



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	14 and 15 May 2019
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0026915

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24- hour nursing care to 56 residents, both male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite).

The centre is a two storey extended building located in the grounds of a hospital.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which aims to embrace positive ageing.

The following information outlines some additional data on this centre.

Current registration end date:	27/06/2021
Number of residents on the date of inspection:	56

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 May 2019	17:30hrs to 20:30hrs	Manuela Cristea	Lead
15 May 2019	09:30hrs to 14:00hrs	Manuela Cristea	Lead
14 May 2019	17:30hrs to 20:30hrs	Angela Ring	Support
15 May 2019	09:30hrs to 14:00hrs	Angela Ring	Support

Views of people who use the service

Inspectors spoke with multiple residents and relatives about what it was like to live in the centre. All residents expressed high levels of satisfaction with all aspects of care, especially the food, the staff, the choices and activities available to them on a daily basis. A few residents said staff were fantastic and they really missed them when they were away on holidays. Inspectors also spent time observing resident and staff interaction and noted positive connective interactions throughout the day. Residents reported they felt safe and protected and were treated with kindness and respect.

Residents and relatives were able to identify a staff member who they would speak with if they were unhappy with something in the centre. Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing and preference.

Residents described having freedom to make choices such as choosing when to go to bed and when to get up in the morning and being able to vary their routines. Inspectors observed a relaxed and inclusive atmosphere during a fundraising event held on the second day of inspection. The event was attended by a large number of residents, visitors, volunteers, staff and members of the community.

Capacity and capability

The governance and management of this centre was effective and strong which contributed to residents' experiencing a good quality of life and sustained compliance levels. Some improvements were required in relation to the directory of residents and notifications of incidents and these will be addressed under their respective regulations.

There was good leadership and a clear governance framework in place to provide good oversight and assurance in the delivery of quality and safe services. The person in charge was supported by two clinical nurse managers 2 (CNM) and one CNM1, who were engaged in regular auditing and monitoring of performance. Some of the areas audited included mealtime experience and nutrition, the use of restraints, psychotropic medication, wounds and falls. There was evidence of continuous learning with results discussed with staff at all levels, actions taken and new improved systems implemented as a result. The risk register was maintained up

to date with good control measures in place for all identified risks.

There was evidence of a quality improvement agenda at the heart of the service with several initiatives piloted and successfully implemented. For example a falls reduction programme initiative has resulted in a decrease of 58% in the numbers of falls recorded. Comprehensive post fall evaluations involved a multidisciplinary approach. Other areas included zero tolerance to pressure ulcers initiative and training programme in developing person-centred cultures.

The person in charge was also supported by the registered provider representative, who visited the centre at least on a monthly basis to discuss clinical issues as well as the oversight of the service. There were also formal monthly regional governance and management meetings with all the persons in charge from other centres run by Health Service Executive (HSE) within the area. The person in charge demonstrated good attitude to regulation, good knowledge of legislation and a commitment to provide a good quality service and enhance the quality of life for the residents living in the centre. She was known to residents and relatives, who reported that management were approachable and always available to them. There was evidence of good consultation with residents and their wishes informed the service.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available and easily accessible to staff. The centre was adequately resourced and well maintained throughout. There was good oversight to ensure there was sufficient staff available to provide care, supervision and meaningful activities to residents. Appropriate senior management cover was provided at weekend.

Staff reported good morale and inspectors observed positive connections, engagement and evidence of a culture of person-centredness embedded within the organisation. Staff were familiar with residents' needs and had appropriate qualifications for their role. All staff were up to date with mandatory training. New staff had completed induction.

Residents and relatives said they could raise concerns regarding aspects of the service and said that their views were listened to and considered. A review of the centre's complaints record conveyed that all regulatory aspects were met. Matters were dealt with promptly and therefore there were no open complaints at the time of inspection. The actions taken to resolve the issues were described and the follow up and the complainant's level of satisfaction with the outcome was documented for most complaints. A separate log was kept in relation to complaints regarding the food. Inspectors saw evidence that they were all minor and all had been responded to appropriately and promptly.

Regulation 19: Directory of residents

The centre did not have a formal up to date directory of residents that was easily accessible and available to the inspectors on the day. The centre operated an

electronic system of recording residents' details that was disjointed and did not comply with the regulatory matters required by Schedule 3.

Judgment: Not compliant

Regulation 22: Insurance

The centre had a current certificate of insurance which provided appropriate cover against injury to residents and material damage.

Judgment: Compliant

Regulation 23: Governance and management

Management systems and structures were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The management structure was clearly defined. Lines of authority and accountability, and the roles and responsibilities of each member of the management team were identified regarding the provision of care and service. The service was adequately resourced and the person in charge had the authority and autonomy to manage the service.

