



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Valentia House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	01 December 2020
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0030853

About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 47 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Tuesday 1 December 2020	09:00hrs to 17:30hrs	Margo O'Neill	Lead
Wednesday 2 December 2020	09:00hrs to 15:00hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

The inspector spoke with residents regarding their experience of living in the centre throughout this un-announced inspection. Due to level five COVID-19 restrictions, no visits were permitted to take place except pre-arranged window visits. The inspector observed that these were ongoing over the two day inspection.

According to information from the centre's management, approximately 50% of residents living in the centre were living with some degree of cognitive impairment. The inspector noted that residents were relaxed, well groomed and comfortable. The inspector observed many residents spending time in the different communal living spaces throughout the centre. There was sufficient space to facilitate social distancing in these areas. Some residents were observed to be partaking in small group activities such with the centre's activity coordinator or group exercise classes with the physiotherapist, watching television or reading their newspapers. One resident told the inspector that she always attended activities in the afternoon and that her favourites were the 'rings game' and bingo.

All residents who spoke to inspectors said that staff were 'great' and that they supported them to enjoy a good quality of life. However, several residents reported that there was 'not enough staff'. One resident reported that at night time staff were often very busy and that at times you could wait for up to 25 minutes if you needed help. Another reported that staffing was not sufficient at weekends or during the day. Another resident said that staff were 'a great bunch' but that 'you could always do with more of them.' This was echoed in a resident survey completed in June 2020; in total 25 residents or their representative completed a survey; a third of these residents reported dissatisfaction with the level of staffing in the centre and in particular with staffing levels at night time and at weekends. Four residents reported feeling rushed at times because staff were busy.

The inspector observed that staff knew residents well. For example, the inspector observed staff chatting with residents while assisting them, discussing current affairs, their hobbies and interests and that interactions were kind and overall person-centred in nature, however, staff were busy. On one occasion the inspector noted that one resident who requested assistance had to wait over fifteen minutes for staff to become available.

Some residents shared with the inspector their experience of living through the lock downs and recent times in October 2020 when staff members were self-isolating. Despite the isolation and anxious times, residents were very thankful to staff and their efforts to ensure they remained safe and could maintain contact with their families with window visits, regular video and telephone calls.

Overall residents were happy with the general environment and premises, however, residents identified that some carpet and flooring was worn and needed replacing. The inspector observed that there were a number of areas in the centre

that required attention such as worn and torn carpet and flooring in halls and residents bedrooms and many items of furniture which did not have intact surface to support effective cleaning. All residents who spoke to the inspector said they were satisfied with their rooms and that they were encouraged to personalise their bedrooms. One resident reported that although she had a shower every morning when living at home that this was no longer possible as the bathroom she shared with another resident only contained a domestic bath. Although this bath had a shower head, it did not attach to the wall to allow for a comfortable shower. Furthermore because it was a domestic bath the resident reported she found it difficult to get in and out and was fearful of falling. This was discussed with the person in charge who undertook to address this immediately.

All residents who spoke to the inspector confirmed that they felt safe in the centre. All residents reported that they found staff approachable and that issues raised were usually addressed promptly.

Capacity and capability

There are three company directors for Valentia Nursing Home Limited, the registered provider entity for Valentia House Nursing Home. One of the directors worked full time in the centre and held the role of registered provider representative. One of the company directors attended the centre one day a week while the other attended less frequently. All were involved in the centre's administration.

The person in charge had taken up her role five weeks prior to the inspection. She was responsible for the day-to-day operations in the centre and was supported in her role by a clinical nurse manager, nursing staff, carers, an activity person, household, catering, and two administrative staff.

This was an unannounced risk inspection following an incident which occurred in October 2020 when eight staff were required to self isolate when a staff member tested positive for COVID-19. No residents were affected by COVID-19 and all staff had returned to work. At the time of the inspection, no resident or staff member were suspected or confirmed as having COVID-19. This inspection was also completed to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector examined records that were maintained to document the incident in October and found that records indicated that appropriate measures had been taken to protect residents and records maintained to ensure tracking and recording of the incident. At the time of the inspection no post-incident review had been completed to inform learning. The person in charge outlined that this would be undertaken and completed to ensure that learning was identified and future contingency and COVID-19 preparedness plans were strengthened.

