

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Valentia Hospital
Centre ID:	OSV-0000571
Centre address:	Valentia Island, Kerry.
Telephone number:	066 947 6122
Email address:	valentiachw@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Valentia Community Health & Welfare Association Limited
Provider Nominee:	Brian O'Donovan
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 March 2017 12:00	30 March 2017 18:00
31 March 2017 09:00	31 March 2017 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This designated centre is managed on a not-for-profit basis. A voluntary board of directors held responsibility for oversight and governance. This inspection report sets out the findings of a thematic inspection that focused on six specific outcomes relevant to the dementia care. The purpose of the inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The inspection was unannounced and took place over two days. The inspector arrived at the centre at midday on day one of the inspection. At that time a number of residents were in the communal day room and preparations were ongoing for lunch service in the dining area. Staff members were seen to communicate and interact with residents appropriately at this time, providing information on what was for lunch

and taking time to explain what was going on to residents who might be confused. The inspector met with the person in charge who provided an overview of resident needs and staffing levels in the centre at the time. The person in charge confirmed that the centre did not have a dementia specific care unit and that care for residents with dementia was provided on an integrated basis within the community of the centre. There were seven residents presenting with the symptoms of cognitive impairment, or with a diagnosis of dementia, at the time of inspection. Components of assessment during the inspection included health and social care, governance, staffing levels, training, and the management of complaints and safeguarding issues. The inspector observed routine practice in the centre and spoke with various members of staff and management, in order to assess their understanding of their respective roles in relation to policy and practice. As part of this process the inspector met with healthcare assistants and nursing staff as well as members of management and board representatives. A number of care plans for residents with dementia was reviewed with a focus on processes around assessment, referral and monitoring of care. Care practices and interactions between staff and residents were also observed during the course of the inspection, including the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also examined.

The service had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. The person in charge confirmed that a number of improvements had been implemented around the design of the environment as a result of the self-assessment; these included changes to colour schemes and improved floor coverings, for example. The inspector also noted that significant work had progressed on completing building work to address previously identified non-compliances in relation to the layout of the premises. Overall, the inspection findings were very positive and identified that residents received a high standard of care in relation to their healthcare and nursing needs. Management were responsive to regulatory requirements and staff demonstrated a person-centred focus in their approach to care. Throughout the inspection the inspector noted effective and appropriate communication and interaction between staff and all residents, including those with dementia or a cognitive impairment. Areas for improvement that were identified included measures to protect the privacy of residents and overdue refresher training in fire-safety for staff.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

The person in charge described the arrangements in place to meet the health and nursing needs of residents with dementia. These included appropriate access to allied care services such as speech and language therapy and physiotherapy. A chiropodist attended the centre, approximately every six weeks. Access to dental and optical services was also consistent and regular. Care plans contained oral assessments that identified issues in advance for referral and review by the dentist. The person in charge confirmed that the centre was provided with effective access to community mental health services. Consultancy services for gerontology were available on referral as required. An admissions policy was in place and the person in charge carried out an appropriate assessment in advance of any admission. Residents underwent a further full assessment within 48 hours of admission. Care plans were developed in line with these admission assessments. A sample of care plans for residents with a cognitive impairment was tracked during the inspection; these were well laid out and contained all the necessary information to support the delivery of care. Core data was recorded for referenced at the front of the file and supplemented by summary information in relation to the activities of daily living. Validated tools were used to assess residents' level of needs and ability in relation to these activities, such as mobility, eating, drinking, sleeping and personal care. Where needs were identified in relation to any of these areas, the assessments were used to inform a relevant plan of care to direct staff in ensuring the needs of residents were appropriately met. Care plans were person-centred with a focus on the individual. Information on personal considerations was maintained on a separate file labelled "What matters to me". Residents with dementia, who presented with related behaviours and psychological symptoms, had relevant care plans in place that reflected input and review by a medical practitioner. Interventions to manage behaviour described how consideration was given to possible influencing factors, such as pain or digestion. Mood charts were also maintained. Daily narrative notes were in place that accurately reflected the circumstances of the resident. Moving and handling charts had been completed for residents with mobility needs. Related care

plans provided information on how the resident should be provided with assistance when moving and the type of specialist equipment to be used, if necessary. At the time of inspection, there were no residents at the centre presenting with wounds or pressure sores. In the course of the inspection the inspector met with the medical officer for the centre, who was also the nominated representative for the service. Processes reviewed confirmed that attendance and consultation with residents by the medical practitioner was a routine aspect of care.

