



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

Issued by the Chief Inspector

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:	20 January 2022
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0034827

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 on a greenfield site. 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.

Number of residents on the date of inspection:	45
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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
Thursday 20 January 2022	10:45hrs to 17:15hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the feedback from the residents was positive about the care they received in the designated centre. This was a well-managed centre, and residents received a good standard of person-centred care. Residents said that the staff were excellent and attentive to their care needs. Residents reported that, in general, there was a good variety of activities available to them.

On arrival, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a staff member at the reception. This included a signing in process and electronic temperature check.

The inspector observed that the residents were mobilising around the foyer to access the main day room that was located near the reception. This was a large room with sufficient seating arrangement to facilitate social distancing while at the same time enabling residents to sit and relax and meet up with their friends to chat.

The centre was located in a two-storied building and had wheelchair-accessible ramps and lifts to connect the two floors. This connectivity supported the residents to access different floors of the centre independently. On the day of inspection, the residents were freely mobilising around the centre. However, it was noticed that the residents' access to a beautifully maintained safe outdoor balcony area in the centre was restricted with keypad locks.

The inspector observed that the staff had good insight into responding to and managing the residents' needs. The staff were found respectful in their interactions with the residents. Staff were cognizant of the requirement to maintain residents' privacy and dignity and ensured they were maintained during the delivery of care. A rights-based approach to care delivery was observed throughout the inspection.

The inspector found that the staff supported residents to engage in social activities. Residents were observed to have access to information on current affairs. For example, television, radio, and newspapers were available to the residents. However, some residents in shared bedrooms were not able to watch television from their bed space.

The inspector observed that the food served in the centre was wholesome, and the resident commented they liked the food provided in the centre. Menu choices of the residents were sought, and menu choice was available in the dining room. The residents spoke highly about the food and told the inspector that the staff respected their meal choices. Staff were found supporting the residents during their mealtimes, and residents' mealtimes were social occasions.

The residents who spoke with the inspector said that they were happy with the visiting arrangements, as they were able to see their visitors and chat in the

quietness of their bedrooms.

The inspector observed that the residents' bedrooms were neatly presented and had sufficient personal storage space available for residents. The staff had made good efforts in consultation with residents and their families to personalise residents' bedrooms with their personal belongings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a well-managed centre with a good history of compliance. However, this inspection found that more focus was required to bring the centre into full compliance with the Care and Welfare Regulations.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

The management structure consisted of a service manager, person in charge (PIC) and nurse managers (CNM). The person in charge was appointed in 2021 and had the necessary experience and qualifications as required in the regulations. They worked full time in the post and were actively engaged in the governance and operational management of the service.

There was a clear management structure in place. Staff were supported in their roles and were clear about their roles and responsibilities and the reporting structures that were in place.

There were processes in place to monitor care and services provided for the residents. However, these processes had failed to identify a number of the findings from this inspection.

In addition, the inspector noticed that the centre's complaint procedure did not reflect the centre's complaint policy, and as a result, the current complaint officer was not identifiable from the complaint procedure displayed in the centre.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre. Staffing resources were kept under review. The residents were provided with timely assistance and appropriately supervised by staff at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Training in infection prevention and control procedures, including COVID-19 precautions and practices, were ongoing to mitigate the risk of COVID-19 infection and to ensure preparedness for an outbreak.

Arrangements were in place to ensure staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

Records, as set out in Schedules 2 of the regulation, were kept in the centre and were made available for inspection. Arrangements were in place to ensure that the records were stored safely.

Judgment: Compliant

Regulation 23: Governance and management

The centre's quality management systems were not robust and did not ensure that the service provided was effectively monitored. For example:

- The analysis of accidents, incidents and complaints were not being used to identify trends in specific areas of care and services that required improvement.
- The environmental audits and oversight of cleaning and maintenance standards had not identified a number of the findings from this inspection.

Judgment: Substantially compliant
Regulation 3: Statement of purpose
An updated statement of purpose was available in the centre. It contained the information required under Schedule 1.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted to the Chief Inspector within the specified time frames.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaint procedure displayed in the centre was not an up-to-date document, as the information contained in the document did not include the name of the person who is currently responsible for managing complaints in the centre.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. Any changes in these documents were communicated to staff in their regular staff meetings.
Judgment: Compliant
Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard, and the needs of the residents were met. There was a person-centred approach to providing care and services, with the residents reporting that they felt safe and well cared for by the staff in the designated centre.

Overall, the premises was well laid out and met the needs of the current residents. However, some bedroom walls required repainting. In addition, some radiators were rusted, which made them difficult to clean. The inspector observed that overall the residents' bedrooms and the communal areas were clean and tidy and provided a clean and safe environment for the residents. However, the inspector found that a shower chair in one bathroom was rusted, which meant that it could not be cleaned adequately.