The inspector followed up on actions from the last inspection in January 2019 and found that all actions had been addressed. Three items of unsolicited information was received by the Chief Inspector since January 2019 relating to the centre. At the time of the inspection, the inspector found that all concern were unsubstantiated with the exception of a concern raised regarding the governance and management of the centre. This will be discussed further under Regulation 23, Governance and Management.

The inspector noted a number of areas requiring improvement under the domain of capacity and capability during the inspection:

- The inspector was not assured that nursing and carer staff levels were sufficient to meet residents needs. Household staffing levels were also found to be insufficient. This is discussed under Regulation 15, Staffing.
- Although systems were in place to monitor many aspects of the service, a more robust arrangement was required to ensure greater oversight in the areas of fire safety, infection prevention and control and general maintenance of the premises.
- Systems required review regarding assessment, care planning and audit of the service to ensure that there was ongoing oversight in the absence of the person in charge.
- Greater resources were required to ensure that the premises was adequately maintained to ensure residents' safety and comfort.

Regulation 14: Persons in charge

Throughout the inspection, the person in charge, who had started in her role in October 2020, demonstrated good knowledge of residents and their individual care needs. She was observed meeting with residents who knew her well.

The person in charge was a suitably qualified and experienced registered nurse with many years of relevant experience in nursing care of the older person. She demonstrated commitment to ongoing professional development and had completed a number of relevant courses including a management course. Several areas of the service which required review and quality improvement initiatives, such as the high level of restrictive practice in the centre, had been identified by the person in charge at the time of inspection. These areas were discussed during the inspection and the person in charge outlined quality improvement plans for 2021.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of nursing and care staff was not appropriate to meet the

assessed care needs of residents. Furthermore household staffing levels required review.

Approximately fifty staff were employed to work in the centre. Monday to Friday the person in charge worked in the centre on a full time basis. Two staff nurses were on duty from 8:00hrs to 20:00hrs during the day Monday to Sunday with eight carers working 08:00hrs to 14:00hrs at which point it reduced to five carers. One staff nurse and two carers worked at night. This was confirmed by the staff duty rosters examined. The inspector identified that staff could not be designated into distinct teams at night to reduce the number of contacts and reduce the risk of infection from COVID-19 for residents and staff, as only one staff nurse was on duty. The inspector on reviewing minutes of staff meetings noted that in a meeting held in July 2020, two members of staff expressed their concern regarding safety and night time staffing levels. This required review.

Some residents reported that there was 'not enough' staff at night time and at weekends and one resident said there was not enough during the day. Residents reported to the inspector that staff were often very busy and that at times you could wait from ten to twenty five minutes if you needed help. This was echoed in a resident survey completed in June 2020 as outlined in the ' What residents told us and what inspectors observed' section of the report. Although call bell audits were completed in the centre, these audits did not look at the length of time residents waited when calling for assistance but rather that the call bell was functioning and in the right location.

The inspector was not assured that household staffing levels were sufficient at the time of inspection. Two household personnel worked on a daily basis Monday to Friday who worked from 08:00hrs to 16:00hrs. One household staff member worked Saturday from 8:00hrs to 14:00hrs and Sunday from 9:00hrs to 12:00hrs. Although household staff carried out decontamination cleaning of frequently touched areas while they were on duty, there were no records to demonstrate that decontamination cleaning of frequently touched areas was completed after their duty ended. This posed a risk of cross contamination to residents and other persons in the centre. Furthermore the inspector observed that not all areas were free from dust such as the main entrance area during the inspection. This is discussed further under Regulation 27, Infection Control.

In October eight staff were required to self isolate when one staff member tested positive for COVID-19. On six occasions agency carers were required to provide assistance in order to ensure that the service was provided. Apart from these six occasions, the centre's own cohort of staff covered all shifts to continue to provide care to residents living there. However, the inspector was not assured that there were sufficient numbers of staff at the time of inspection when the centre did not have an outbreak of COVID-19. Therefore the inspector requested that staffing levels and staff contingency plans be reviewed and strengthened significantly.

