



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

Name of designated centre:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Announced
Date of inspection:	18 and 19 April 2018
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0021338

## About the designated centre

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

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

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

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

**The following information outlines some additional data on this centre.**

Current registration end date:	27/06/2018
Number of residents on the date of inspection:	44

## How we inspect

To prepare for this inspection the inspector or 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
18 April 2018	10:30hrs to 17:30hrs	Siobhan Kennedy	Lead
19 April 2018	09:00hrs to 16:00hrs	Siobhan Kennedy	Lead

## Views of people who use the service

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily routines, activity plans and interactions with the community. Residents expressed satisfaction regarding food and mealtimes. In particular, they were happy with the support and assistance provided by staff. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. Management and staff had implemented any suggestions made by residents in the satisfaction surveys which would further improve the service.

## Capacity and capability

Effective leadership and management was evident and this contributed to residents experiencing a good service.

Governance arrangements were appropriate as the full-time person in charge had a good knowledge and many years of experience in the provision of residential care. She provided good leadership to the staff team. The nominated persons who were available in the absence of the person in charge facilitated the inspection process and were knowledgeable regarding their roles, management of the centre and care and condition of residents. The provider representative was available at the commencement of the inspection and for feedback on the inspection.

The deployment of resources through informed decisions and actions facilitated the delivery of good quality, residential services, which supported and cared for residents. Due to staff vacancies the designated centre which had been extended was not operating at full capacity. A recent staff recruitment drive in compliance with employment and equality legislation, including the appropriate vetting procedures has filled these positions with the result new residents can be admitted to the centre. Admissions to the centre will be on a phased basis.

The numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. Staff were monitored and supervised. They were knowledgeable and skilled for example in fire safety procedures, safeguarding and safe moving and handling of residents.

Systems in place ensured that service delivery was safe and effective through on-going auditing and monitoring of performance. An annual review report was

available and it was prepared in consultation with residents and had a quality improvement plan.

Prior to the inspection the provider submitted the required documentation. The application for the renewal of registration was completed on the 22 December 2017 seeking approval to accommodate 56 residents. An examination of the information showed that the floor plan and the statement of purpose outlining the facilities and services corresponded to the findings on inspection.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Appropriate notifications were received by HIQA. Prior to the previous inspection a safeguarding incident was notified to HIQA and it was found that the appropriate procedures and protocols have been implemented to safeguard residents. There have been no further incidents. The Information governance arrangements ensured that record-keeping and file management systems were secure.

#### Registration Regulation 4: Application for registration or renewal of registration

An application for renewal of registration was completed and contained the necessary information.

Judgment: Compliant

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service.

Judgment: Compliant

#### Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Staff were appropriately supervised.

Judgment: Compliant

### Regulation 21: Records

Records were maintained safely and were accessible.

Judgment: Compliant

### Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided and the fees.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about

management and staffing and described how residents' well being and safety was being maintained.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listen to and acted upon in a timely, supported and effective manner.

Judgment: Compliant

### Quality and safety

This was a good centre. There was a good atmosphere and residents and staff interacted well.

The health and social care needs of residents were met. A multidisciplinary care team consulted with residents regarding the development of their individual care plans which included assessment of needs and treatment plans. Residents received the care which they needed. Staff liaised with the community services regarding admission and discharge arrangements and appropriate referrals were made to the community health care professionals. The outcome of dedicated working relationships has resulted in the planed discharge of a young resident.

Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the ward of court system. Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience. Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a range of matters. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. They had access to information about events and their health care needs. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate which was widely advertised.



Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to the residents and for those who did not wish to participate staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their physical and mental health well-being.

The design and layout of the residential service was suitable for its stated purpose. The centre is laid out in two blocks on two levels connected by a link corridor. The new extension was designed and based on "Places to Flourish" which is a collaborative initiative in providing appropriate accommodation for older persons. The accommodation protected residents' privacy and dignity and residents were encouraged to bring in personal mementos, souvenirs and photographs which made the centre homely.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspector was informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told the inspector that they felt safe in the centre.

There were arrangements in place to manage risk and the measures implemented reduced or minimised the risks identified. A restraint free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure and records were maintained in accordance with the regulations regarding restraint.

Responsibility for infection prevention and control was clearly defined. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management. Fire safety arrangements were in place and staff were aware of the fire safety procedures to be implemented in the event of an emergency.

### Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal possessions in their bedroom space.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the number and needs of the residents and was in accordance with the schedule of the regulation. It was a homely environment for residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

### Regulation 26: Risk management

The risk register detailed the measures and actions in place to control any risks identified.

Judgment: Compliant

### Regulation 27: Infection control

Staff implemented procedures for the prevention and control of health care associated infections.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The management of medicines was satisfactory.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed.

Judgment: Compliant

### Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

### Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' privacy and dignity was respected and their needs and preferences were taken into account in the delivery of services.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant