

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act 2007



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| <b>Centre name:</b>  | Valentia Nursing Home  |
| <b>Centre ID:</b>  | 0300   |
| <b>Centre address:</b>                                     | Camolin  |
|  | Enniscorthy  |
|  | Co Wexford   |
| <b>Telephone number:</b>                                   | 053-9383125  |
| <b>Fax number:</b>   | 053-9383510  |
| <b>Email address:</b>                                      | valentianursing@eircom.net   |
| <b>Type of centre:</b>                                     | <input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>                            |
| <b>Registered provider:</b>                                | Kieran Hogan and Nora Hogan  |
| <b>Person authorised to act on behalf of the provider:</b> | Kieran Hogan   |
| <b>Person in charge:</b>                                   | Catriona Hogan   |
| <b>Date of inspection:</b>                                 | 14 June 2011 and 15 June 2011  |
| <b>Time inspection took place:</b>                         | <b>Day-1 Start:</b> 09:40hrs <b>Completion:</b> 18:30hrs<br><b>Day-2 Start:</b> 09:30hrs <b>Completion:</b> 18:20hrs   |
| <b>Lead inspector:</b>                                     | Tom Flanagan   |
| <b>Support inspector(s):</b>                               | Gerry McDermott  |
| <b>Type of inspection:</b>                                 | <input checked="" type="checkbox"/> <b>Registration</b><br><input checked="" type="checkbox"/> <b>Announced</b><br><input type="checkbox"/> <b>Unannounced</b> |

## About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

Valentia House Nursing Home is located in the village of Camolin, County Wexford, on the N11 road. It comprises an original two-storey house and a single-storey structure that forms the greater part of the centre, which has been built in stages from 1977 to the present day. Valentia House provides long-term care, respite care and convalescence care to older people. On the day of the inspection the youngest resident was 64 years of age.

On the ground floor there is an entrance area with seating inside. There is a large and a small dining room. Another dining room is currently under construction. The main communal room had an open fire and extended into a wide hallway. It contained extensive seating. There is also a library with seating, a hairdressing room an oratory, a conservatory, and a cafeteria, which has restricted opening times and is sometimes used for family celebrations.

Valentia House has 26 single bedrooms, 10 twin-bedded rooms and one three-bedded room. Fifteen of the single bedrooms and seven of the twin-bedded rooms have en suite shower, toilet and wash-hand basin facilities. All other bedrooms have wash-hand basins. Five of the bedrooms are located on the first floor, which can be accessed by stairs or stair lift. There is one assisted bathroom which contains an assisted bath, toilet and wash-hand basin. There is a bathroom containing a bath, toilet and a wash-hand basin. There are also three shower rooms, each containing a shower, toilet and a wash-hand basin. There is also a visitors' toilet close to the entrance area.

Staff facilities comprise a room on the first floor with changing facilities and lockers and a staff room on the ground floor. There is a nurses' office, an administration office, a treatment room, a sluice room and a laundry. There are a number of storage sheds outside the premises.

Valentia House is approached by a long driveway and set in extensive cultivated gardens. There is a secure garden at the rear and there is ample car parking space in front of the centre.

|   |            |             |                    |                      |
|---|------------|-------------|--------------------|----------------------|
| <b>Date centre was first established:</b>             |            |             | 1977               |                      |
| <b>Number of residents on the date of inspection:</b> |            |             | 42                 |                      |
| <b>Number of vacancies on the date of inspection:</b> |            |             | 6                  |                      |
| <b>Dependency level of current residents:</b>         | <b>Max</b> | <b>High</b> | <b>Medium</b>      | <b>Low</b>           |
| <b>Number of residents</b>                            | 17         | 11          | 9                  | 5                    |
| <b>Gender of residents</b>                            |            |             | <b>Male</b><br>(✓) | <b>Female</b><br>(✓) |
|   |            |             | 9                  | 33                   |

### Management structure

The Registered Providers are Kieran Hogan and Nora Hogan. The Person in Charge is Catriona Hogan. The Assistant Director of Nursing is Aji Jacob. The Operations Manager is Ciara Waugh. The catering, household, maintenance staff and the administrator report to the Operations Manager. The care assistants and the nurses report to the Assistant Director of Nursing. The Assistant Director of Nursing and the Operations Manager report to the Person in Charge, and the Person in Charge reports to the Providers.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

This was the second inspection undertaken by the Health Information and Quality Authority in Valentia House Nursing Home. The first inspection took place on 31 August 2010 and was a one day scheduled unannounced monitoring inspection. On that inspection, the inspector was satisfied that; the centre was clean, comfortable and pleasantly decorated; residents had a nutritious and varied diet; and there was an adequate complaints procedure which was prominently displayed and implemented. Improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Improvements were required in the following areas:

- staffing levels
- training of staff
- risk management
- policies and procedures on medication management.

Full details of these and other required improvements can be found in the Action Plan at the end of that inspection report.

On this second inspection, inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The findings of the inspection are presented under 18 outcome statements. These statements set out what is expected in a designated centre and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents and relatives' comments are included throughout the report.

Inspectors found that Valentia House was well managed and that the provider and the person in charge demonstrated a high level of commitment to the residents, the staff and the service. Residents received a good standard of medical, nursing and

social care that was person-centred and there were many positive outcomes for residents. Residents themselves spoke of their satisfaction with the quality of care they were provided with and the quality of life that they enjoyed.

Staff demonstrated clinical competency, kindness and a respect for residents. Clinical care was closely monitored and evaluated on a daily basis by the person in charge. There was a commitment to the training and professional development of staff.

Inspectors found evidence of good fire safety, health and safety, and risk management practices. The physical environment had been maintained to a high standard and further construction work was underway to provide more space for residents. Inspectors found that the premises was suitable for its stated purpose.

Inspectors found a good level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* however, improvements were required to enhance the many findings of good practice. The improvements required are described under each outcome statement and are set out in detail in the Action Plan at the end of this report. Improvements are required in the following areas:

- statement of purpose
- consultation with residents and their representatives
- the complaints policy
- fire evacuation procedures
- medication management
- assessments and care plans
- activity programme
- premises
- policies and procedures
- general records.

## Section 50 (1) (b) of the Health Act 2007

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

### **1. Statement of purpose and quality management**

#### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Inspection findings**

Inspectors viewed the statement of purpose which accurately described the services and facilities that are provided. However, it did not meet all the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2009 (as amended). It outlined the staffing complement and the organisational structure. It also described the arrangements for consulting residents about the operation of the centre and the development and review of their care plans.

Omissions included the following: the experience of the registered providers; the registration number; and the type of nursing care provided. A number of other items in the document needed to be revised and further developed. The statement of purpose did not contain an implementation date and a review date.

#### **Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

### **Inspection findings**

Inspectors found that the person in charge and administrator had put in place a system to review the quality and safety of care provided to residents. However, consultation with residents and their representatives needed to be improved.

The person in charge had undertaken a number of audits during 2011. The audits were conducted in the following areas:

- health and safety
- residents' files
- residents' falls records
- infection control and prevention
- complaints
- challenging behaviour
- staff recruitment, selection and appointment
- management of internal emergencies
- waste management
- policies and procedures.

The inspectors viewed evidence of learning from these audits and a number of actions had been undertaken such as the introduction of new incident forms to record challenging behaviour and the appointment of a health and safety representative from staff. The person in charge told inspectors that she planned a comprehensive audit of medication management to be completed in July 2011.

There was evidence that a residents' committee had been established and had met on three occasions. However, the meetings were not held on a regular basis and the person in charge told inspectors that residents had expressed a reluctance to meet. There was no suggestion box in place and no evidence of any consultative survey of residents and their representatives.

### **Outcome 3**

*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.*

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

## **Inspection findings**

There was an effective complaints policy and procedures in operation. However, it did not meet all the requirements of the regulations.

Inspectors observed that the policy was displayed prominently in the entrance lobby and in the rooms of residents. Inspectors viewed the complaints book, in which details of complaints, investigations and outcomes were recorded and were satisfied that complaints were fully investigated.

Residents and relatives reported to inspectors that they had easy access to the person in charge and they could report any concerns to her or to other staff members. One relative told the inspectors that he/she had made a complaint a

number of years ago and that it was dealt with promptly and in a satisfactory way by the person in charge.

The person in charge told inspectors that she welcomed complaints and comments as they can lead to improvements in the service.

However, the complaints policy did not include the names of a nominated person to deal with complaints, a nominated person to ensure that all complaints are appropriately responded to and recorded or an independent appeals process as required by the regulations.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

## **Inspection findings**

Inspectors found that there were measures in place to protect residents from being harmed or suffering abuse.

The training records showed that the operations manager had completed a Train the Trainers course and that all staff members had received training on the protection of residents during the course of 2011. Inspectors interviewed several members of staff and found that they were knowledgeable on the issue of what constitutes abuse and they were clear on how to report allegations or suspicions of abuse should any arise. Both the provider and the person in charge told the inspectors that they would take immediate action to protect residents in the event of any allegation of abuse and they outlined the steps they would take.