Judgment: Not compliant

Regulation 16: Training and staff development

A training matrix record was provided to the inspector to examine. This indicated that staff had access to mandatory and other relevant training which was provided in line with changing resident profiles and identified needs. Mandatory training included manual handling, infection control, fire safety and safeguarding of vulnerable adults. The matrix record showed that there was a high level of staff compliance with mandatory training requirements with all but fire safety training, which was required to be completed annually. Although a significant number of staff had completed fire safety training in 2019, very few sessions of fire safety refresher training had been completed in 2020. This was addressed by management who organised additional training for staff immediately following the inspection.

Records provided to the inspector indicated that the majority of staff had received and completed training in hand hygiene and donning and doffing (taking on and off) of personal protective equipment (PPE) in 2020. Staff demonstrated good knowledge and understanding of infection control principles and practices and were clear about their responsibility to keep themselves and the residents safe. Refresher training was required for household staff on the sequencing of cleaning in the centre to ensure adherence to best practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a management structure in place which consisted of the registered provider representative, two company directors, the person in charge and clinical nurse manager. At the time of the inspection, the inspector found that the person in charge was the only senior person on the roster to work in a supernumerary capacity, available to support staff and responsible for carrying out all routine oversight activities such as audit and monitoring of key performance indicators. It was confirmed to the inspector that the clinical nurse manager did not have any designated administrative time to provide support to the person in charge. Although the person in charge outlined plans, for January 2021, to have 12 hours a week allocated to the clinical nurse manager to carry out administrative duties and assist with oversight of the quality and safety of the service, at the time of the inspection the inspector was not adequately assured that there was sufficient support for the person in charge in her role and to ensure adequate oversight of the service.

The inspector was not assured that there was adequate resources to ensure there were sufficient staff to deliver care to residents in line with the statement of purpose. Additional resources were required also to upgrade and maintain many areas in the centre such as bedroom flooring, carpets, bathrooms and to ensure that

furniture and fittings were in a good state of repair and easy to clean.

Management systems in place to monitor the quality and safety of the service required strengthening. The inspector reviewed minutes of management meetings and noted that issues such as those related to work required to maintain the premises and regarding staffing were raised and discussed at many meetings but effective action was not taken to address these issues. The inspector was provided with completed audits from 2020 to examine. Some audits had action plans developed for quality improvement purposes. However, it was not clear from the records who was responsible for completing these actions or if they had been followed up to completion. There was limited analysis of the information gathered from the completed audits. Furthermore the inspector identified that the processes in place to monitor assessment and care planning, risk management, infection prevention and control and fire safety precautions required strengthening. This is discussed under Regulations 5, 26, 27 and 28 respectively.

There was an annual review completed for 2019 which was used to inform a quality improvement plan for 2020, residents' feedback was sought through an annual resident survey to inform the quality of the service.

Judgment: Not compliant

Regulation 3: Statement of purpose

Amendments to the centre's statement of purpose were required to ensure that it accurately reflected the premises and service being provided to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector examined the centre's accident and incident log and found that notifications of incidents were submitted to the Chief Inspector within the required time frames. Clinical incident reviews were completed and the learning from the incident was communicated to the relevant staff.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place to inform the management of all

complaints and concerns received. Information for residents on how to make a complaint was accessible for residents and their representatives.

All complaints received were logged appropriately in the centre's complaints log as required by the regulations. These records indicated that complaints were investigated thoroughly and that prompt corrective actions were taken when required. There were arrangements in place for residents to access advocacy services as required. Residents reported to the inspector that staff were approachable and they felt comfortable reporting issues or concerns to staff.

Judgment: Compliant

Quality and safety

Residents who spoke with the inspector confirmed that they felt safe and that their experience of living in the centre was positive. Residents' rights were upheld and the activities programme was varied and provided seven days a week. Robust visiting arrangements were in place in line with public guidance. The inspector noted however, a number of areas required improvement to ensure residents safety was maximised and they received the highest standard and quality of care. For example the area of risk management, maintenance of the premises, infection prevention and control, fire precautions and resident care planning arrangements.

Each resident's care needs were comprehensively assessed and their care planning records contained person-centred details. Although most care plans were reviewed at four monthly intervals, care plans requiring review in the month of October had not been updated. Oversight of this area required strengthening; the person in charge outlined plans to address this to the inspector which are discussed under Regulation 5, Individual assessment and care plan.

Overall the health care needs of residents were being met with good access to a general practitioner (GP) of choice and a variety of allied health professionals as required. However, further improvements were required to ensure the use of restrictive practices were in line with local and national policy.

