

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Valentia House Nursing Home
Centre ID:	OSV-0004370
Centre address:	Camolin, Enniscorthy, Wexford.
Telephone number:	053 938 3125
Email address:	info@valentianursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Valentia Nursing Home Limited
Provider Nominee:	Anthony Kieran Hogan
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
20 September 2017 08:50	20 September 2017 16:10
21 September 2017 08:00	21 September 2017 14:45

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

Outcome	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliant
Outcome 05: Suitable Staffing	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant
Outcome 07: Health and Safety and Risk Management	Compliant
Outcome 08: Governance and Management	Compliant

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

HIQA had received unsolicited information prior to this inspection and further information was received at the end of the first day of inspection regarding aspects of the service. The inspector found that the information received was not substantiated. This is discussed under the relevant outcomes in the report. Eleven actions that were required following the last inspection in March 2016 had been addressed. The finding from both inspections will inform the renewal of registration decision.

Care staff, nursing and ancillary staff described their roles and how workloads were organised. They conveyed positive attitudes towards the care of vulnerable people and displayed a good understanding of individual residents' needs, their preferred routines and they were knowledgeable about how dementia impacted on daily life.

The inspector met with residents, relatives and staff members from all disciplines during the inspection. The journey of a number of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. These observations evidenced that all staff engaged positively with residents who had dementia. The inspector reviewed documentation such as care plans, medical records, medicine records and staff files. Documentation such as care plans, medical records and staff training records were also reviewed.

The inspector observed that staff could support residents in a competent manner and were able to assess when one to one support was required. This was provided in a timely way and residents were assisted to go for walks or to become involved in an activity.

The Action Plan at the end of this report identifies areas where some improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

There were 44 residents in the centre on the day of inspection. Nine residents had a formal diagnosis of dementia. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The centre implemented an effective admissions policy which included a detailed pre-admission review which was completed by the person in charge. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

There was evidence that the wellbeing and welfare of residents was being maintained through the provision of a high standard of nursing, medical and social care. Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre to review residents and medicines on a regular basis. Medicines were also reviewed by the pharmacist to ensure optimum therapeutic values.

The inspector reviewed a sample of resident's care plans and focused on aspects of care where responsive behaviours and dementia was a feature of care practice. Care plans were noted to be updated at the required intervals and in response to changes in residents' health conditions. The risk assessments completed had associated care plans where a need was identified. Staff conveyed good knowledge about residents' care needs and were well informed about residents' who had fluctuating moods and behaviour that had potential to change.

Care plans for residents with dementia were person centred and specific to guide staff and manage the needs identified. Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. The inspector observed that where a small number of residents exhibited

aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD) the care plans described effective positive behavioural strategies for use by staff to manage these behaviours. Each care plan viewed by the inspector had a communication and cognition care plan in place. A communication policy was available to inform residents' communication needs including residents with dementia.

The inspector saw that residents or their relatives were involved in the assessment and care planning process. For the most part, care plans were reviewed four monthly or more frequently if required, for example following a change in the resident's condition.

There was evidence that residents received timely access to health care services including support to attend out-patient appointments. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Residents had good access to allied healthcare professionals. Physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, regular vital sign and weight monitoring and medicine reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.

There were no residents in the centre in receipt of end-of-life care on the day of inspection. Staff spoken with demonstrated an understanding of the principles that underpinned the centre's approach to end-of-life care and also an individual commitment to those principles of dignity and respect for the wishes and preferences of residents at the end of their lives. There was an end-of-life care policy. Palliative care services were available to support residents and staff with symptom control, including pain management. An oratory was available and residents had good access to religious clergy as they wished. However, in one instance there was inconsistent evidence that the end of life needs and wishes of a resident were discussed with them and/or their next of kin as appropriate and documented in a care plan.

The inspector reviewed the practices and documentation relating to medicines management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a sample and found that it was correct.

The inspector found that some practices in relation to recording and storage of medicines did not meet with professional or regulatory requirements. Issues identified included:

The inspector observed that the date of opening was not recorded for a medicine that had a reduced expiry date when opened. Therefore, staff could not identify when the medicine would expire

The fridge temperature recordings were not consistently recorded on a daily basis

The inspector saw that the medicines management policy did not reflect practices in the centre. For example the centre's medicines management policy outlined that crushing medicines indicates the medicine administration record must always be amended by a medical practitioner. The inspector saw that this was not consistently implemented in relation to the modification of dosage forms. The inspector saw that there were two charts where crushed medicines were not individually prescribed by the prescriber.

