all staff and employees of the centre, as required.

**Judgment:**
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:**

Mairead Harrington  
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>
<th>Centre name:</th>
<th>Valentia Hospital</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000571</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/01/2018</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 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Hazard signage to notify the location of oxygen containers was not in place.

1. **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.

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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:
Sign ordered and will be put in place

Proposed Timescale: One week by 18.01.18

**Proposed Timescale:** 18/01/2018

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### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The bed-pan washer had yet to be fitted in the sluice facility.

2. **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:
Bed pan washer will be fitted in the new sluice room facility

**Proposed Timescale:** 22/01/2018

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### Outcome 16: Residents' Rights, Dignity and Consultation

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Arrangements for accommodation in two multi-occupancy rooms, for up to four people, did not support adequate privacy for residents in the conduct of their personal activities.

3. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Plan to move to new extension with 20 single rooms en-suite and two double rooms en-suite

**Proposed Timescale:** 22/01/2018