Policies and procedures were in place that provided guidance to staff on how best to manage the care of residents in relation to their needs around nutrition and hydration. Staff were able to explain that information about the needs of individual residents were in care plans and also outlined during handover meetings as part of the daily communication routine. Catering staff also confirmed that they had relevant information on each resident available to them for reference when preparing meals. Residents with dysphagia (swallowing difficulties) had been assessed by a suitably qualified professional. Specific plans of care were in place for these residents that provided instructions on the consistency of food and drink to be provided. Staff spoken with had received relevant training and understood how to prepare meals in keeping with these care plans. Staff with responsibility for preparing and serving drinks had received appropriate training and understood their responsibility to ensure that the consistency of liquid had been appropriately modified in keeping with the care plan. Staff were observed providing attentive care at mealtimes. Residents were encouraged to eat independently where they could. Meal time was unhurried and staffing levels were appropriate, allowing one-to-one assistance as necessary. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and home baking was also provided. The inspector observed that the presentation of meals was appetising. Residents were provided with cloth napkins. Where specialised utensils were being used, they were appropriate to the needs of the resident. Residents had regular access to snacks and refreshments and these were seen to be offered, and made available, on a regular basis in the course of the inspection.

There was a comprehensive policy on the provision of care at end-of- life that provided directions to staff on best practice in meeting the needs of residents and their families at this time. The inspector discussed end-of-life care arrangements with the person in charge who confirmed that the services of a palliative care team were accessible, though there had been no occasion to avail of this service since the previous inspection. Bereavement planning and communication with relatives was in place. The inspector reviewed questionnaires that families had completed following bereavement. This feedback indicated that the centre had provided a high standard of care throughout. Care planning on file for residents with dementia or cognitive impairment included a folder on "What matters to me". This folder contained relevant information on residents' wishes and their personal preferences around access to spiritual support and pastoral care.

Processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. A member of nursing staff explained the processes in relation to the management of medicines and was able to identify and reference the relevant policies as appropriate. Prescription and administration records for residents were maintained appropriately and included a photograph, as well as other necessary

biographical information. Practice in relation to administering medicines was safe and in keeping with guidelines. Times of administration were recorded and signed as necessary. Compliance aids were in place for reference by administering staff. Storage of medicines was secure and in keeping with requirements. Where medicines were refrigerated, a record of temperatures was maintained and monitored. A signature bank of prescribing staff was in place for reference. The administering nurse explained that, where residents had a cognitive impairment, practice was to explain to the resident that they were about to be given their medicine and to remain with the resident while they took the medicine. No residents were self-administering at the time of inspection. The administering nurse explained that, if a resident refused a medicine, it would be re-offered at a slightly later time; if refusal persisted, the information would be recorded on the administration sheet and referred to the prescriber for review.

The care plans assessed were regularly reviewed on at least a four monthly basis. There were recorded entries that reflected consultation with residents and their families as appropriate. The centre operated a system whereby a nominated member of the clinical staff team had responsibility for the oversight and monitoring of individual care plans. Based on observations, feedback and a review of documentation and systems, there was good evidence that suitable arrangements were in place to ensure that the health and nursing needs of residents with dementia, or a cognitive impairment, were appropriately met. The provider had self-assessed substantial compliance with this outcome and had identified areas for improvement in relation to dining utensils for residents with dementia, for example. These improvements were ongoing and this outcome was assessed as compliant at the time of inspection.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

A policy and procedures were in place for the prevention, detection and response to abuse that appropriately referenced national policy. Procedures included relevant directions on how to deal with allegations made against members of staff or management and identified the nominated persons with associated responsibilities in this regard. The centre had not received any information in relation to safeguarding concerns. The inspector spoke with members of management and staff; all voiced a commitment to meeting the safeguarding needs of residents at the centre and also demonstrated an understanding of the particular vulnerabilities of residents with a cognitive impairment. All staff had received training on how to recognise and response

to abuse and related allegations; those spoken with understood their duty of care as advocates for residents, in the first instance. Residents were seen to be content and at ease in their surroundings and those spoken with by the inspector said that they felt safe and comfortable in the home.

