



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Valentia Hospital
Name of provider:	Valentia Community Health & Welfare Association Company Limited by Guarantee
Address of centre:	Farranreagh, Valentia Island, Kerry
Type of inspection:	Unannounced
Date of inspection:	26 April 2024
Centre ID:	OSV-0000571
Fieldwork ID:	MON-0043522

## About the designated centre

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

Valentia Hospital is set in a peaceful and relaxing surroundings with beautiful sea views. The Hospital consists of one story building. It has 22 bedrooms, 20 single en-suite bedrooms and two double en-suite bedrooms. Accommodation is provided for male & female residents who are usually over the age of 65 years. Prior to admission, a full consultation process is carried out with resident and/ or their representative. All admissions to Valentia Hospital are planned admissions.

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

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 26 April 2024	09:00hrs to 17:00hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Residents living in Valentia Hospital told the inspector that they enjoyed a great quality of life living in the centre and that the staff treated them with kindness and respect during every interaction. The inspector found that residents received a good standard of person-centred care from a dedicated team of staff. The inspector met with a number of residents throughout the day and spoke in more detail with six residents to gain an insight into their experiences of living in the centre.

Valentia Hospital provides long term and respite care, for both male and female adults, with a range of dependencies and needs. The centre is situated on Valentia Island, in South Kerry and is registered to provide care to 24 residents. There were 23 residents living in the centre on the day of this inspection. The inspector spent time walking around the centre and meeting with residents in their rooms and in the communal areas. There was a warm and welcoming atmosphere in Valentia Hospital and staff and resident interactions were observed to be respectful and empathetic. Staff knew the residents well and were familiar with the residents' daily routines and preferences for care and support.

Residents' accommodation in the centre consists of twenty single and two twin bedrooms, all with en-suite facilities. The inspector observed that bedrooms were large, spacious and the all contained appropriate seating and storage for residents. Each room was equipped with an overhead hoist to support the safe transfer of residents. The majority of residents' bedrooms were decorated with their personal belongings from home and there was access to a television in all bedrooms.

The decor in the centre was observed to be homely. Walls in the centre were observed to be decorated with framed pictures of local South Kerry scenery such as the Blasket Islands and from the ceilings hung wooden seagulls, which reflected the coastal surroundings of the centre. There were also large quilts, artwork and pictures of residents decorating the walls.

Residents had access to an enclosed garden area which had views of the ocean. The inspector saw that this area was paved and had raised flower beds. The inspector met with one resident who had recently undertaken a vegetable project with the support of staff. They were delighted to show the inspector their potato and red onion crops. There was a variety of outdoor furniture provided for residents use. Residents spoke of enjoying spending time in the courtyard when the weather permitted. The inspector saw that the garden area was accessible and doors were routinely left open. However, the inspector noted that the door to the garden required review as it may present as a trip hazard to residents, which is actioned under regulation 17.

The inspector spent time observing the dining experience for residents. It was evident that food was of high quality and that residents were afforded choices. Residents told the inspector that they looked forward to their meals and that they

could ask for anything they would like. The dining experience was observed to be a social experience, with residents and staff chatting about local affairs and music playing in the background. A menu board was on display. However, the inspector noted that there was not a sufficient amount of tables and chairs available for residents use, which is actioned under regulation 17. The inspector observed residents being served snacks and drinks throughout the day in their rooms by a member of staff. They took time to chat with residents and ask them about their day and how they were feeling.

Residents expressed their satisfaction with the variety of activities on offer and told the inspector that they really enjoyed their days and looked forward to the different things planned. Two residents told the inspector how they had enjoyed a Ceili dance the evening before in the centre and many people from the community had attended. Throughout the day the inspector saw that residents were engaged in enjoyable activities. A lively music session and sing song took place in the afternoon, which residents were observed to really enjoy. Some residents were seen to sing along and others recited poetry. Residents chose not to participate in group activities, and their choice was respected. Staff were observed visiting these residents in their room and taking time with them to talk and chat about local affairs, sport and their family.

The inspector had the opportunity to meet with one visitor. They attend the centre with their dog and informed the inspector they were always made welcome in Valentia hospital and they were happy that their relative were being very well cared for in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was a one day unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection of October 2023. Findings of this inspection were that the provider had implemented and enhanced their monitoring systems and addressed the findings of the previous inspection. This had resulted in significant improvements in compliance levels in the centre. Some further actions were required to come into full compliance and these will be actioned under the relevant regulations of this report.