Residents who spoke to inspectors confirmed that they felt safe in the centre.

Inspectors viewed the records of an allegation that a resident had been left unsupervised and at risk. The records showed that the matter was fully investigated by the person in charge and that the allegation was without foundation.

There was a policy and procedures in place on the protection of residents. However, the policy needed to be further developed to include measures to protect residents from possible abuse by other residents or by visitors.

Small amounts of money were kept in a secure location on behalf of some residents. Records were maintained of all transactions in respect of these monies. They were

signed by a member of staff and by the residents or their representatives. However, the records were maintained on loose sheets and later given to the resident or their representative. These records should be maintained in a bound book and retained as part of the residents' records.

#### **Outcome 5**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

### **Inspection findings**

Practices in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. However, the communication of evacuation procedures needed to be improved.

There was a comprehensive centre-specific health and safety statement in place, which had been updated and signed by the person in charge on 20 February 2011. There was also a comprehensive risk management policy which met the requirements of the regulations. The operations manager was the designated risk manager.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of hand rails in circulation areas, grab-rails in assisted toilets, safe flooring, a sloped entrance with hand rails at the main entrance, a security gate at the entrance to the stairs and controlled access to the sluice room. The centre had wide corridors enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. Inspectors observed residents moving independently around the corridors using their individual mobility aids. Hoists and other equipment were all maintained and service records were up-to-date.

The environment was observed to be bright, clean and well maintained both inside and outside the premises. Appropriate arrangements were in place for the segregation and disposal of waste. Inspectors viewed receipts from an authorised contractor for the removal of clinical waste.

The kitchen was clean and well organised. There was a food safety management system in place and there was no evidence of significant non-compliance with the requirements of food safety authorities. Catering staff interviewed had received food handling training.

Moving and handling training was provided regularly to staff and the inspectors viewed training records which showed that all staff had received this training.

There were policies in place on infection prevention and control, which included policies on Methicillin-resistant *Staphylococcus aureus* (MRSA) and C. Difficile. Staff who were interviewed demonstrated knowledge of the correct procedures to be followed. Inspectors observed staff abiding by best practice in infection control with regular hand-washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand gel dispensers were located throughout the premises. Paper towels were used in the sluice room, kitchen and guest toilet.

The fire safety policies and procedures were centre-specific. Fire safety documentation, including records of fire drills and maintenance of fire safety equipment and the fire alarm, were found to be satisfactory and staff who were interviewed were aware of what to do in the event of fire. Fire safety equipment was serviced on an annual basis. However, inspectors viewed documentation which showed that the fire alarm was serviced on an annual basis and not on a quarterly basis as required. Since the inspection the operations manager submitted documentation to show that a new contract has been put in place to ensure that the fire alarm will be serviced on a quarterly basis in the future. Adequate means of escape were provided and all fire exits observed during inspection were unobstructed. Notices regarding evacuation procedures were displayed in the residents' rooms and at appropriate places throughout the premises.

There was an internal emergency plan in place with emergency procedures and contact numbers. However, the arrangements for the safe evacuation of residents in the event of a fire needed to be developed and included in the emergency plan.

**Outcome 6**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Inspection findings**

Processes were in place for the safe handling of medicines and nursing staff demonstrated an understanding of appropriate medication management. However, improvements were required in the documentation of discontinued medication and in the storage of controlled drugs.

There was a policy on medication management which was implemented in September 2009 and reviewed in February 2011. It was signed and dated by the person in charge.

Training records showed that seven of the nine nurses had received training in medication management. A nurse told an inspector that the pharmacist visits weekly to deliver medications and to remove unused medications. She said that the pharmacist had recently given a talk on medication to the nursing staff and that she

was available to discuss concerns or questions that residents may have about their medication.

An inspector observed a nurse as she administered medication, which was done in accordance with professional guidelines.

An inspector viewed the medication records. Medications were prescribed and disposed of appropriately in line with professional guidelines. Nursing staff did not transcribe medications. There was a general practitioner's (GP's) signature for each medication prescribed. However, the discontinuation of medication was not always signed by a GP.

Medications were stored in the drugs trolley, which was secured in the nurses' office when not in use. There was a fridge available for items requiring cool storage.

Stock levels of controlled drugs were recorded by two nursing staff at the changeover of shifts as required. An inspector checked the stock levels which were seen to be correct. However, controlled drugs were stored in a single locked cupboard and not in a double locked cupboard as required by professional guidelines.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

## Inspection findings

Inspectors found that a good standard of evidence-based nursing care and appropriate medical care was provided to residents. Residents also had access to other health and social care professionals as required. However, opportunities to participate in meaningful activities were limited and there was insufficient emphasis on the social and psychological needs of residents.