A policy and procedure was in place on the management of residents' personal property. Systems were in place to safeguard residents' finances that included relevant security protocols; these included the recording of transactions with double signatures by staff and the resident, or a relative, as appropriate. A sample of transactions was reviewed during the inspection and records reconciled with amounts held. Where the centre managed finances for a resident the funds were held in a separate resident property account. This system was monitored regularly. The centre operated as a registered charity and external financial auditing procedures also took place.

Access throughout the centre was unrestricted. An automatic door guardian was in use for residents assessed as needing a wandering alarm. At the time of inspection there were no residents using such a device. Restraints, such as wandering alarms and bedrails, were used only after other options had been considered as part of a focused assessment. These assessments included the use of a risk balance tool and the completion of a movement and safety chart. The input of a medical practitioner was recorded on these assessments. A review of recording logs confirmed that the use of bedrails was regularly checked by staff. The person in charge also carried out a routine audit of this monitoring. The person in charge explained that the use of pro re nata (PRN) medication in the management of responsive behaviours was an area under ongoing review and that appropriate assessments were undertaken to ensure use was appropriate in each instance. However, the recording of these occasions was not being included in the quarterly returns as required by the regulations.

A policy and procedure was in place that provided guidance on the management of responsive behaviours. This included the recognition of behavioural triggers for residents with dementia or a cognitive impairment, and relevant strategies or interventions to manage these behaviours. The inspector reviewed a sample of care plans for residents presenting with such behaviours. These care plans included meaningful assessments and reviews around the circumstances that might lead to such behaviours, and also provided guidance on the strategies to manage these circumstances and alleviate anxieties for the residents. No instances of such behaviour were evident in the course of this inspection.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As part of the overall inspection, a validated observational tool was used to monitor the extent and quality of interactions between staff and residents. The observation tool used was the Quality of Interaction Schedule, or 'QUIS' (Dean et al, 1993). This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Two episodes were monitored in this way. One observation was undertaken at midday in the dining area. Three residents were seated in the smaller dining room, where they were joined by some members of the community who attended the centre for day services. Interaction between the residents was familiar and sociable. A number of residents who required greater assistance with their meal were in the main sitting area. Each resident here was provided with individual assistance. There was a volunteer presence to provide further support. The inspector noted that there was good communication and interaction throughout the mealtime between staff and residents. Residents with a cognitive impairment, who had queries about what was going on, were heard having the arrangements explained to them and being reassured at appropriate intervals while waiting for their meal. The inspector noted that the majority of interactions observed during this period involved positive, connective care. Care attendants sat with residents and provided assistance while communicating directly and maintaining appropriate eye-contact. When staff members engaged with each other they did so in a considerate way that was respectful and inclusive of the resident where possible. Residents were included and acknowledged as part of general conversation. Care attendants were seen to use appropriate communication techniques where necessary and adjusted themselves physically to ensure eye contact and face-to-face interaction with residents who might have difficulty looking up, for example. Residents were seen to be at their ease and relaxed throughout. Another period of observation took place in the early afternoon the following day, in a communal sitting area. During this period again, it was observed that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Members of staff checked with residents as to their comfort levels. Residents were seen to be provided with copies of the local paper; staff discussed articles in the paper in such a way that it became a topic of general discussion. Residents were engaged in conversation and provided with drinks by various members of staff. A number of residents were seen to be assisted appropriately in going to the bathroom. Residents were encouraged to continue their independence in relation to mobility. When residents expressed a need to move between areas at the centre, staff were seen to be patient and attentive, allowing the resident time to move at their own pace. During this observation session staff members prepared for an activity that included some drawing and colouring. Throughout this preparation staff continued to talk to residents about the activity that was going to take place. Residents appeared familiar with what was going on and were seen to adjust themselves and prepare to engage with the activity. A positive result was recorded for these episodes and it was noted that staff engaged meaningfully with residents on a consistent basis.