Overall the building was comfortable and the premises were laid out to meet the needs of the residents. Additional improvements were required in relation to the maintenance and general upkeep of some of the internal and external areas of the premises; for example, the inspector noted that flooring in many areas throughout the premises were torn and in need of replacement, this is discussed further under Regulation 17, Premises.

A number of appropriate infection prevention and control measures had been implemented to ensure the safety of the residents, staff and visitors. However this inspection identified additional opportunities for improvement, which are further

detailed under Regulation 27, Infection control.

The provider had a number of fire safety precautions and measures in place and there were records to demonstrate ongoing maintenance and servicing of fire detection and fighting equipment, with the exception of quarterly servicing records of the emergency lighting. Furthermore there no record that demonstrated that the centre's largest compartment, a compartment that could accommodate seven residents had been evacuated with night time staffing levels of three staff. This was received following the inspection and provided additional assurances.

Regulation 17: Premises

The design and layout was adequate to meet the needs of residents. The inspector observed that the centre had items of furniture such as a large old style dressers displaying crockery and other interesting items in communal areas to create a comfortable and homely feel. The centre's dining room was bright and tables were laid with white table clothes and cutlery. This large room was spacious and was set up to accommodate social distancing when residents had their meals.

Although the inspector was verbally informed that there was an ongoing programme of maintenance works, the inspector identified a number of areas that required significant review and attention:

- Flooring and carpets in a number of bedrooms and communal areas had significant tears and rips and some floor surfaces in a number of bedrooms appeared uneven, posing a potential falls risk to residents .
- Toilet and bathing facilities required upgrading to ensure that these facilities supported residents' right to independence and mobility needs; for example a number of domestic baths, step-in showers and domestic toilets were identified throughout the centre which residents found difficult to use and posed risk to those with impaired mobility.
- There was insufficient storage for larger items of equipment such as hoists and commodes
- Surface areas of some items of furniture and equipment had cracks and tears while a number of fixtures such a sluice sink and a toilet showed signs of rust.
- The centre's laundry located beside the centre's catering kitchen, was a small confined cluttered space which did not support unidirectional flow of laundry.
- One double bedroom with a surface area of 13 meters squared did not meet the requirements of the regulations.
- In another double bedroom the inspector identified that privacy curtains, which had strunk due to laundering, were no longer sufficient to ensure resident's right to privacy and dignity.
- The inspector noted that the main road to the centre was very uneven and posed a potential risk of falls to residents and others with impaired mobility.

Judgment: Not compliant

Regulation 26: Risk management

An up to date risk management policy and procedure was available to inform and direct staff in the centre; the policy detailed the five specified risks as required by Regulation 26, Risk Management. The centre's management reviewed incidents, near misses and accidents that occurred in the centre.

The centre's risk register was updated regularly and detailed the risks identified and risk rating assigned. However the inspector identified that a number of risks had not yet been followed up in order to reduce the level of risk posed to residents and others in the centre. Risks such as:

- Worn and torn flooring posed a trip or falls hazard to residents.
- A extension lead with several plugs was noted in one resident's bedroom, this posed a potential fire risk and required attention immediately.
- The inspector noted that the main access road to the centre was very uneven and posed a potential risk of falls to residents and others with impaired mobility.

Judgment: Substantially compliant

Regulation 27: Infection control

There was an infection control policy in place which included details around COVID-19 and had been updated to reflect the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

Hand hygiene and PPE advisory posters and leaflets were displayed and alcohol hand rub gel was available throughout the centre. Face protection masks were worn by all healthcare workers at the time of the inspection. Isolation precautions for new admissions were observed during the inspection and signage to communicate isolation precautions were in place, in line with current guidance. The registered provider was proactive in promoting influenza vaccination uptake among staff and residents.

Training records confirmed that all relevant staff were up to date with infection prevention and control training which included hand hygiene, appropriate use of personal protective equipment (PPE) and control measures to prevent transmission of COVID-19. In addition a number of staff had also attended a formal practical

session, provided by an external expert in infection prevention and control.