The centre had sufficient GP cover and an out-of-hours service was also provided. Residents were encouraged to retain their own GP but where this was not possible the person in charge assisted them to transfer to a local GP. An inspector viewed the files of four residents in detail. These showed that residents were reviewed regularly by their GPs. The files also confirmed that the health needs and medication of residents were being monitored regularly and no less frequently than at three-monthly intervals.

Residents had access to a range of other health and social care services. One resident with an intellectual disability attended a nearby centre for people with intellectual disabilities five days per week. There was also evidence that residents had access to a dietician, chiropodist, optician, physiotherapist and dentist.

Inspectors examined a sample of care plans and found that the health needs of residents were addressed in a comprehensive manner. Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of falls, pressure ulcers and malnutrition. Appropriate measures were put in place to manage and prevent risk. The person had put in place a system of key working, according to which named nurses took responsibility for reviewing and updating the care plans and for making contact with the residents' families/carers. Three-monthly reviews were completed, dated and signed by staff and residents. Residents were encouraged and facilitated to visit their families or friends and to go on outings with them.

An inspector viewed the care plans of a number of residents who were at risk of falling. There was evidence of assessment and appropriate intervention. In the case of one resident, it was decided not to use bed rails as their use would cause distress to the resident. Appropriate environmental arrangements were made at night for this resident. In the cases of residents for whom bedrails were used, there was evidence of assessment, consideration of alternatives and discussion with relatives. The use of bedrails and the duration of their use was recorded.

Residents had opportunities to participate in a range of meaningful activities such as Sonas sessions, the fit-for-life exercise programme, arts and crafts and a number of music and singing sessions. An inspector spoke to a group of residents who expressed satisfaction with these activities. There was an activities coordinator, whose main role was that of carer. Approximately two hours per week of her time were dedicated to organised activities. A hairdresser and a beautician visited the centre as did a fit for life practitioner and some musicians. However, there was little emphasis on the social and psychological needs of residents in the care plans. Furthermore, there were organised activities available only between the hours of 15:00hrs and 16:30hrs from Monday to Friday with no organised activities at

weekends. Inspectors observed that some residents remained seated in the same place for long periods with no stimulation apart from the television. Inspectors found that residents with cognitive impairment were sensitively encouraged to take part in activities. However, for those residents with dementia there was little evidence of activity focussed care such as the use of life stories, hand massage and music to enhance interaction and communication.

**Outcome 8**

*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.*

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

**Inspection findings**

Inspectors found that the end-of-life policy and practice reflected a person-centred approach to the provision of end-of-life care.

At the time of inspection no resident was in receipt of end-of-life care. The person in charge described to an inspector how the policy is implemented. Following diagnosis, a new care plan is drawn up and this is discussed with the resident concerned and/or their representative. The resident, if he/she is not already in a single room, is offered one as soon as possible. Arrangements are made with the palliative care team from Wexford General Hospital to provide appropriate intervention.

Training records showed that the person in charge had undertaken training in end-of-life care during 2011. She told an inspector that the training included modules on: the changing needs of the resident; the use of appropriate medical and nursing interventions, family support and staff support.

The person in charge told an inspector that accommodation and meals are made available for families to stay overnight if they so wish. She also said that the wishes of residents in relation to end-of-life care are respected. Inspectors observed that instructions regarding end-of-life arrangements of one resident were maintained at the front of the resident's file. The person in charge said that the oratory has been used for end-of-life services and that she planned to organise an annual celebration in honour of residents who have died during the course of the previous year.

**Outcome 9**

*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.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Inspection findings**

Inspectors found that residents were provided with food and drink at times and in quantities adequate for their needs. The food was nutritious. Mealtimes were unhurried social occasions.

Inspectors joined residents for lunch, which was a pleasant, unhurried experience. The food was well presented. It was nutritious and good to taste. There was a choice of main courses on the day and residents told inspectors that they always have choices available to them and that the dietary needs of all residents, including vegetarians, are catered for. The tables were set appropriately and residents could help themselves to condiments and sauces.

Inspectors observed that residents were encouraged to eat independently and that, when assistance was required by residents, this was provided discreetly. The dietary needs of residents are assessed on admission and these are communicated to the catering staff by the nurse in charge. Inspectors viewed a typed list of residents' dietary needs on the wall of the kitchen.

