

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Centre address:	Dublin Road, Virginia, Cavan.
Telephone number:	049 854 6212
Email address:	bernardine.lynch@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Rose Mooney
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 April 2015 09:30	14 April 2015 18:00
15 April 2015 08:00	15 April 2015 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of a registration renewal inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration of the designated centre.

The inspector met with the provider, person in charge and staff members. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible.

The centre's services and facilities have been enhanced by the development of a new extension specifically designed to meet the requirements of regulation 17 and to meet the needs of dependent older people with sufficient communal space for residents.

The provider at the time of this renewal application has applied to increase the maximum occupancy of residents that maybe accommodated from 33 to 56. The existing part of the building has been structurally renovated to provide suitable accommodation for residents. Multi occupancy bedrooms have been structurally renovated and reconfigured to single and twin bedrooms.

The inspector found that the residents were well cared for and that their nursing and care needs were being met. Residents had good access to general practitioners (GP).

Some improvements were identified to further enhance the service provided. Staff had not received training in behaviours that challenge. There was no clinical nurse manager rostered for duty any weekend on a regular basis. This deficit poses a risk to good clinical governance. The inspector found the staffing level requires continuous review to take account of an increase in the proposed maximum occupancy of residents.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose was revised in April 2015. The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

Roles and responsibilities were defined and implemented in the centre in terms of oversight of the delivery of care. The HSE had appointed a person to the role of provider

nominee who was suitably qualified and experienced to carry out the functions of the post. There were adequate resources available including staffing, management structures and equipment for the number of residents currently cared for.

There is reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the person in charge and the service provider. The provider was familiar with residents and informed of any specialist care needs by the person in charge.

A weekly report is provided to the person in charge by the clinical nurse managers. This details the number of number of bedrails in use, any incidents of pressure wounds, any resident experiencing pain and any fall or serious injury sustained, the number of residents on psychotropic medication and resident's weights. However, the form required minor review to provide more qualitative information. In case where issues are identified, for example, if residents have lost weight or pressure sore is identified the form did not capture relevant data.

The person in charge undertakes a four monthly audit of care plans to ensure there is documentary evidence of communication with the resident and their next of kin. This matter was the subject of an action plan from the previous inspection report. A survey of the quality of the service provided was undertaken to elicit the views of the residents and their families. The person in charge had completed a report on the outcome of the questionnaires received. The report was placed on the notice board for viewing.

There was clear evidence of quality improvement strategies and monitoring of the services. A significant amount of clinical data was being collated weekly. However, the person in charge had not identified a core area to review the data for trends with the aim to develop improvement plans to improve the service.

An annual review of the quality and safety of care was not undertaken by the provider. However, the clinical data collected routinely and the residents/relatives survey undertaken by the person in charge will help provide the necessary information.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that all residents had an agreed written contract. The contract included details of the services to be provided. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties. However, the amount of the fees payable was not written into the copy of the contract retained in the resident's file.

There was a residents' guide developed containing all the information required by the Regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

A copy of the Residents' Guide was provided on the notice board alongside the Statement of Purpose and past inspection reports by the Authority.

The notice board also contained advocacy details, the complaints procedures and minutes of the residents' meetings.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the Regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by three clinical nurse managers.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

The directory of residents contained all the information required by Schedule 3 of the Regulations and was maintained up to date.

A sample of four staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The key senior manager is appointed to deputise while the person in charge is absent. This has occurred on one occasion to date.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The ongoing balance was transparently managed.

The policy on adult protection was available. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with residents' behaviours and could describe particular residents daily routines very well to the inspector. However, staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately. This is planned by the person in charge for 2015.

There was a policy on restraint management (the use of bedrails and lap belts) in place. Significant progress has been made in achieving a restraint free environment. At the time of this inspection two residents had two bedrails in use. All beds are ultra low beds. Crash mats and two sensor alarms were in use. Restraint risk assessments were revised routinely. The rationale for each bed rail was outlined in the risk assessment documentation reviewed.

There were 12 residents with one bedrail raised. However, risk assessments were not completed for residents with one bedrail raised. In one file reviewed the notes stated the resident is able to climb over the bedrail. Where there was only one rail raised there was no risk assessment completed to ensure this was safe for use by individual residents. The documentation reviewed did not detail how the single bedrail supported the resident and ensured an enabling function.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed.

The governance arrangements to manage risk situations were specified. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy. The health and safety statement and risk assessments were revised.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person's policy and procedures on incident reporting and risk escalation were in place.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place in their care files. Illuminated fire exit signage was in place. However, action notices detailing the procedures to take in the event of

discovering a fire or on hearing the alarm were not displayed throughout each unit.

All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. The fire drill records only recorded the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were three residents who smoked at the time of this inspection. A risk assessment was completed for all residents who smoke. However, the plans of care required review to detail better whether residents are safe to smoke independently or outline the level of assistance and supervision they may require. It was not clear if cigarettes and lighters were held in safekeeping by staff during the day or at night for residents.

There was a good cleaning system in place to break the cycle of infection and minimise the risk of cross contamination. Separate cleaning equipment and colour coded cloths were used to clean each bedroom and communal areas. There were a sufficient number of cleaning staff rostered each day of the week. The inspector identified the need for further training in the cleaning system utilised. There was variation in practice by staff in the use of the colour coded cloths to clean. Practice was not in line with the cleaning policy.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. Individual strategies were outlined and utilised to minimise the risk of residents sustaining a fall. While a post incident review was documented a standardised post falls assessment tool was not available for use to identify any contributory risk factors to include for example new medications or possible infection.

The training records showed that staff had up-to-date refresher training in moving and handling. This was an area identified for improvement on the previous inspection. There was sufficient moving and handling equipment available to staff to meet residents needs. Each resident's moving and handling needs were identified and available to staff at the point of care delivery in bedrooms outlining whether a resident required the assistance of a hoist, size of sling or one or two staff members.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from their individual named packages. The dispensed medication on arrival was checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident. Residents' medication was stored in a secured cabinet in their individual bedrooms.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a record of incidents/accidents that had occurred in the centre

and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The inspector reviewed four resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. This was an area identified for improvement on the previous inspection.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. A range of risk assessments had been completed and were used to develop care plans that were person-centred, individualised and described the current care to be given.

Care plans for residents with dementia or cognitive impairment required review to ensure they are more person centred. Information such as who the resident still recognised or what activities could still be undertaken which guide staff would practice was not always evident.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was evidence of good communication with relatives when they visited and via the phone. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available. The consultant psychiatrist and their team visit the centre as required to review residents. Medication is reviewed to ensure optimum therapeutic values.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The centre's services and facilities have been enhanced by the development of a new extension specifically designed to meet the requirements of regulation 17 and to meet the needs of dependent older people with sufficient communal space for residents.

Accommodation in the new extension comprises of 14 single ensuite bedrooms on the ground floor and 12 on the first floor. There is a sitting room, dining room, private visitor's room, an assisted bathroom with a bath, cleaning and sluice room on each floor of the building. There is a clinical room on each floor and residents have access to an enclosed garden in addition to landscaped gardens around the building which includes a Sli na Slainte route.

The existing part of the building has been structurally renovated to provide suitable accommodation for residents in accordance with the premises and physical environment regulatory notice, the National Quality Standards for Residential Care settings for Older People in Ireland and Regulation 17 and Schedule 6, of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Multi occupancy bedrooms have been structurally renovated and reconfigured to six twin and three single bedrooms on both the ground floor and first floor of the building. There are a sufficient number of toilets, baths and showers available for use by the proposed 15 residents to be accommodated on each floor. Additional storage space was been provided for specialist equipment and assistive devices required by residents.

The communal areas of the existing building renovated are suitable in design and layout to meet the residents' needs. There is a sitting and dining room on each floor. A smoking room has been provided as required from the action plan of the last inspection. There are private visitors' rooms on each floor, hair dressing salon and oratory available for use by residents.

Bedrooms and communal areas were found to be comfortably warm. Hand testing indicated the temperature of hot water did not pose a risk of burns or scalds. There was a call bell system in place at each resident's bed and phone available to residents. Adequate natural and suitable artificial lighting was provided in all areas.

Separate toilets and showering facilities are provided for care and kitchen staff in the interest of infection control. Changing rooms and lockers are provided for the storage of personal belongings of all staff.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The complaint policy was revised since the last inspection as the complaints administrative procedures were not meeting the requirements of the regulations.

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'.

The inspector reviewed the complaints procedure and noted this displayed on the notice board in the main foyer. A comments box was provided adjacently. There were robust internal mechanisms within the centre's policy to resolve complaints. The timeframes to respond to a complaint, investigate and respond to complainant were outlined. There was an independent appeals process if the complainant was not satisfied with the outcome of their complaint.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints. There was evidence complaints were resolved to the satisfaction of the complainant.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was the subject of a thematic inspection in August 2015 and all aspects of end of life were examined in detail during the inspection.

There were no areas identified for improvement from the last inspection under this outcome. Resident's end-of-life care preferences/wishes are identified and documented in their care plans.

An 'acute medical directive' is implemented for residents documented not for resuscitation. There are procedures in place to ensure a resident's resuscitation status is regularly reviewed. The documentation reviewed outlined the clinical judgement of the general practitioner.

Residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. The inspector reviewed a sample of care plans outlining the conclusion of discussion with residents and their next of kin for in relation to their wishes and preferences for end of life care.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

This outcome was the subject of a thematic inspection in August 2014 and all aspects of food and nutrition were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

The inspector reviewed the menu and discussed options available to residents with the chef. Residents spoken to during the visit and relatives in questionnaires returned to the Authority expressed satisfaction with the food provided and the choices available to them.

All residents were required to confirm their menu choices for all meals in the afternoon time a day in advance of having their meals on the previous inspection. Catering and care staff indicated all meal options are confirmed on the day and again at each meal time. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions. There was a choice for all residents to include those on pureed diet.

There was ongoing monitoring of residents nutritional and hydration needs. Staff monitored the food and fluid intake of residents identified with a nutritional risk. Food intake records were well completed consistently and included the amount of prescribed supplements consumed. Fluid charts were totalled. This was an area identified for improvement in the previous inspection report.

All staff were not trained on safe feeding practices for residents and in nutritional care for the elderly. Staff demonstrated and articulated good knowledge of how to provide optimal care for resident. However, this was an action from the last inspection that was not completed. The person in charge had identified this issue and escalated the risk to the provider on the risk register.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

There was evidence of a very good communication culture amongst residents, their families, the staff team and person in charge.

Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. Residents could practice their religious beliefs. Mass took place on a weekly basis.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge. The inspector spoke to the advocate who explained her role and involvement with the residents. She explained how she represented and communicated their needs and interests on an individual basis and through chairing the residents' meetings.

A full time diversional activity therapist role was established. However, the organisation and structure of the role requires review to ensure all residents have an opportunity for adequate physical and sensory stimulation. While there was an adequate number of whole time hours allocated to the role there was no planned program of activities well developed throughout the day. The staff were not formally trained in physical/mental activity suitable for older people. While they delivered modules of a sensory program they did not have formal training in the area.

Judgment:

Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a policy for the managing of residents' personal property. It provided guidance to staff on the storage and care of residents' belongings.

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe.

The centre provided the service to laundry residents' clothes and families had the choice to take home clothes to launder if they wished. The system in place to ensure all clothes were identifiable to each resident requires review. The inspector checked items of clothing in residents' wardrobes and noted names were not recorded on all clothing.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector found there was an adequate complement of staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. However, the staffing level requires continuous review to take account of an increase in the proposed maximum occupancy of residents.

Throughout the inspection residents appeared to be very content with the staff members on duty. Staff demonstrated a good rapport and knowledge of the residents. The inspector viewed the staffing rosters which matched the personnel on shift at inspection time. There was a high level of continuity of staffing.

A small number of the same agency staff were employed on a regular basis. The inspector viewed evidence the documentation required by Schedule 2 of the Regulations was available for agency staff employed. However, there was no clinical nurse manager rostered for duty any weekend on a regular basis which poses a risk to good clinical governance, adherence to policies informing practice and ensuring staff supervision.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. In addition to mandatory training

required by the Regulations staff had attended training on infection control, end- of- life care and cardio pulmonary resuscitation techniques. However, as identified under Outcome 7, Safeguarding and Safety, all staff were not trained in the management of behaviours that challenge. The inspector identified the need for further training in the cleaning system utilised.