A number of infection prevention and control measures had been implemented, however, further improvements were necessary to ensure consistency with national standards. An auditing schedule for infection prevention and control was in place and monthly audits conducted included environmental and kitchen hygiene audits. Overall, audit results showed good compliance. However, throughout this inspection the need for further improvement was identified, as detailed further below:

- While some parts of the centre were maintained to an adequate standard, there were many areas required review and a proactive maintenance programme; for example, many bedroom floor coverings had significant tears.
- The oversight hygiene standards for residents' equipment needed to be improved. Clear decontamination processes were required and a tag system to assist staff in identifying clean from dirty items, particularly in shared toilet and bathroom facilities.
- There was no clearly defined separation of clean and dirty activities in the laundry facility. The laundry had only one entrance and egress and was found to be inadequate in terms of space. There was no clear signage to support the unidirectional flow of work in this area.
- The storage of residents' equipment required review. For example, assisting devices such as hoists were found stored in communal areas; in the multi-occupancy rooms residents' wash basins were stacked one on top of the other or placed on the floor which posed infection control risks.
- The quality of finishes on some furnishings including armchairs and chest of drawers surface areas in the centre did not support effective cleaning. Tears in the upholstered fabric of commodes, carpets and the back support of one toilet were identified. Furthermore a number of fixtures such as wall mounted PPE holders and items of equipment such as shower chairs were rusted and could not be effectively cleaned.
- A significant layer of dust was noted on resident information booklets located at the centre's main entrance.
- Although verbally the inspector was informed that preventative control measures in relation to water-borne infections such as Legionella had been implemented, there was no documentary evidence available regarding this and no records of routine water sampling were available to the inspector. This required review.
- A review of household staffing levels, skills and knowledge was required, this is further discussed under Regulations 15 and 16.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Emergency exits were clearly displayed and free of obstruction and records of daily

checks of the fire exits and the fire panel were made available to the inspector. The centre's magnetic locking devices on fire doors and fire alarm were checked on a weekly basis. Fire fighting equipment was located throughout the building and there were records of annual inspection and servicing of this equipment. Quarterly servicing of the fire alarm system had had been completed during 2020. However emergency lighting had not had a quarterly review since June 2020 and was over due at the time of inspection.

There were individual personal emergency evacuation plans (PEEP) completed for all residents to inform staff of each resident's evacuation needs. The inspector requested records for emergency evacuation drills simulated to test evacuation procedures. Frequent simulated drills had been completed in 2020 however there was no record that demonstrated that the centre's largest compartment, a compartment that could accommodate seven residents had been evacuated with night time staffing levels of three staff. The inspector request that all staff complete a simulated fire evacuation drill for the largest compartment with night time staffing levels of three staff. Assurances were received by the Chief Inspector in the days following the inspection that compartments with capacity for seven residents could be safely evacuated by night time staffing levels within a safe time frame and that there would be a schedule of ongoing simulated drills to ensure that this process was being refined and that time required to evacuate was reduced as much as possible.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of prospective residents was arranged prior to admission, to ensure resident's needs could be met in the centre. A comprehensive assessment was completed on the resident's admission and validated clinical risk assessments were used to develop a care plan within 48 hours. These validated risk assessments were reviewed at regular intervals thereafter. The comprehensive assessment and other risk assessments were used to inform individual person-centred care plans. Although the inspector noted that care plans had been routinely reviewed and updated at four monthly intervals, assessments and care plans which required review in October 2020 had not been completed. This was discussed with the person in charge who outlined quality improvement plans regarding assessments and care plans for 2021 to ensure greater oversight which included implementation of a new electronic resident record system and the establishment of designated staff members for each resident with designated duties regarding the review and maintenance of residents care documentation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a General Practitioner of their choice, and a number of GPs visited the centre on a regular basis. Consultant specialists in Gerontology and Psychiatry of Old Age were available to provide additional expertise and support.

Residents had access to physiotherapy one day every two weeks when a physiotherapist attended the centre and occupational therapy input and assessment as required. There were arrangements for residents to access dietetics and tissue viability input via the Health Service Executive. The provider also had arrangements in place for residents to access speech and language therapy input when required. Residents were also supported to attend outpatient appointments and to avail of national screening programmes where appropriate. Chiropody services attended the centre every month.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

At the time of inspection, there were three residents living in the centre that presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). These residents had been appropriately assessed and had person-centred care plans devised. Residents were reviewed by a Psychiatry of Old Age team as required. Staff were observed to know residents well and provide person-centred support and care. The majority of staff had attended training on responsive behaviours and dementia and were observed to provide kind and gentle support to residents.

While the inspector noted that measures were in place to ensure that public health and infection control precautions were being complied with, it was observed that residents were supported to mobilise freely around the centre. The inspector noted also that there was access to an out door garden area that residents could access at will. However, the use of bed rails was high and required review. At the time of the inspection, 16 of the 37 residents had bed rails in place. The person in charge outlined that she had already recognised this as an area for improvement and planned to review and address this in early 2021 to ensure that the use of restrictive practices was used in accordance with national policy.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had systems in place to ensure residents were safeguarded and protected from abuse. There was an up-to-date policy in place to inform staff of the management of safeguarding and protection of residents. Records provided to the inspector indicated that all allegations, concerns, suspicions or disclosures of abuse were investigated and followed up. There were no open safeguarding concerns or issues being investigated in the centre at the time of the inspection.

Staff had received training in recognising and responding to a suspicion, incident or disclosure of abuse and those who spoke with the inspector articulated their responsibility to report any concerns, suspicions or disclosures received. Residents reported they felt safe in the centre and that staff were respectful and kind.

The provider did not act as a pension agent for residents at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice was respected and residents had autonomy to make individual choices regarding how they chose to spend their day. For example the inspector met and spoke with a number of residents who reported that they chose when to rise in the morning and when to retire to bed. These residents also told the inspector that while they enjoyed the group activities provided in the centre, their right to spend their time in their rooms, relaxing, was also respected by staff. The inspector observed staff offered choice to residents during their meals and all residents who spoke to the inspector reported that the food prepared in the centre was very good and appetising. Residents had access to televisions, radio and newspapers and there were arrangements in place to support and respect residents' religious and civil rights.

Residents reported that staff informed and updated them regularly regarding COVID-19 and the measures they could take to protect themselves such as social distancing and practicing consistent and frequent hand hygiene. Residents were supported to maintain contact with relatives and loved ones with regular pre-arranged window visits, telephone calls, video calls and compassionate visiting where required. The inspector observed the newly implemented visiting pod, a purpose built screening partition positioned beside an external door, that allowed residents to receive visitors safely in the centre's conservatory. Residents reported positively regarding this new development. Management confirmed to the inspector that visiting arrangements were kept under regular review to ensure that arrangements and safety measures were in line with national public health guidance and that residents' needs and rights to see their families and relatives were being

met.

A programme of activities was provided to residents from Monday to Sunday. There was one activity coordinator who worked five days a week who devised and provided recreational and occupational activities and opportunities for residents living in the centre. On the other two days a carer was designated to provide activities. Residents reported to the inspector they knew the activity coordinator well and that they enjoyed the activities on offer. The inspector noted that the activity person who was tasked with providing recreational and occupational opportunities for all residents was at the time of the inspection also acted as designated person with responsibility for organising and facilitating the majority of window visits for residents with their relatives and friends. The management confirmed that they were participating in active recruitment for an additional member of staff to ensure that the activity coordinator was supported with these roles.

The inspector observed residents enjoying a number of small group activities throughout the inspection such as balloon and baton games and 'throwing the rings' game. These were conducted with established resident pods created to limit the risk of cross infection and close contacts in the event of an outbreak of COVID-19. Records of activities maintained by the activity coordinator were reviewed and an opportunity for improvement of these records was noted; these records recorded the activities that residents participated in however residents' levels of enjoyment, attention or engagement during the course of activities was not noted.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0030853