The atmosphere at mealtimes was relaxed and that there was good social interaction between staff and residents. Residents were offered a choice of wines and they confirmed to inspectors that wine is usually served at lunchtime.

Carafes of drinking water and glasses were present in the rooms of residents and residents told inspectors that these are refreshed during the day. A water dispenser and paper cups was also available to residents. Residents were offered a choice of drinks during the day and both staff and residents told inspectors that snacks were provided during the day and that residents would be provided with a snack at any time if they required this.

Inspectors viewed a number of residents' care plans and observed that the weight of each resident was taken monthly and that the Malnutrition Universal Screening Tool (MUST) was completed. However, the policy on nutritional intake did not accurately or fully describe the practice in relation to the monitoring and documentation of nutrition.

## **4. Respecting and involving residents**

### **Outcome 10**

*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.*

#### **References:**

Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

### **Inspection findings**

An inspector viewed a sample of four residents' files. Each file contained a contract for the provision of services which had been signed by the operations manager and either the resident or their representative.

The contracts detailed the service to be provided and the fees charged by Valentia Nursing Home.

### **Outcome 11**

*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.*

#### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation  
Regulation 11: Communication  
Regulation 12: Visits  
Standard 2: Consultation and Participation  
Standard 4: Privacy and Dignity  
Standard 5: Civil, Political, Religious Rights  
Standard 17: Autonomy and Independence  
Standard 18: Routines and Expectations  
Standard 20: Social Contacts

### **Inspection findings**

Inspectors found that residents received dignified and respectful care. There was good communication between staff and residents and relatives. Residents commented that they were facilitated to exercise choice with regard to their lifestyles.

Residents, visitors and staff told inspectors that the person in charge was very available to them and they felt that communication with her was welcomed and encouraged. Residents said that she often came to them and asked them if

everything was okay or if anything needed changing. Inspectors observed that she was very familiar with each of the residents.

Inspectors observed appropriate interactions between staff and residents. There was a staff presence throughout the day in communal areas and inspectors observed staff chatting easily with residents. Residents and relatives told inspectors that staff were very kind and that they could talk to them at any time.

Relatives told inspectors that the person in charge and staff kept them informed regarding the healthcare and general wellbeing of the residents. A number of relatives also said that they had had formal meetings with the person in charge and that she had discussed the care plans in detail with them. Inspectors observed that the care plans were signed by residents or their representatives.

A selection of national newspapers were made available to residents each day and local weekly newspapers were also provided. There was also a well-stocked library and one resident told an inspector she loved to read and had access to a constant supply of books. Residents had access to televisions and radios. A cordless telephone was used to facilitate residents in making or receiving calls in private.

Residents who spoke to inspectors said that they had privacy in all aspects of personal care. They also said that staff addressed them respectfully. Inspectors observed that staff knocked and waited for permission before entering residents' bedrooms. Notices were placed on doors while personal care was being delivered.

Inspectors observed that the oratory was used frequently by residents on their own. Mass took place weekly and a Church of Ireland service was held every fortnight.

The person in charge told inspectors that there were no restrictions on visiting and that contact between residents and their families/visitors was facilitated and encouraged. Inspectors observed residents with their visitors throughout the day and both residents and relatives told inspectors that visitors were made feel very welcome.

Residents told inspectors that they could choose the time to get up and go to bed and that their decisions to participate in activities or not were respected. Breakfast was served from 06:30hrs onwards to facilitate the needs of residents. Two residents described to an inspector how their independence had increased since coming to Valentia Nursing Home. Residents also told inspectors that they were facilitated to vote in-house at the time of the general election.

**Outcome 12**

*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.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Inspection findings**

Residents had adequate storage space for their clothes and possessions. Their rooms were personalised and adequate arrangements were in place for the regular laundering of linen and the safe return of clothes to residents.

There was a policy on residents' property and possessions in place. Inspectors viewed a number of bedrooms at the invitation of residents and found that they were personalised with photographs and personal belongings. Each resident had their own wardrobe and a lockable storage cupboard. Residents were encouraged to bring personal items of furniture with them if they wished when they were admitted. Inspectors spoke to one resident who had brought her favourite chair and reading lamp. However, a record was not maintained of any personal items of furniture that residents brought to the centre.

Laundry facilities were provided on the premises and these were adequate. Inspectors viewed a sample of the clothing being laundered and each item was marked with the initials of the owner. Some residents told inspectors that they had their laundry done by family members instead.

**5. Suitable staffing****Outcome 13**

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

**References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

**Inspection findings**

The person in charge was full time in her post. She was registered with An Bord Altranais and had been in charge of the centre since 2002. She demonstrated that she had the clinical knowledge to ensure the suitability and safety of care to residents. Inspectors observed that she was engaged in direct care to residents and

found that she was familiar with the residents, the staff and with all aspects of the service.