Valentia Hospital is a designated centre for older persons that is operated by Valentia Community Health & Welfare Association Company Limited by Guarantee, who is the registered provider. The company consists of a voluntary board of seven directors with responsibility for running the centre. The chairperson of the board

attend the centre on the day of this inspection. The inspector found that communication systems between the the board of directors and the internal management team had been strengthened since the previous inspection, where poor information governance systems had been identified. There was evidence of enhanced oversight of the service. A review of records and indicated that there was a minimum of one meeting monthly and essential operational and clinical information was relayed and discussed.

From a clinical perspective the centre was being managed by an appropriately qualified person in charge. They reported to the companies board of directors and they confirmed that they were available for support when required. The person in charge is supported in their role by a team of nurses, healthcare attendants, kitchen, maintenance, domestic and activities staff. The lines of authority and accountability were clearly defined.

Although there was a clearly defined management structure in place there was a gap in the structure as the clinical nurse manager had resigned their position a few weeks prior to this inspection. Therefore, the governance arrangements with regards who would cover for the person in charge were not clear and required review. This finding is actioned under regulation 23. The inspector was informed that the provider was actively recruiting to fill this vacancy.

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Significant improvements were noted in staff training and the implementation of a comprehensive induction programme. All staffs mandatory training was up to date and there was good oversight of training requirements by the person in charge.

There were management systems in place to monitor the quality of care and service provided. The person in charge collated clinical data such as resident wounds, incidents, weight loss and restraint. Records viewed by the inspector demonstrated that a weekly analysis of key clinical performance indicators was completed. There was an audit schedule in place to support the management team to measure the quality of care provided to residents and findings were disseminated to staff. which had been enhanced since the previous inspection.

Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Chief Inspector were submitted, within the required time frame. Complaints were managed in line with the regulations and the policy had been updated to reflect the changes of March 2023. Residents residing in the centre had a contract of care in place which met regulatory requirements.

## Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required by the regulations. They demonstrated good knowledge regarding her role and responsibility and were articulate regarding governance and management of the service and were very well known to residents and staff.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate staffing levels for the size and layout of the centre to meet the assessed need of residents. Staff spoken with were knowledgeable with regards to residents care requirements.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training was up to date for all staff. Staff were appropriately supervised in their roles which had been enhanced since the previous inspection. Staff demonstrated a good awareness of individual residents needs.

Judgment: Compliant

### Regulation 23: Governance and management

Although there was a clearly defined management structure in place there was a gap in this structure as there was not a clinical nurse manager in post. This person is identified as part of the management team as per the centres statement of purpose by which the centre is registered against. Therefore, there was not a named person responsible to manage the centre in the absence of the person in charge.

Judgment: Substantially compliant

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



All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services. These had been updated following the last inspection to include the room the resident occupied and the number of residents residing in that room.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff.

Judgment: Compliant

## Quality and safety

This inspection found that residents living in Valentia Hospital received care and support that was of a very good standard and were supported to enjoy a good quality of life. The provider had strengthened management systems and enhanced oversight of residents care requirements, since the previous inspection. This had resulted in improvements in the quality and safety of care delivery for residents. Residents reported they felt safe in the centre and were satisfied with the care they received. Some further actions were required in fire precautions, the premises and risk management and these will be detailed under the relevant regulation.

Residents had comprehensive access to general practitioner (GP) services who attended the centre weekly. There was also access to a range of allied health professionals such as physiotherapy. Residents had access to pharmacy services and

the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland.

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs. This was carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. A range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. Care plans reviewed were person centred and updated four monthly, as per regulatory requirements.

There were systems in place for the effective maintenance of the fire detection and alarm system and the centres emergency lighting. Residents had personal emergency evacuation plans (PEEPs) in place and these were updated regularly. These identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was up to date for all staff working in the centre. Although evacuation drills were taking place frequently there was not evidence that drills of the largest compartment was practiced, to ensure residents could be evacuated safely at a time when staffing levels were at the lowest. This findings is actioned under Regulation 28, Fire Precautions.