Residents were assessed on admission and regularly thereafter for risk of falls. There was a falls prevention policy in place. Procedures were put in place to mitigate risk of injury to residents assessed as being at risk of falling including supervision/assistance, low level beds and sensor alarm equipment. All residents were appropriately supervised by staff as observed by the inspector on the days of inspection.

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary. Residents' nutritional needs were well met.

Residents were seen to be provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with due consideration given to the presentation of these meals. Systems were in place to ensure residents had access to regular snacks and drinks as observed by the inspector. Residents told the inspector that they were very satisfied with the food served and liked the dishes and choices that were available.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that:

Care plans did not reference the proactive or reactive triggers and de-escalation procedures to support residents with challenging behaviour.

The inspectors observed that approximately 52% of residents in the centre used bedrails. While many were referenced as enablers, all bedrails viewed by inspectors restricted residents getting out of bed independently.

The actions had been satisfactorily addressed and the use of bedrails had decreased.

Measures were in place to safeguard all residents, including those with dementia, from being harmed or from suffering abuse.

There were policies and procedures in place for the prevention, detection and response to abuse. The person in charge ensured that there were no barriers to staff or residents disclosing abuse. Residents who spoke with staff stated that they felt safe in the centre. All staff had been trained in the prevention, detection and response to abuse. Staff spoken with were knowledgeable of the procedures in the event of an allegation, suspicion or disclosure of abuse, including who they would report such information to.

There was an up-to-date policy available informing management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As outlined under Outcome 1 there was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. Training records viewed indicated that staff had completed training in responsive behaviours.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. Positive behaviour care plans were developed if needed and used to guide care. No p.r.n (a medicine only taken as the need arises) psychotropic medications were administered to residents for management of symptoms of their dementia. The inspector observed that residents had been regularly reviewed by their GP, and were referred to psychiatry of later life for further specialist input as necessary.

The centre demonstrated that work was on-going to reduce the use of restraint in the centre. On the last inspection 52% of residents were using bedrails. On this inspection this had reduced to 34%. There were assessments for all bedrails in use and their continued use was reviewed on a monthly basis. Additional equipment such as sensor alarms, low low beds were also available and in use by some. The inspector reviewed the care plans of several residents using bedrails. Appropriate assessments were in place to determine the suitability of using bedrails, and consent by the resident or next of kin was clearly documented.

There were procedures and practices in place to keep residents' money safe. Some residents' money were managed on their behalf by the centre. This was held securely, and a robust system was in place to document all transactions. The inspector reviewed a sample of this documentation and found that the corresponding balance was correct and transactions were dual signed.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents with dementia integrated with other residents in the centre. Residents' privacy and dignity needs were met. Residents' rights to make choices about how they spent their day was promoted and respected. The inspector found that residents including residents with dementia were empowered and assisted to enjoy a meaningful quality of life in the centre.

There was an open visiting policy and family were encouraged to be involved in aspects of residents' lives. Visitors were observed visiting throughout the day of this inspection and there were facilities for residents to meet their visitors in private if they wished. Relatives told the inspector that they were very satisfied with the care and services provided.

There was an activity coordinator facilitating activities for residents in the centre five days per week. The activity coordinator provided group and one-to-one activities as part of her role. The weekly activity schedule was displayed and included dementia appropriate activities. Staff also informed residents of the activities taking place. There was a newsletter available also which was issued four times per year.

The inspector observed that the activities provided were tailored to suit residents' capabilities in group scenarios in addition to one-to-one interventions for residents with advanced dementia. While the inspector concluded that activities were provided in a way that met residents' interests and capabilities, improvement was required to ensure that the needs of all residents were met on a consistent basis. The inspector observed that the activity coordinator was deployed to work as a healthcare assistant to cover leave as required by service demands.

The inspector acknowledges that this does not happen on a regular basis. However, the

social and recreational needs of all residents were not being met effectively on days where the activity coordinator worked as a care assistant as there was no replacement for the activity coordinator. Also, when the activity coordinator was on leave she was not replaced as observed by the inspector on the second day of inspection. The inspector saw in the social care planning records that not all residents who required one-to-one interventions were seen on a daily basis due to the activity coordinator covering healthcare assistant hours on the floor or being on leave.

The inspector saw that residents had access to televisions and radios. Newspapers were widely available to residents. There were systems in place to support residents to exercise their religious, civil and political rights. There was a residents' committee in operation which met twice on an annual basis. The inspector reviewed the minutes of the last residents' meeting. The inspector saw that the local community advocate for older people had facilitated the residents' meetings. Records were maintained of issues raised by the residents at these meetings. It was clear that residents were individually given the opportunity to raise their own issues at these meetings. Satisfaction surveys were completed on an annual basis.