She monitored the quality of the service by undertaking audits in areas such as residents' files, infection control and challenging behaviour during 2011. Training records showed that she had attended relevant training courses and she told inspectors that she planned to undertake training in gerontology.

She had demonstrated leadership by introducing a system of appraisals for staff. Inspectors viewed the documentation and spoke to staff who had had their appraisal discussion with the person in charge and found it helpful, especially regarding the identification of training needs.

When interviewed by inspectors, the person in charge demonstrated her knowledge and understanding of the legislation and her statutory responsibilities and her commitment to the provision of a high quality service. She had signed for the implementation of all the policies and procedures and had ensured that notifications were sent to the Chief Inspector as required. The provider told inspectors that he had discussions almost daily with the person in charge and that she was centrally involved in the governance and operational management of the centre.

#### **Outcome 14**

*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.*

#### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

### **Inspection findings**

Staffing levels and skills-mix of staff were found to be sufficient to meet the needs of residents on the day of inspection. A review of the staffing rota indicated that these were the usual arrangements. Inspectors found that, following the inspection of 31 August 2010, the person in charge had increased the number of nurses on duty during the day.

There was a policy for the recruitment, selection and vetting of staff. The current registration details were maintained for all nursing staff. An inspector viewed a sample of five personnel files. These were well organised and each one contained

photographic identification, full employment history and evidence of Garda Síochána vetting or evidence that this had been applied for. Four of the five files contained three references. However, none of the files contained evidence of physical and mental fitness.

Staff told inspectors that copies of the regulations and the standards had been made available to them and that these were also discussed at staff meetings. Inspectors viewed minutes of staff meetings and saw that issues covered by the legislation and standards were on the agendas.

Staff who spoke to inspectors were clear about their roles and responsibilities and who they reported to. A nurse, who had been employed in recent months, told an inspector that she had received an induction from the person in charge and that she worked alongside a more experienced member of staff to observe practices. She said that the person in charge did not allow her to administer medication until she knew each of the residents by name and was familiar with the policies and practices regarding medication.

An inspector viewed the staff training and education records. An overall training matrix was in place and individual records and training certificates were maintained. The records showed that all staff had received training in elder abuse, moving and handling and fire safety within the past year. Twenty staff members had attended training in challenging behaviour. One of the nursing staff was scheduled to commence training in gerontology in July 2011. Six of the 23 care staff had completed the Further Education and Training Award Council (FETAC) Level 5 award training. Three others were scheduled to begin their final modules of this training in September 2011. A number of care staff with long service had undertaken other relevant training.

## **6. Safe and suitable premises**

### **Outcome 15**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

## **Inspection findings**

Valentia House was built in stages and provides a good standard of private and communal space and facilities. The premises was bright, clean, comfortable and well maintained throughout. Residents told inspectors that they enjoyed a homely and tranquil environment.

The main communal area had an open fire and was the most popular area for residents to gather. There was a wide selection of seating areas for residents and a new conservatory-style dining room was under construction which would afford residents extensive views of the garden.

Residents' bedrooms were comfortable and personalized and the majority of them contained comfortable armchairs. There were functioning call-bells throughout the premises. However, a number of rooms did not meet the minimum space requirement set out in the standards.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, chair scales, wheelchairs and walking frames. These were in good condition and had been serviced by an external contractor within the past year. However, there was a lack of storage space for special equipment. A mobile hoist was stored in an open hallway and four walking frames were left unattended outside the library. Cleaning materials and equipment were stored outside the premises in a shed.

The treatment room, laundry, hairdressing salon and sluice room all had appropriate facilities.

The centre was set in large, mature and well-maintained gardens. There was an attractive, enclosed garden and patio area for residents, which contained garden seating. A number of residents told an inspector that they enjoyed walking in the gardens, which were seen to be used by residents and relatives during the inspection.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

### **References:**

Regulation 21: Provision of Information to Residents  
Regulation 22: Maintenance of Records  
Regulation 23: Directory of Residents  
Regulation 24: Staffing Records  
Regulation 25: Medical Records  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

## Inspection findings

*\* Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### **Resident's guide**

Substantial compliance

Improvements required\*

Omissions included the terms and conditions of accommodation for residents and a standard form of contract.

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required\*

### **General records (Schedule 4)**

Substantial compliance

Improvements required\*

Records of residents' financial transactions were maintained on loose sheets and not retained as part of the residents' records.

