



**Health
Information
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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 House Nursing Home
Name of provider:	Valentia Nursing Home Limited
Address of centre:	Camolin, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0004370
Fieldwork ID:	MON-0037040

About the designated centre

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

This centre has been managed by the registered provider since 1977 and has undergone a series of considerable extensions and improvement works since then. The centre provides accommodation for 44 residents and is located in the village of Camolin, Co Wexford. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 50 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident accommodation is comprised of a total of 16 single bedrooms with ensuite facilities, nine single bedrooms without ensuites, five twin bedrooms with ensuites, six bedrooms without ensuite. There are two dining rooms, two sitting rooms, and one conservatory. The majority of the premises is wheelchair accessible. However, five single bedrooms are located on the first floor and there is a chair lift for access, if required. These bedrooms are suitable for residents with good safety awareness and mobility. The main sitting area is the heart of the home with an open fire; there are various sitting areas; an oratory; hairdressing salon and the dining room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Thursday 13 October 2022	09:20hrs to 18:20hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Overall, the residents of Valentia House Nursing Home were in receipt of a good service, in an environment that met their needs. The inspector observed staff treating residents with dignity and respect, and staff who spoke with the inspector reported feeling safe and content in the centre. This inspection found that there were many improvements in the overall service provided since the previous inspection. Some areas required further strengthening to ensure that the quality and safety of the care delivered to residents in the centre was maintained.

The inspector arrived to the centre in the morning to conduct an unannounced inspection. A brief screening for symptoms related to COVID-19 was conducted by staff prior to gaining full access to the centre. The inspector met with the acting person in charge for an opening meeting and following this was accompanied on a tour of the designated centre. This tour provided visual evidence of a number of upgrades to the overall premises since the previous inspection. Throughout the day, the inspector met with residents to identify their experiences of living in the centre. Overall, feedback relayed to the inspector was very good, and residents gave positive feedback about the care they received.

The centre is registered for a total of 44 beds, and there were 37 residents living in the centre on the day of inspection. The premises is generally designed and laid out to meet the needs of the residents. The bedrooms on the upper floor, although registered, continued to be unused and the provider was exploring options for upgrading this area. The inspector observed that the centre was clean, tidy and uncluttered, with sufficient space for residents to move around safely. Residents could mobilise from their bedroom to the sitting rooms, the dining room and the oratory. Residents were seen to mobilise independently where possible. It was clear that staff knew the residents mobility status well, and they were seen to provide varying levels of assistance when residents were mobilising, while promoting independence in a safe manner. Visitors were seen to come and go from the centre throughout the day and visits were seen taking place in bedrooms and communal areas as appropriate. Residents confirmed that they could receive visitors at a time of their choosing, and that they could leave the centre with family or friends for trips out.

The inspector observed that residents were up and about from the early morning, with some choosing to spend time in the communal areas, and some preferring to stay in their rooms. Residents appeared well-dressed and groomed in their own individual styles. Residents who were unable to express their opinions to the inspector appeared to be content and comfortable in the centre. Staff were kind and gentle with residents who were displaying wandering behaviours and redirected and reoriented the residents when necessary. Mealtimes were seen to be an enjoyable experience, with the majority of residents attending the bright and spacious dining room, and some choosing to stay in their rooms. Residents were very complimentary of the food on offer, stating "It's top-class" and "The chef will

make what we like, it's never a problem". There was good choice for residents at mealtimes and there was snacks such as biscuits, fresh fruit and yoghurt available outside of mealtimes. The inspector saw various hot and cold drinks being offered throughout the day. There was sufficient staff on duty to assist residents with their intake of food and fluids.

The activity coordinator was on duty on the day of the inspection and provided a schedule of one-to-one and group activities for residents. This included walks out in the gardens, art and reminiscence. Residents' artwork and crafts were displayed throughout the centre, including seasonal flower arrangements and paintings. Photographs of residents past and present were displayed showing some lovely activities and parties. Residents told the inspector that they had plenty to do each day. The inspector observed staff who were kind and encouraging in their interactions with residents, and there was a good camaraderie evident. Residents were suitably engaged throughout the day, allowing for periods of rest and relaxation, and time spent quietly watching television and listening to the radio.

The next two sections of the report will outline in detail the findings of the inspection in relation to the specific regulations, and how these impact on the quality and safety of the service provided.

Capacity and capability

Overall, the inspector found that management systems in the centre were improving, ensuring good quality care and support was delivered to the residents. This was an unannounced inspection to monitor ongoing compliance with the regulations and standards.