There was an ongoing focus on reducing restrictive practice in the centre and promoting a restraint free environment. This inspection found that where bed rails were used there were supporting risk assessments, consent obtained and alternatives trialled. Residents reported they felt safe in their home and there was a good awareness of safeguarding procedures amongst staff.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out. Minutes of recent resident forum meetings reviewed evidenced that relevant topics and suggestions were acted upon. For example; one resident had recently requested to enhance their IT skills and this had been facilitated with one to one training and another resident had requested the mobile library attend the centre and the person in charge had made arrangements for this service to be provided monthly.

## Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate freely and care plans detailed communication requirements of residents. Staff were familiar with residents communication needs, and were observed providing appropriate care and support.

Judgment: Compliant

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- the threshold of the door to the garden was observed to be higher than standard. Discussions with staff indicated this made manual handling difficult, especially with wheelchairs. It also posed a risk to residents mobilising outdoors independently or with walking aids.
- there was not sufficient furniture available in the dining room for the amount of residents accommodated in the centre. Therefore, some residents had to wait for use of a table.

Judgment: Substantially compliant

### Regulation 26: Risk management

The inspector found that the emergency plan required to be updated to ensure that there is a comprehensive plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. This is a requirement of the regulation.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Although fire drills were being undertaken every two weeks the inspector was not assured from these drill records that the centres largest compartment, could be

evacuated in a timely manner, when staffing levels were at their lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Significant improvements were noted in residents' individual assessment and care planning. The inspector reviewed a sample of care plans and it was evident that care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care requirements.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents' overall healthcare needs were met and that they had access to appropriate medical, nursing and allied healthcare services. There was evidence of regular medical reviews in residents' files. Referral systems to physiotherapy and occupational therapy services had been enhanced since the previous inspection. There was a low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed. The inspector found that where restraint was used in the centre, it was only used in accordance with national policy.

Judgment: Compliant

## Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Resident reported they felt safe in the centre. The provider was not acting as a pension agent for any residents living in the centre on the day of the inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

It was evident that residents rights were protected and promoted in Valentia Hospital. The provider had good facilities for residents occupation and recreation and there were opportunities to participate in activities in accordance with individual interests and capacities. The inspector saw that residents' privacy and dignity was respected by a team of kind and compassionate staff. Residents told the inspector that they were well cared for and that they always had a choice about how they spend their day. There was an independent advocate service referral system. Residents had access to Internet, radio, local and national newspapers and television.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Valentia Hospital OSV-0000571

Inspection ID: MON-0043522

Date of inspection: 26/04/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Response: The issue regarding recruitment of a clinical nurse manager is ongoing. The position (CNM1) was advertised online (on 29/11/23 for one month on an online recruitment platform). The advertisement will be run again as the timing of the original advert was not optimal.</p> <p>To address the loss of nursing staff due to one retirement and one nurse leaving the position, new nurses have been recruited and are due to start mid-June, following exams and garda vetting. The suitability of the newer candidates for this role will be assessed when they take up their positions.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Response: Regarding the issue of the unsuitable height of the threshold of the door to the garden : a builder has been engaged and is on the premises. His first task is to build a generator house and the adjustment to the door will be carried out following completion of same. This will commence on Wednesday 29th May 2024.</p> <p>Response: Regarding the lack of sufficient furniture available in the dining room for the amount of residents accommodated in the centre : new furniture is being sourced by the PIC, and will be in place as soon as possible.</p> <p>It is planned to have the new furniture in place by late July (31/07/2024).</p>	



Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The inspector found that the emergency plan was required to be updated.</p> <p>Response: To update, the generator remains functional, while the new generator is being installed.</p> <p>Response: Plans are in place to source battery operated emergency lights, torches and gas heaters. It is planned to have the battery operated torches, wind up torches, and gas heaters in place by late July (31/07/2024).</p> <p>The Board, along with the PIC, will update a plan for emergency evacuation at next meeting. Several alternative premises are being considered. It is planned to have an updated plan for emergency evacuation in place by late August (31/08/2024).</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p> <p>The inspector was not assured from these drill records that the centres largest compartment, could be evacuated in a timely manner, when staffing levels were at their lowest.</p> <p>Several fire drills have now been completed. The time to evacuate has been reduced significantly, to approximately 6-8 minutes, and the plan is to reduce the evacuation time still further, with enhanced training and practice drills. (31/08/2024).</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/09/2024
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents	Substantially Compliant	Yellow	31/08/2024

	likely to cause death or injury, serious disruption to essential services or damage to property.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/08/2024