As part of this inspection, the inspector spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place at five-minute intervals in the dining room and library. The interactions observed evidenced good examples of positive connective engagement between staff and residents.

The inspector also completed an observation period in an exercise class led by the activity coordinator. During this session staff were observed to engage in a meaningful way with residents, and the activity coordinator adapted her approach to residents based on their capabilities. It was evident to the inspector that this activity was a positive experience for all residents engaged in it.

Communication aids and devices such as glasses or hearing aids were used by some residents, and staff were aware of these various communication needs. Residents' communication needs were documented in care plans reviewed by the inspector and staff were seen to reflect this in practice. Various links to the local community were maintained by the centre through the annual events such as the garden party and local outings.

Residents were observed to move around the centre freely and were appropriately supported by staff while mobilising. Some resident's bedrooms were personalised with their favourite photographs and ornaments. There was also a cat living in the centre and the inspector observed that residents took great care of the cat and enjoyed her being around.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed met the regulatory requirements.</p> <p>Detailed records were maintained of all complaints received. Records showed that complaints made to date were dealt with and the outcome and satisfaction of the complainant was recorded. All complaints were found to be resolved in a timely way. The independent advocacy service was advertised and details of the Office of the Ombudsman were listed in the complaints procedure.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: On the previous inspection it was found that:</p> <p>There was no evidence of volunteers' roles and responsibilities set out in a written agreement as required by the regulations. This action had been completed.</p> <p>The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents spoken with confirmed that staffing levels were good stating they never had to wait long for their call bell to be answered or their requested needs to be met. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.</p>

Residents who had dementia were noted to be particularly well supported and staff could describe to the inspectors how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving resident's choices and ensuring they had plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions.

There was a training programme in place and provided mandatory training in fire safety, moving and handling procedures and the prevention, detection and response to abuse. Training in the prevention of falls, medicines management, dementia care and nutrition, amongst others was also scheduled for the coming year. All staff had completed the mandatory training required by the regulations, as evidenced by staff and the centre's training matrix. Copies of the regulations and of the revised standards as published by HIQA were available at the nurses' station.

The inspector found that staff were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents. The inspector observed that residents were at ease in their surroundings and with staff.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handovers each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular meetings between nursing management at which operational and staffing issues were discussed.

Staff recruitment procedures were in place and included vetting of staff. Evidence of current professional registration for all nurses was available. A sample of staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the regulations.

A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place.

There was one volunteer operating in the centre. The inspector found that Garda vetting was in place and their roles and responsibilities were set out and agreed in writing as required by legislation.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

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

Findings:

On the previous inspection it had been found that:

The layout of some twin bedrooms negatively impacted on residents' privacy needs. Due to the layout of these rooms, residents could not access their wardrobe without entering the private bedside space of another resident. Bed screen curtains did not extend the full distance around beds therefore residents' privacy needs could not be met whilst engaging in personal activities by the sink in their room or in their bed area.

All actions from the previous inspection had been completed. All twin rooms had been reviewed and new curtain rails and curtains had been installed to maximise residents' dignity. There was secure garden available and it was accessible to all residents. New ceiling and wall lights were in place therefore enhancing the use of artificial light. A new handrail had also been installed in a wing of the centre.

The centre provided accommodation for 47 residents. Accommodation consists of eleven double rooms and 25 single rooms. Three of the double rooms were being used as single rooms. On the day of inspection there was three long stay and one resident requiring respite care on the first floor. These bedrooms are suitable for residents with good safety awareness and mobility as outlined in the statement of purpose and function. The first floor was accessible by means of a stair lift. Residents had a variety of communal areas to rest and relax in.

The seating provided was comfortable and was arranged in small clusters which promoted residents to engage in conversations with each other. Small occasional tables were placed among seating arrangements. There was a comfortable and relaxed atmosphere in the centre. Residents' bedrooms each had a door that gave them access to the landscaped gardens surrounding the centre.

Having regard to the number of residents, there was sufficient number of toilets, wash basins, baths and showers. The ground floor contained two shower rooms with a toilet and wash-hand basin, an assisted bathroom with a toilet and wash-hand basin. There were appropriate sluicing facilities available. On the first floor there were two bathrooms, one of which contained a bath, wash-hand basin and toilet and the second had a shower, a toilet and wash-hand basin.

There was a separate kitchen which had suitable and sufficient cooking facilities. Communal facilities comprised a sitting room, a conservatory, a library, an oratory and a spacious cafeteria which was used at times for resident's birthday parties and funeral removals. There were mature and well maintained gardens externally and a well designed internal dementia friendly/sensory garden which was accessible to all residents. Numerous bird feeders were outside and residents liked looking out at this area and it was very popular during good weather.