The person in charge had completed an overall qualitative review for 2018 which was to inform the annual review due for renewal in July 2019. It included consultation with residents and their relatives. The previous annual review was inspected and found to be satisfactory and compliant with the regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the ethos and aims of the centre, the facilities and services, provided details about the management and staffing and described how the residents' wellbeing and safety was being maintained. It contained all matters as per Schedule 1 of the regulations. The statement of purpose had been revised and reviewed within the last year. Inspectors noted a minor discrepancy in relation to current residents' profile in the centre. This was rectified and addressed on the day.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all three day notifiable incidents were brought to the attention of the Office of the Chief Inspector in a timely manner. Where a serious incident occurred, effective governance arrangements ensured that they could maintain the safety and welfare of the residents.

However, not all quarterly and six monthly notifications for 2018 had been submitted as per regulatory requirements. This was promptly addressed and they were all submitted retrospectively and received immediately after the inspection.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The person in charge was aware of the need to send in a notification if she was going to be absent from the centre for a period longer than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. It was widely displayed throughout the centre and staff and residents were familiar with the process. The procedure identified each persons nominated to investigate the complaints, to oversee the process and also outlined the appeals process. Complaints made were recorded and investigated and records showed that a resolution was reached. Residents' complaints and concerns were listened to and timely acted on.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures that met the requirement of the regulations were in place

and found to be implemented in practice

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The person in charge was clear of the need to set out the arrangements in place when the she was absent for more than 28 days.

Judgment: Compliant

Quality and safety

Overall, residents' health and social care needs were well met, they could receive visitors without any restrictions and there were several activities available throughout the day. The residents had access to an advocate whose contact details were displayed in the centre. There was some evidence of residents meetings taking place but none in recent months which was acknowledged by the person in charge. As the first part of this inspection was completed in the evening time, inspectors saw evidence of residents' choice and preferences being upheld in terms of times of getting up in the morning and going to bed and this was confirmed in feedback from residents, families and staff. Residents' personal care was well attended to and their bed space and bedrooms were clean and tidy and personalised with possessions.

Staff engaged well with residents and were well known and highly regarded by both residents and relatives.

Residents' had access to a television in their bedroom and several of the communal areas had comfortable seating, reading material and items of interest. There was a wide variety of activities available to meet the needs of residents. The residents' guide was available for review. It contained all the required details and was made available to residents and families.

There were safeguarding procedures in place for residents, staff were trained and there were no investigations into alleged abuse taking place. Staff displayed good knowledge of what constitutes abuse in their conversation with the inspectors. Refresher courses were also available at regular intervals. There were systems in place to safeguard residents' money. The registered provider acted as a pension agent for a number of residents. Financial transactions were transparent and a separate account had been created for residents finances.

None of the current residents presented with responsive behaviours at the time of inspection. This was due to a high level of interaction between staff and residents with the potential to display such behaviours. All staff had up to date training in

behaviour that challenge. Inspectors observed how residents with dementia were managed in the least restrictive way.

Although there was quite a high number of bedrails being used, there were assessments and care plans in place and several alternatives available such as low beds, chair and bed alarms and floor mats. The nursing management team advised inspectors that they planned to carry out a project to review the use of both physical and chemical restraint in the centre to ensure they were in line with best practice guidelines.

Residents had their clothes laundered by the centre and there was plenty of personal storage space for their personal possessions. Bedrooms were single or twin occupancy with en-suite facilities.

Residents had assessments including risk assessments completed on admission and these were revised on a four-monthly basis or more frequently if required. Most of the care plans reviewed were person centred and it was evident that some of the residents or their appointed representatives were involved in regular care plan reviews. However, inspectors noted instances where the arrangements to meet each residents' needs as set out in the care plans were inconsistent. The system in place required review to ensure these assessments and care plans were user friendly, succinct and not duplicated to ensure their effectiveness.

Inspectors were assured that care practices in the centre were very person-centred and noted that the care planning system could be further enhanced by moving away from the medical model towards the social model of care. Nevertheless, inspectors were satisfied that residents nursing care needs were met to a good standard and staff knew the residents well. There were no residents with pressure sores and chronic wounds were managed well. Pressure relieving mattresses were available to residents when required.

Residents healthcare was being maintained by a high standard of nursing care with appropriate medical and allied healthcare support. Residents had prompt access to members of the health-care team including a medical officer who visited the centre daily, physiotherapist, occupational therapist, dietetics, psychiatry of later life, chiropody and others services when required.

Fire equipment was being serviced as per best practice. Fire drills were being practised with day and night staff and records of these drills were available. Staff had received fire training and knew the procedure to follow in the event of a fire.