Judgment:

Substantially 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:

PJ Wynne
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:	Virginia Community Health Centre
Centre ID:	OSV-0000503
Date of inspection:	14/04/2015
Date of response:	04/06/2015

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: Governance and Management

Theme:

Governance, Leadership and Management

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

The person in charge had not identified a core area to review the data for trends with the aim to develop improvement plans to improve the service.

The weekly report form required minor review to provide more qualitative information. In case where issues are identified, for example, if residents have lost weight or pressure sore is identified the form did not capture relevant data.

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

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The Person In Charge has adjusted the weekly and monthly Quality Assurance Record to include more detailed information which the Person in Charge is now using to complete a monthly Report which will then be used to correlate a Trend Analysis Report Quarterly.

- Trend Analysis Report will be carried out at end of July 2015(for May, June and July 2015).The findings of the Trend Analysis Reports will be fed back to staff via Clinical Nurse Managers at Ward report. These findings will then be used to review current Practice and to enhance the Quality of Service provided to our residents.
- Other Core Areas for review by the Person in Charge are the Use of Psychotropic Drugs on Illankirka Ward, Falls and Pressure Ulcer Prevalence within the Centre. July 2015 for Trend Analysis.

Proposed Timescale: 31/07/2015

Theme:

Governance, Leadership and Management

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

An annual review of the quality and safety of care was not undertaken by the provider.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Person in Charge currently carries out a six monthly Review of Quality and Safety of Care of residents in the Centre. Last Review carried out on 27th February 2015. Copy of this was given to Inspector on day of Inspection.

The Registered provider will undertake an annual review of the quality and safety of care and this will be forwarded to the authority and made available to the residents or their representative for their information as required by the regulations

Proposed Timescale: 31/08/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The amount of the fees payable was not written into the copy of the contract retained in the resident's file.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The Registered Provider will ensure that the amount of fees payable by each resident is now recorded in their Contract of Care.

Proposed Timescale: 31/05/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

The Person in Charge will ensure that staff have up to date knowledge and skills in relation to the professional management of violence and aggression.

- Prevention and Management of Aggression and Violence in the Workplace Training has commenced in the Centre. To date 20 staff members including the PIC and CNM2's have completed this training. Future dates for the Training are Monday 8th June 2015, Thursday 25th June 2015, Thursday 3rd September 2015 and Thursday 17th September 2015. Records of this Training are maintained in Centre Training records and also on each staff members Personnel File.

Proposed Timescale: 30/09/2015

Theme:

Safe care and support

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

Risk assessments were not completed for residents with one bedrail raised. The documentation reviewed did not detail how the single bedrail supported the resident and ensured an enabling function.

Action Required:

Under Regulation 07(3) you are required to: 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.

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

The Registered Provider will ensure that where restraint is used it is only used in accordance with national Policy.

- All residents who require a single bed rail have had Risk assessments completed.
- Their Care Plan now details how the bed rail enables the resident.

Proposed Timescale: 31/05/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

A standardised post falls assessment tool was not available for use to identify any contributory risk factors to include for example new medications or possible infection.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Person in Charge will ensure that the risk management policy includes measures and actions in place to control risks identified.

- A Post fall Assessment Tool will now be used which identifies risk factors.
- This is being implemented with immediate effect.
- Copy of same attached for Inspectors perusal.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

The plans of care required review to detail better whether resident are safe to smoke independently or outline the level of assistance and supervision they may require. It was not clear if cigarettes and lighters were held in safekeeping by staff during the day or at night for residents.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Registered Provider will ensure that all Smoking Risk Assessments and Care Plans are reviewed and will now detail whether the residents cigarettes, pipe, tobacco and lighters are held in safe keeping by staff during the day and/or at night or whether the resident is safe to keep their equipment on their person and smoke independently.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

There was variation in practice by staff in the use of the colour coded cloths to clean. Practice was not in line with the cleaning policy.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The Registered Provider will ensure that further education will be provided to Cleaning staff in relation to Mopping System and use of Colour co-ordinated cleaning cloths.