A record was not maintained of any personal items of furniture that residents brought to the centre.

### **Operating policies and procedures (Schedule 5)**

Substantial compliance

Improvements required\*

The policy on nutritional intake needed to be revised (see Outcome 9).

The policy on admissions did not include the criteria for admissions.

A policy on temporary absence and discharge of residents needed to be developed.

### **Directory of residents**

Substantial compliance

Improvements required\*

### **Staffing records**

Substantial compliance

Improvements required\*

The staff files did not include evidence of physical and mental fitness.

### **Medical records**

Substantial compliance

Improvements required\*

### **Insurance cover**

Substantial compliance

Improvements required\*

#### **Outcome 17**

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

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

### **Inspection findings**

Practice in relation to notifications was satisfactory.

Inspectors viewed the records of all accidents and incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

#### **Outcome 18**

*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.*

#### **References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

### **Inspection findings**

There were appropriate arrangements in place for a senior nurse to deputise for the person in charge in the event of her absence.

Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the operations manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***REPORT COMPILED BY***

Tom Flanagan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

19 July 2011

**Provider's response to inspection report\***

|  |                               |
|--|-------------------------------|
| <b>Centre:</b>                                 | Valentia Nursing Home         |
| <b>Centre ID as provided by the Authority:</b> | 0300                          |
| <b>Date of inspection:</b>                     | 14 June 2011 and 15 June 2011 |
| <b>Date of response:</b>                       | 16 August 2011                |

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

***Outcome 1: Statement of purpose and quality management***

**1. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not consist of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Reference:**

Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

| Please state the actions you have taken or are planning to take with timescales:  | Timescale:                        |
|---|-----------------------------------|
| <p>Provider's response:</p> <p>The new guidelines for the statement of purpose were only highlighted to us during the inspection. Since then, a fully revised copy has been put in place and sent to the Authority.</p> | <p>Completed<br/>19 July 2011</p> |

***Outcome 2: Reviewing and improving the quality and safety of care***

**2. The provider is failing to comply with a regulatory requirement in the following respect:**

The residents' committee did not meet on a regular basis.

There was no suggestion box and no formal system for consultation with residents and their representatives.

**Action required:**

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

**Reference:**

Health Act 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

| Please state the actions you have taken or are planning to take with timescales:   | Timescale:   |
|--|--|
| <p>Provider's response:</p> <p>A comment/suggestion box has been installed at the main entrance to the nursing home, visible to all residents, representatives and visitors.</p> <p>Resident committee meetings will continue to be scheduled, as previously. A satisfaction questionnaire will be distributed to residents beforehand to form the basis of discussion at the meetings and hopefully encourage more participation.</p> | <p>Completed<br/>16 August 2011</p> <p>17 October 2011</p> |

***Outcome 3: Complaints procedures***

**3. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no nominated person to deal with all complaints and no independent appeals process.

**Action required:**

Make available a nominated person in the designated centre to deal with all complaints and ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

**Reference:**

Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

**Timescale:**

Provider's response:

Our complaints policy has been amended to include a nominated person to deal with all complaints and an independent appeals process.

Completed  
16 August 2011

***Outcome 5: Health and safety and risk management***

**4. The provider is failing to comply with a regulatory requirement in the following respect:**

The emergency plan did not include the arrangements for the safe evacuation and placement of residents in the event of a fire.

**Action required:**

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents and include these arrangements in the emergency plan.

**Reference:**

Health Act 2007  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety

|   |                   |
|---|-------------------|
| <b>Please state the actions you have taken or are planning to take with timescales:</b>   | <b>Timescale:</b> |
| <p>Provider's response:</p> <p>Arrangements for the safe evacuation and placement of residents, in the event of fire, will be developed and included in the details of the fire evacuation section of the emergency plan.</p> | 2 September 2011  |

***Outcome 6: Medication management***

|  |  |
|--|--|
| <b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  |  |
| <p>The discontinuation of medication was not always signed for by a GP.</p> <p>Controlled drugs were stored in a single-locked cupboard.</p>   |  |
| <b>Action required:</b>  |  |
| <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>  |  |
| <b>Reference:</b>  |  |
| <p>Health Act 2007<br/> Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines<br/> Standard 14: Medication Management</p>  |  |
| <b>Please state the actions you have taken or are planning to take with timescales:</b>  | <b>Timescale:</b>  |
| <p>Provider's response:</p> <p>This issue has been brought to the attention of both nursing staff and visiting GPs. Adherence to the nursing home's operational policies of discontinuing medications will be stringently followed.</p> <p>A double-locked cupboard for controlled drugs will be put in place.</p> | <p>Completed<br/>5 August 2011</p> <p>9 September 2011</p> |