Risks were well managed overall. The risk register was a live document which was regularly updated. Infection control practices observed were good and in line with best practice. The premises was clean, tidy and well maintained inside and the centre was bright, warm and homely with secure outdoor space that was well maintained. There was plenty of access to communal rooms for residents.

Regulation 10: Communication difficulties

The communication policy was comprehensive and effectively guided staff on how to deliver care. There was evidence of resident with communication problems have specific care plans and staff were seen to communicate effectively with residents. Access to speech and therapy specialist was available to those residents who required.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visitors. Residents' visitors were welcomed into the centre. There was a sign in book and space available to meet in private if they wished.

Judgment: Compliant

Regulation 13: End of life

The end of life care provided in the centre was of a high standard and met residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care. Where decisions had been made in relation to advance care, such decisions were recorded and reviewed at regular intervals. The community palliative services were also available to provide support. Staff had received training in end of life care. Following the death of a resident, formal reflective reviews were carried out which supported the quality improvement framework operating in the centre.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide was colourful, user friendly and available to residents and relatives.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records were maintained of all residents transfers to hospital and there evidence of information being shared with the receiving hospital. This information was available in residents' personal charts. Discharges were planned and discussed with the residents.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires. The fire alarm and emergency lighting was serviced on a quarterly basis. Fire extinguishers were serviced on an annual basis. Fire training had been completed within the last year by all staff. Fire drills had been completed and staff displayed good knowledge on how to safely evacuate residents. The fire procedures and evacuation plans were prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were maintained on a password protected computerised system. Residents had a pre-admission assessment completed prior to admission to the centre. Resident assessment and care plans were updated within a four-monthly time frame and most were detailed enough to guide staff to provide person-centred care to the resident. There was evidence of the resident's involvement in the care plan review.

Nevertheless, the care planning system required further streamlining to make it efficient and effectively guide care. For example, inspectors noted that one resident had over 40 active care plans, which was unnecessarily burdensome. While many good examples of person centred care plans were seen, others were generic in nature and did not describe the unique needs of the residents. Improvements were required to ensure each care plan was personalised to reflect the residents' needs, interests, wishes and preferences.

Judgment: Substantially compliant

Regulation 6: Health care

The health-care needs of residents were met. They had access to all required members of the allied health-care team and from those residents files reviewed there was no delay in the resident being referred or reviewed when a review was requested.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a calm and unhurried atmosphere in the centre which helped to prevent episodes of responsive behaviour by residents. There were assessments and care plans completed for relevant residents and staff had received training on good practice in responding to the needs of residents presenting with responsive behaviours.

As detailed above, although bedrails were used, there were good assessment and care plans in use and safety checks in place. All 56 beds in the centre were low-low beds and other numerous alternatives were available such as floor mats and sensor alarms. Despite this, the use of bedrails remained high. Inspectors accepted that some residents had made informed choices and requested to use bedrails as enablers. Nevertheless, the ambivalent use of bedrails both as restraints and enablers was also a contributing factor to their high usage. In line with best evidence guideline, safer enabler options are available and should be trialled prior to use of bedrails. This will also ensure that the designated centre is compliant with national standards (2016) whereby the residential service implements a strategy to continually diminish the use of restraints supported by evidence-based changes in the planning, design and delivery of care.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff. Residents finances were managed in line with best practice, however there was a discrepancy noted in one record which was being fully investigated by the person in charge. Assurances and a completed investigation report was received following inspection.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 19: Directory of residents	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0026915

Date of inspection: 14/05/2019 and 15/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A Directory of Residents has now been compiled which includes all information required as per Schedule 3 (page 21) of the Regulations.</p> <p>This Directory will be updated daily or as there is a change.</p> <p>Directory of Residents is available on the IT System for the Inspector to view at any time.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge has now registered for and has submitted all up to date Notifications via the Provider Portal.</p> <p>This practice shall continue in future.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Person in Charge and the Clinical nurse Managers will continue to monitor and review resident's care plans to ensure that they are person centred, based on the social model of care and not the medical model.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: 11 residents now no longer have bed-rails in situ. These residents would have had one bed-rail as an enabler at the time of inspection. The Clinical Nurse Managers have spoken with the residents and with staff in relation to the use of bed-rails. The Person in Charge and the Clinical Nurse Managers will continue to monitor and review the use of Bed-rails and restrictive Practices within VCHC, in line with best evidence guidelines and National Standards.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Substantially Compliant	Yellow	04/06/2019
Regulation 19(2)	The directory established under paragraph (1) shall be available, when requested, to the Chief Inspector.	Not Compliant	Orange	06/06/2019
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	04/06/2019
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of	Not Compliant	Orange	31/07/2019

	Schedule 4.			
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Not Compliant	Yellow	31/07/2019
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	04/06/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	04/06/2019