- This extra Training was provided in the Centre on 1st May 2015. Record of same maintained in centre Education / Training File and also on staff Personnel File.

Proposed Timescale: 01/05/2015

Theme:

Safe care and support

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

Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were not displayed throughout each unit.

Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

The Registered Provider will ensure that procedures to be followed in the event of a fire are displayed prominently in the centre.

- Action Notices detailing Procedure to be followed in the event of a fire in the Centre are now displayed throughout the Centre. Over 60 Notices have been posted strategically throughout the Centre.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

The fire drill records only recorded the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The Registered Provider will ensure that fire drills include different scenarios or simulated evacuation practice.

- A simulated evacuation will be carried out week beginning 6th July and an evaluation of learning will be completed and recorded.
- Similar fire drills will be carried out throughout the year.
- Discussions are under way between the Management Team and the Local fire Officer and the Fire Training Officer in relation to organising Scenarios which can then be used for Training purposes within the Centre. Learning from this will be disseminated to ALL staff via the Clinical Nurse managers at Ward Handover and staff meetings.

Proposed Timescale: 31/07/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans for residents with dementia or cognitive impairment required review to ensure they are more person centred. Information such as who the resident still recognised or what activities could still be undertaken which guide staff would practice was not always evident.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The Registered provider will ensure that care plans for residents who are cognitively impaired are more person centred.

- The Person in Charge is currently in communication with the CNM in one of our Dementia Specific Units in relation to appropriate Care Plans etc for residents with Dementia / cognitive impairment. The Management Team have also sourced a Quality of Life Outcomes for People with Alzheimers Disease and related dementia "Care Planning Tool for Providers" which we will use / adapt to draw up appropriate / client specific Care Plans for our residents with Dementia / cognitive impairment.
- Work on this has already commenced in the Centre and will be ongoing over the Summer months.

Proposed Timescale: 31/08/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

All staff were not trained on safe feeding practices for residents and in nutritional care for the elderly.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The Person in Charge will ensure that all staff receive training on safe feeding practices

for residents.

Proposed Timescale: 31/08/2015

Outcome 16: 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 organisation and structure of the diversional activity role requires review to ensure all residents have an opportunity for adequate physical and sensory stimulation.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The Registered Provider will ensure that the role of the activity coordinator will be adequate to meet the physical and sensory needs of the residents.

- Person in Charge in consultation with the Clinical Nurse Managers is drawing up a Structured Activity Programme / Plan which they will then present to the Diversional Attendants for their feedback prior to implementation. The Programme / Plan will ensure that ALL Residents will receive suitable and appropriate stimulation and activity to meet their individual needs.

Proposed Timescale: 30/06/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

The system in place to ensure all clothes were identifiable to each resident requires review.

Action Required:

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

The Person in Charge in consultation with the Clinical Nurse Managers will draw up a Standard operating Procedure for the Marking of all Resident's clothes and will also communicate in writing to the relatives of all residents in relation to this. Residents will be kept notified by the Clinical Nurse Managers and also formally through the Residents

Group Meetings.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was an identified need for further training in the cleaning system utilised.

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:

The Person in Charge will ensure that all cleaning staff have appropriate training relevant to their role.

- Further Education has been provided to Cleaning staff in relation to Mopping System and use of Colour co-ordinated cleaning cloths. This extra Training was provided in the Centre on 1st May 2015. Record of same maintained in centre Education / Training File and also on staff Personnel File.

Proposed Timescale: 01/05/2015

Theme:

Workforce

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

There was no clinical nurse manager rostered for duty any weekend on a regular basis which poses a risk to good clinical governance, adherence to policies informing practice and ensuring staff supervision.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The Person in Charge in consultation with the Clinical Nurse Managers has drawn up the following Management Plan to ensure Clinical Governance at weekends and on Bank Holidays:

- There are three CNM 2's in the Centre. They will rotate weekend duty between them i.e. they will work one weekend in three.
- On the week that a CNM2 is rostered to work the weekend she will take two days off

(Thursday and Friday) during that week and the third CNM 2 will cover the Clinical area on those days.

- This will ensure Clinical Governance and Supervision is provided.

This Plan will be activated from week commencing 15th June 2015

Proposed Timescale: 15/06/2015