***Outcome 7: Health and social care needs***

|  |   |
|--|---|
| <p><b>6. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>There was little emphasis on the social and psychological needs of residents in the care plans.</p> <p>There was not sufficient opportunity for residents to participate in activities appropriate to his/her interests and capacities.</p>   |   |
| <p><b>Action required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>   |   |
| <p><b>Action required:</b></p> <p>Provide further opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>  |   |
| <p><b>Reference:</b></p> <p>Health Act 2007<br/>         Regulation 6: General Welfare and Protection<br/>         Regulation 8: Assessment and Care Plan<br/>         Standard 10: Assessment<br/>         Standard 11: The Resident's Care Plan<br/>         Standard 13: Health Care<br/>         Standard 18: Routines and Expectations</p>  |   |
| <p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>   | <p><b>Timescale:</b></p>                      |
| <p>Provider's response:</p> <p>The process of reviewing residents' care plans with a view to addressing the social and psychological needs of residents will begin on 21 August 2011 in consultation with the activity coordinator.</p> <p>The activity coordinator will devise more structured plans for individual residents and will be given more dedicated time to devote to this role, involving life story books, Sonas, SPECAL approach etc.</p> | <p>21 August 2011</p> <p>25 November 2011</p> |

***Outcome 15: Safe and suitable premises***

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

A number of the residents' bedrooms did not meet the minimum space requirement set out in the standards.

There was a lack of storage space for special equipment and cleaning materials.

**Action required:**

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

**Action required:**

Ensure that suitable provision is made for storage.

**Reference:**

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

We will be in consultation with our engineers to devise a plan for updating the bedroom facilities in the original building of the centre and for the provision of further storage facilities. This will require building works but we aim to have this work completed within the timeframe set out in the standards for updating existing buildings.

1 January 2014

***Outcome 16: Records and documentation to be kept at a designated centre***

**8. The provider is failing to comply with a regulatory requirement in the following respect:**

The Resident's Guide did not include the terms and conditions of accommodation for residents and a standard form of contract.

Records of residents' financial transactions were maintained on loose sheets and not retained as part of the residents' records and a record was not maintained of any personal items of furniture that residents brought to the centre.

The policy on nutritional intake needed to be revised.

|   |                       |
|---|-----------------------|
| <p>The policy on admissions did not include the criteria for admissions.</p> <p>A policy on temporary absence and discharge of residents needed to be developed.</p> <p>The staff files did not include evidence of physical and mental fitness.</p>  |                       |
| <p><b>Action required:</b></p> <p>Produce a Resident's Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p> |                       |
| <p><b>Action required:</b></p> <p>Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.</p>   |                       |
| <p><b>Action required:</b></p> <p>Put in place all of the written and operational policies listed in Schedule 5.</p>  |                       |
| <p><b>Action required:</b></p> <p>Obtain in respect of all staff the information and documents specified in Schedule 2.</p>   |                       |
| <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act 2007</li> <li>Regulation 21: Provision of Information to Residents</li> <li>Regulation 22: Maintenance of Records</li> <li>Regulation 27: Operating Policies and Procedures</li> <li>Regulation 18: Recruitment</li> <li>Standard 1: Information</li> <li>Standard 32: Register and Residents' Records</li> <li>Standard 29: Management Systems</li> </ul>                                 |                       |
| <p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>  |                       |
| <p><b>Timescale:</b></p>  |                       |
| <p>Provider's response:</p> <p>The Resident's Guide will be updated to include all the items required by the regulations.</p>   | <p>27 August 2011</p> |
| <p>Records of residents' financial transactions will be maintained in a bound book which will be retained as part of the residents' records. Records of any personal items of furniture that residents</p>  | <p>27 August 2011</p> |

|   |                 |
|---|-----------------|
| brought to the centre will also be maintained.  |                 |
| The operational policies will be updated as required.   | 27 August 2011  |
| Arrangements will be put in place to include all the required documentation in the staff files. | 4 November 2011 |

**Any comments the provider may wish to make:**

**Provider's response:**

We appreciate the positive comments received, which acknowledge the levels of care provided by our dedicated staff. Opportunities for improvement are always to be welcomed and we will work on the above action plan to ensure we continue to provide an environment where our residents feel safe, secure, comfortable and well cared for.

We would also like to thank the inspectors for their professionalism and respect shown throughout the process.

**Provider's name:** Kieran Hogan

**Person in Charge:** Catriona Hogan

**Date:** 16 August 2011