The person in charge explained that staff and management at the centre placed an importance on person-centred communication. While there were several employees dedicated to the provision of a broad range of activities, the approach to interaction was that the everyday duties of care were opportunities for members of staff to engage with

residents in a meaningful and person-centred manner. The inspector noted this to be the case throughout observations at the centre. Members of staff spoken with understood their role as advocates for residents in the first instance. The centre was well invested in activities to support the needs of residents with a dementia or cognitive impairment. The programme of activities included art therapy, reminiscence and exercise classes. A music therapist attended the centre and provided one-to-one sessions for residents with dementia. The inspector reviewed the related assessment plan and folder. Behavioural changes were assessed, and improvements in mood had been recorded, where one resident had been particularly responsive. The inspector also met with a therapist in reflexology and aromatherapy who attended the centre regularly and also focused on treatment for residents with a cognitive impairment or communication difficulty.

The centre was located within an island community and many of both staff and residents came from the local area. Throughout the course of the inspection visitors came and went at the centre and people were clearly familiar with regular visitors. The inspector spoke with some of the visitors who all remarked on the very good care and communication they experienced at the centre. As identified on previous inspections, arrangements for accommodation in two multi-occupancy rooms, for up to four people, did not support adequate privacy for residents in the conduct of their personal activities. For example, named photographs were on each bed in the four-bedded rooms. The person in charge explained that this practise supported residents with a cognitive impairment to orientate themselves within the space and help them identify their area and bed. However, the practice itself was in place to compensate for the circumstances of communal residential accommodation, and did not support the privacy and dignity of individual residents. Resident areas in these wards were personalised with photographs and belongings and adequate personal storage was accessible. Privacy screens were in use. However, they were inadequate in ensuring privacy of communication between residents and visitors. Additionally, there was no designated space for residents to receive visitors in private. As a consequence, the inspection assessed this outcome as moderately non-compliant where the self-assessment had been compliant.

The centre implemented a policy and practice that supported residents in their civic and spiritual preferences. Residents were supported to vote and attend polling stations where possible. Religious ceremonies took place at the centre and access to pastoral care was arranged as required. There was a standing memorandum of understanding with an independent advocacy service that had been renewed on 13 April 2015. Arrangements were in place for a nominated advocate to attend the centre on a regular basis. Information was also on display providing the contact details for the national advocacy service. A residents' handbook was available. Regular resident council meetings took place and minutes of these were available for reference. The person in charge confirmed that consultation with families and relatives took place on an ongoing basis. There were also opportunities, for those members of families who wished, to attend scheduled meetings at the centre.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A written operational policy for the management of both verbal and written complaints was in place. The procedure for making a complaint included details of both a nominated complaints officer, and another individual with responsibility for oversight of the process, as specified in the regulations. A summary of the complaints process was accessible and displayed for reference at the entrance area of the centre. The procedure outlined an appeals process that also provided contact information for the office of the Ombudsman. A summary of this information was available in the guide for residents and in the statement of purpose.

The person in charge confirmed that informal communication with residents took place on a daily basis and that any issues raised at these times was routinely addressed. A separate record of complaints received was also maintained. The inspector reviewed these records and noted that complaints were addressed by the complaints officer in a timely and appropriate manner. Details of any responsive actions taken by management in resolving issues were recorded. Confirmation that the complainant was notified of the outcome was recorded. Processes in relation to how complaints were managed were clearly set out and easy to follow. The person in charge confirmed that there was a review of complaints to identify areas for learning and improvement. At the time of the inspection no complaints were the subject of any appeal. The system for dealing with complaints was in keeping with statutory requirements.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The person in charge held appropriate responsibility and accountability for the day-to-day management of the centre. Three members of staff were nominated as persons

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

The person in charge confirmed that training was regularly delivered in mandatory areas such as fire-safety, safeguarding and manual handling. However, refresher training on fire-safety was overdue for a number of staff. Training was provided in keeping with the resident profile and staff spoken with were able to describe the benefits of recent training on both end-of-life care and understanding dysphagia. Guidance information on fluid thickening was on display next to the drinks trolley and all healthcare assistants had received relevant training on how to modify food and drink consistencies. Training on dementia care, including related behaviours and psychological symptoms, had been delivered to a number of staff in November 2016. However, a member of nursing staff with responsibility for administering and managing medicines had not had recent relevant training in this area. Volunteers provided support at the centre and the inspector saw that appropriate supervision arrangements were in place. The person in charge confirmed that the centre continued to retain relevant documentation for volunteers in keeping with statutory requirements. Policies and procedures were in place around the recruitment, training and vetting of staff. These procedures were robust and appropriately referenced the verification of qualifications, as well as security background checks for appointed staff. A sample of staff files was reviewed that was well maintained, easily accessible and demonstrated that documentation was in keeping with the requirements of Schedule 2 of the regulations. Management confirmed that references were verified. Documentation that confirmed the registration status of qualified nursing staff was in place. The person in charge understood the regulatory requirements for volunteers, including independent advocates, and confirmed that Garda vetting was in place for all staff and employees of the centre, as required.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