Date of inspection: 02/12/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We will ensure that there is always a sufficient number and the correct skill mix of staff on duty to meet the assessed needs of the residents. To allow for this, since the inspection we have recruited three additional Health Care Assistants. Recruitment is ongoing. There is also a HCA on duty from 5pm to 10pm, if the need arises the nurse on duty can extend those hours. Staffing numbers will be increased based on a risk assessment in the event of distinct teams being necessary to reduce the risk of infection to residents and staff. The rostered hours of the housekeeping team has been adjusted with an increase in the hours worked at the weekends. Timeframe for completion: Completed	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff in the centre have completed the required mandatory training courses. A training needs analysis based on audit outcomes and staff appraisals will guide ongoing training provision within the centre. Additional training for housekeeping staff has been arranged for February 2021. Timeframe for completion: 30th April 2021	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will be supported by the recently appointed PPIM in addressing any identified deficits and such deficits will be discussed as part of the weekly management meetings. The actions arising from these meetings and actions from all audits completed will have clear timelines for completion and will have a clearly assigned responsible person. In addition, the CNM is undertaking further management training and will work closely with the PPIM in supporting the PIC with audits and monitoring KPI's.</p> <p>Timeframe for completion: Immediate</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose and supporting documents have been updated and submitted to the authority.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has undertaken a complete review of the premise and developed an improvement plan for 2021-2022. Floor covering replacement and bathroom upgrades are included in this plan. Unfortunately, the refurbishment plans for a number of bedrooms was delayed in 2020 due to Covid -19 restrictions but will proceed when these restrictions are lifted.</p> <p>The 13m2 room had not been used as a double room for a number of years, the floor plans and Statement of Purpose submitted to the authority have been adjusted to reflect this.</p> <p>A review of storage facilities within the center has been completed, an area to safely store the hoist and a number of wheelchairs has been identified, work on this area to be completed by May 2021.</p> <p>A review of the provision of the laundry service has been completed. All bed linen and table cloths are laundered by an external provider off site. The in-house service is for residents' personal clothing and housekeeping cloths. We acknowledge that there is one</p>	

entrance and egress, however we have one individual staff member responsible for laundry each day. This staff member processes dirty and clean laundry at different times avoiding any crossover.

Dedicated dirty and clean areas have been identified within the laundry and directional signage has been erected.

The laundry process is audited monthly by the PIC.

Maintenance is provided by the registered providers representative (RPR) who works in conjunction with a list of outside contractors, specifically an electrician, a plumber, a carpenter and a painter and specialist contractors as required. Based on the maintenance list of repairs required the RPR develops a list of priorities and then engages the appropriate service provider to complete the work.

Timeframe for completion: 31st August 2021

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

There is a risk management policy and a safety statement in place with hazard identifications and risk assessment. There is a risk register in place which is reviewed monthly by the senior management team. There is also a COVID 19 risk register in place that is updated according. A program of improvement works to the car park and roadways within the grounds commenced in February 2021. Additional electrical sockets have been installed where needed. Timeframe for completion: 31st May 2021

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Clear roles and responsibilities for the decontamination of equipment and the frequency of cleaning have been drawn up for all cleaning staff, healthcare assistants and nurses as per the "Interim Guidance in Infection Prevention and Control 2020". Documentation is now in place which includes the recording of cleaning and decontamination of surfaces that are frequently used. Records of routine water sampling have been provided to the inspector. Infection control policies and procedures are in place and have been reviewed since the COVID-19 pandemic. They take into account the contagious nature of the virus and all staff have read and signed that they understand the policies. The Home updates all policies and procedures in line with current and best practice as it is updated by HSE and HPSC. The Home has a Preparedness plan in place to guide staff in the event of an

<p>outbreak and specific COVID 19 policies that incorporates Infection Control. A post incident review was completed and submitted to the authority following the inspection. Damaged and worn PPE holders and commodes have been replaced. Decontamination of frequently touched surfaces will continue throughout the evening after the housekeeping staff are finished. Timeframe for completion: Immediate.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A service plan is now in place to ensure that routine fire safety inspections are completed in a timely manner. Routine fire drills continue with the addition of simulated night time drills for all care and nursing staff. Timeframe for completion: Immediate.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Each nurse is allocated a cohort of residents and is responsible for the assessments and four monthly review of all the residents' care plans. This is overseen by the clinical nurse manager who will ensure that all residents nursing risk assessments and care plans are reviewed in line with current regulations or more frequently as the residents' needs changes. The PIC will audit a percentage of the Care Plans monthly as a KPI. The plan to move to electronic records is at an advanced stage. Timeframe for completion: 31st May 2021</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: A review of the use of restraint within the center is in progress with the aim of moving towards a restraint free environment. Timeframe for completion: 31st March 2021</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	12/02/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2021
Regulation 23(a)	The registered	Not Compliant	Orange	12/02/2021

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	12/02/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/02/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/05/2021
Regulation 27	The registered	Substantially	Yellow	12/02/2021

	provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Compliant		
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	12/02/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/02/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/02/2021
Regulation 5(4)	The person in	Substantially	Yellow	31/05/2021

	charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Compliant		
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	31/03/2021