There was appropriate assistive equipment available and stored conveniently to meet the needs of residents, such as electric profiling beds, hoists, pressure-relieving mattresses and cushions, wheelchairs and walking frames. The inspector observed residents moving around independently on corridors which had hand-rails that promoted independence.

The inspector found that a good level of cleanliness and hygiene was maintained throughout the building. Staff spoken with were knowledgeable as regards infection control measures and the safe use and storage of cleaning chemicals.

Clear signage with picture cues was displayed to identify areas. However, further use of contrasting colours and consistent floor covering throughout the centre would support residents with dementia in navigating the centre.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk 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:

Only the components of the previous action plan were considered as part of this inspection. On the previous inspection it was found that :

keys left in doors posed potential for vulnerable residents at risk of leaving the centre unaccompanied There were no handrails on a corridor on the ground or first floor. Residents' personal evacuation plans required review to ensure needs of residents with dementia and residents with reduced mobility at night were reflected.

On this inspection the inspector observed that hand rails had been fitted to assist residents. All personal evacuation plans were up to date to reflect the HIQA guidance on Fire Precautions In Designated Centres for Older People February 2016. The inspector did not observe that keys were left in locks on this inspection.

Judgment:

Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that there was no definitive deputy person in charge and senior staff nurses fulfilled the role of acting person in charge when the person in charge was on leave. This action plan had been completed. The assistant director of nursing had returned from leave. The inspector engaged with her during inspection and found that she was knowledgeable regarding clinical needs of residents and regulatory requirements.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. There was no change in the person in charge of the centre since the last inspection. During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The provider nominee is onsite daily and the inspector saw that residents knew him well. Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team. The inspector was satisfied that the centre was being well managed by suitably qualified and experienced staff. The person in charge and the staff team facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions.

There were regular scheduled meetings between the provider and the person in charge, between the person in charge and staff members from all various disciplines. The person in charge and provider have always displayed a positive attitude towards the regulatory process.

An auditing system was in place to capture statistical information in relation to resident outcomes and operational matters. Clinical audits were carried out that analysed incidents, accidents, medicine management issues/errors, clinical documentation, hygiene and restraint.

An annual review of the quality and safety of care delivered to residents was completed for 2016 and it informed the strategic plan for 2017. Resident satisfaction surveys had been completed during 2016.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Valentia House Nursing Home
Centre ID:	OSV-0004370
Date of inspection:	20/09/2017 and 21/09/2017
Date of response:	11/10/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The medicines management policy outlined that crushing medicines indicates the medicine administration record must always be amended by a medical practitioner. The inspector saw that this was not consistently implemented in relation to the modification of dosage forms

The fridge temperature recordings were not consistently recorded on a daily basis as

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

outlined in the centre's policy.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

All 11 medicine cardex's will be compliant in line with the centre's policy on medication management.

Designated staff will ensure fridge temperatures are recorded daily as per the centre's policy.

Proposed Timescale: 31/10/2017

Theme:

Safe care and support

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

The inspector observed in one instance there was inconsistent evidence that the end-of-life needs and wishes of a resident were discussed with them and/or their next of kin as appropriate and documented in a care plan.

2. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

This care plan has been completed. All care plans will be audited including end of life care plans. All care plans will be up to date and a system is in place to ensure regular reviews are done in a timely manner.

Proposed Timescale: 03/10/2017

Theme:

Safe care and support

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

The inspector observed that the date of opening was not recorded for a medicine that had a reduced expiry date when opened. Therefore, staff could not identify when the medicine would expire.

3. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a

secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

This product had been discarded. Nursing staff have been reminded of their responsibility to record opening dates on medicinal products that have a reduced expiry date after opening.

Proposed Timescale: 03/10/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The social and recreational needs of residents were not being met effectively on days when the activity coordinator worked on the floor as a care assistant or was on leave.

4. 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:

A review of activity hours will be undertaken by the person in charge and the registered provider. We will endeavour to protect the existing activity hours and following the review we intend to enhance activity hours.

Proposed Timescale: 17/11/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Ensure that the premises is appropriate to the needs of all residents in the centre and in accordance with the statement of purpose.

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Ongoing review of the floor covering will continue- it has been found that soft floor covering is favoured by many and is a familiar, homely and comfortable environmental support to many residents. It is age appropriate. Different floor covering can help orientate residents to their surrounds and help differentiate areas of the home. To date there have not been any examples of residents with dementia that has had difficulty navigating the flooring or perceptual difficulties caused by the floor colours/textures. However we will continue to monitor this going forward. We will consider more contrasting colours to aid in assisting residents around the home.

Proposed Timescale: 31/03/2018