Following the IPC procedures on arrival at the designated centre, the inspector was directed towards the staff changing facility to change out of their outdoor clothes. The staff changing facility was not well maintained and was not clean. When this was brought to the attention of the person in charge, they addressed the issue immediately.

Fire safety precautions were in place, however, fire drill records and residents' personal evacuation plans did not assure the inspector that residents could be evacuated in a timely manner in the event of a fire. The provider carried out additional fire drills following the inspection and submitted assurances to the inspector that improvements had been achieved.

The inspector noticed that care plans developed for the residents were person-centred. The comprehensive assessments for residents were not available in residents' files, which is further discussed in regulation 5.

Residents were freely mobilising around the centre on the day of the inspection either independently or with the support of staff. However, the residents' access to a beautifully maintained, safe outdoor balcony area was restricted with a keypad lock which meant that residents could not access their outside space without a member of staff.

Regulation 11: Visits

Indoor visiting for residents by their families had resumed in line with the Health Protection and Surveillance Centre (HPSC) guidance for long term residential care facilities. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

A number of bedroom walls were scuffed and needed repainting.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy, a risk register and risk management procedures were in place. The risk register included assessment and review processes for identifying and managing risks. Control measures were in place to mitigate the levels of risks identified.

Judgment: Compliant

Regulation 27: Infection control

The centre's infection prevention and control processes did not ensure that all areas in the centre were cleaned to a high standard. For example:

- A staff changing facilities was not clean and tidy.
- A shower chair in a communal bathroom was visibly rusted and could not be adequately cleaned as the surfaces were damaged.
- Some radiators in bedrooms were visibly rusted, which meant they could not be adequately cleaned as the surface was damaged.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector noticed that the provider had not sufficiently reviewed the centre's fire precautions to ensure the safety of residents in the centre. For example:

- Records of the fire drill did not assure the inspector that the residents could be safely evacuated to a place of safety in the event of a fire emergency. The person in charge carried out a simulated fire drill and submitted a satisfactory fire drill report following this inspection.
- Personal emergency evacuation plans were not accessible in the event of a fire emergency.
- Furniture was being stored beneath a fire exit staircase.
- No signage to alert regarding the storage of oxygen in a room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the nursing records showed that while validated assessment tools were being used to assess residents' needs in specific areas, these did not inform a comprehensive assessment which could then be used to develop a care plan with the resident and/or their family.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. Residents were supported to attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practice, allied health professionals, specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other

conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

In a number of the twin bedrooms, residents were not able to watch television from their beds. In addition, residents' access to one of the balcony areas in the centre was restricted, which meant that the residents could not access their outside space without a member of staff unlocking the door.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0034827

Date of inspection: 20/01/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Quality and Patient Safety Advisor, Social Care CHO1 will provide the PIC a monthly analysis of all accidents and incidents in Virginia Community Health Centre from the NIMS system. This will identify any trends in any specific areas of care and services that require improvement. The PIC will then develop an action plan to address any issues raised. • Our Complaints forms have been amended to include the investigation, action plan and the outcome of the complaint. A copy is attached. • MEG audits will be completed in all areas of the building including staff changing facilities to ensure all areas are being audited and findings actioned accordingly. • The annual review for 2020 / 2021 was available and a copy of same was given to the inspector on the day of inspection. A copy is attached here also. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The complaints procedure has been updated and is on display in the Centre and a copy of this was sent to the inspectorate via email post inspection. A copy of same is attached 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Quotes have been received from external contractors (as per National Financial Regulations) for the painting that is currently required in the Centre. The painting will be completed by year end 31st December 2022 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The staff changing facilities were cleaned thoroughly on the day of inspection and same is now included in the MEG audit. • The shower chairs in the communal bathrooms have all been replaced with new shower chairs. • Radiators in some of the bedrooms that need repainting will be included in the repainting of the Centre 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Simulated Fire Drills take place in the Centre weekly to ensure all staff are familiar with the evacuations and to demonstrate good Fire safety knowledge. • The Personal emergency evaluation plans for all residents are available in a red folder underneath the main fire panel in the reception area of the centre. • The furniture that was incorrectly stored beneath the stair case beside Fire Exit (Ground Floor) was removed on the day of the inspection. • Clear Signage is now in place on the door of each Clinical Room to identify that oxygen is stored in the clinical rooms 	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A comprehensive assessment has been completed on every resident in the Centre

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The keys are now in each of the balcony doors and the residents can access same themselves.
- External Contractor for the privacy screen will visit the Centre to review the privacy screen which impeded the resident's view of the televisions when they are extended out fully. The Company were due to visit the Centre on 22nd of March 2022 to review the privacy screen but unfortunately they have no engineers available as they were all Covid 19 detected. A copy of the email from the company is attached. We await a new date for this visit.

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 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.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/12/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/03/2022
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	27/01/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	21/03/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	27/01/2022

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	29/04/2022