Significant work had been undertaken in relation to addressing premises issues since the previous inspection. A new extension, to increase the capacity of the centre from 16 to 24 residents, had begun its final phase of completion. Management anticipated that this facility would be available to receive admissions in the early autumn. The existing part of the centre would continue in use only to accommodate offices of administration and as a communal facility. Management confirmed that this existing space would be used for recreation, activities and dining, but that accommodation for residents would no longer be provided in that part of the building. The existing building was a single storey premises that provided wheelchair access through the main entrance. Adjacent to the entrance area was a clinical treatment room that included storage for medicines and some clinical equipment. There was a small office and nurses' station off the entrance hall. An additional administration office was located slightly removed from the main building. Kitchen facilities and related equipment were appropriate to fulfil the catering requirements of the centre.

The centre had a registered occupancy of 16 residents. On the days of inspection there were 15 residents at the centre. Management explained that a multi-occupancy room had been reduced from three, to two, in order to facilitate the construction of the extension. At the time of inspection, accommodation at the centre comprised one single room, three twin rooms and two four-bedded wards. All bedrooms were equipped with wash-hand basins and provided appropriate storage facilities and a chair as required. Adequate bathroom and toilet facilities were accessible and appropriately located, with separate facilities also provided for staff. Cleaning and sluice facilities were in keeping with the size and layout of the premises. There was an adequate supply of assistive equipment, such as wheelchairs and hoists; this equipment was appropriately stored when not in use.

Communal space was laid out over three, adjoined, open-plan areas, where residents could variously sit and watch TV, or dine and meet with their visitors. Residents had a choice as to where they took their meals, either in the dining area, by their bed or in one of the communal rooms. The dining area was nicely decorated, and laid out for both individuals and small groups. All the communal areas had large windows with good natural lighting. The centre was set on its own grounds away from the main road. Residents' rooms were comfortable and seen to be personalised, to varying degrees, with individual possessions and memorabilia. Call-bells were visible and easy to reach where needed. The person in charge explained that the single room was retained for use by short-term respite residents, in order that it could be made available, if necessary, to accommodate any resident at end of life. In many respects the layout of the centre supported the needs of residents with a cognitive impairment. For example, access between communal areas and individual accommodation was relatively open and supported easy orientation. The centre was bright, comfortable and well maintained with attractive decoration and furnishings. Effort had been made to develop the environment and support the needs of residents with a cognitive impairment. For

example, the dining area had murals on each wall that reflected the four aspects of the island, and these would be familiar scenic views for residents from the community. Communal areas were also furnished in a homely manner, with items of local interest from the community on display.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Valentia Hospital
Centre ID:	OSV-0000571
Date of inspection:	30/03/2017
Date of response:	12/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The recording of administration of PRN medication in the management of responsive behaviours was not being included in the quarterly returns as per section 7(2)(k) of Schedule 4 of the regulations.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Chief Inspector.

Please state the actions you have taken or are planning to take:

The PRN medications recordings in the management of responsive behaviours is now being included in the quarterly returns as per Section 7 92) (K) of Schedule 4 of the Regulations. These have been included in the Quarter 1 Return for 2017.

Proposed Timescale: 12/05/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of multi-occupancy wards for up to four residents did not provide circumstances to support the privacy and dignity of residents.

2. Action Required:

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

Please state the actions you have taken or are planning to take:

A) The names of each resident will be removed from the end of each bed immediately to help support the privacy and dignity of each patient.

B) New extension is being presently constructed to provide single room private occupancy where each resident will have their own personal lockable space including own bathroom en-suite.

a) Immediately.

b) Approx.16 weeks.

Proposed Timescale: 21/07/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Appropriate refresher training was overdue for some members of staff in relation to fire-safety and medication management.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Plans are being put in place for up to date refresher fire safety training for all staff, and plans are being put in place for medication management training for all nursing staff.

Proposed Timescale: 12/05/2017