The centre has a history of poor compliance with the regulations over the course of three inspections on 1 December 2020, 18 March 2021 and 1 March 2022. Following each of these inspections, there had been ongoing engagement with the office of the Chief Inspector which included attaching a restrictive condition on the centre's registration. This restrictive condition required the centre to come into compliance with regulation 15: Staffing, regulation 17: Premises, and regulation 27: Infection control by 31 December 2021. The registered provider had submitted an application to remove the restrictive condition, outlining the improvements made to come into compliance with the specific regulations. Continued non-compliance was identified during the inspection in March 2022 in relation to the following regulations:

- Regulation 15: Staffing
- Regulation 16: Training and staff development
- Regulation 21: Records
- Regulation 23: Governance and management
- Regulation 27: Infection control
- Regulation 29: Medicines and pharmaceutical services
- Regulation 5: Individual assessment and care plan

- Regulation 7: Managing behaviour that is challenging

A cautionary provider meeting was held on 27 May 2022 where the registered provider committed to implementing a range of actions to ensure that the centre was well-governed and to bring the centre back into compliance. Following this meeting, a warning letter was issued to the registered provider. A notice of proposed decision to vary the centre's restrictive condition was issued, and the registered provider was afforded more time to come into compliance with the regulations, specifically by 30 September 2022.

On this inspection, the inspector followed up on all of the items outlined in the centre's compliance plan following the previous inspection, under the relevant regulations, and found that improvements were seen in the majority of areas, and the required actions were in progress, with some having been achieved. Of the previously non-compliant regulations outlined above, regulations 16, 5 and 7 were found to be compliant, and regulations 15, 17, 21, 23, 27 and 29 were found to be substantially compliant.

The registered provider is Valentia Nursing Home Limited, a company with three company directors, all of whom are involved in the operations in of the centre. One director is the general manager of the centre, one oversees fires safety and maintenance issues, and one provides clinical support. The registered provider had notified HIQA of the temporary absence of the person in charge in September 2022. The clinical nurse manager had stepped into the role of person in charge for the interim period. She had the necessary qualifications and experience to fulfil this role while awaiting the return of the person in charge. She worked full-time in the centre, and a review of the centre's worked and planned rosters showed that she worked in a fully supernumerary capacity. There was a team of nurses and healthcare assistants, and domestic, catering and activities staff who all provided care and support to the residents.

Despite the interim management changes, there had been improvements in the overall governance and management of the centre, with improved oversight by the management team of all clinical and environmental risks, to ensure the sustained quality and safety of residents in the centre. Communication systems had also improved and there was evidence that following the last inspection, clinical governance meetings had been conducted frequently with the registered provider and management team, detailing the actions required to come into compliance with the regulations and improve the overall service provided. Regular meetings were held across the various departments to communicate these plans. Continued improvement was required in relation to the monitoring and auditing of key aspects of the service to ensure all relevant details were captured, which could then inform comprehensive, tailored action plans for improvement.

The registered provider ensured that staffing levels were closely monitored, based on the occupancy and dependency levels of the centre. Resources had been made available to increase the nursing staff complement, and the centre was now operating in line with the staffing levels outlined in their statement of purpose. The desired staffing levels included two registered nurses on duty at all times, however

this was not fully achieved, as discussed under regulation 15: Staffing. Domestic staffing levels had also been sustained. On-call management cover was provided at the weekend by the management team.

Oversight of training in the centre had significantly improved. Training was provided through a combination of in-person and online formats. Additional training modules had been completed, for example; nurses had completed updated medication management training following a poor finding in this regard on the last inspection. Healthcare staff were seen to be supervised in the roles by the staff nurses on duty; each nurse coordinated the daily delivery of care to a group of residents, with allocated healthcare assistants to assist in the provision of direct care and support. This meant that there was continuity in care throughout the day by the same group of staff. Record-keeping in the centre, in particular in relation to staff files as required by Schedule 2 of the regulation, had been improved, however some further oversight was required to ensure that the regulation was fully met.

There was good management of complaints in the centre. The level of complaints being made was low overall. The complaints record showed that there was two open complaints which were being dealt with under the company's own policy. Incidents and accidents were recorded in the centre. A review of these records showed that one incident requiring notification had not been submitted in line with regulatory requirements.

Regulation 15: Staffing

The nursing staff levels in the centre were in line with the whole time equivalent set out in the centre's statement of purpose. However, a small number of these nursing staff were completing a period of induction and as such, were required to work supernumerary hours during that period. As a result, there were some instances where the centre was unable to roster two nurses at night. For example, over the current two week rota, there were four nights where only one nurse was on duty. The provider had ensured that an additional healthcare assistant was rostered on these nights. However, given the layout of the centre and the combined dependency levels of the residents, the inspector was not assured that one nurse on night duty was sufficient to meet the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the records of staff training held in the centre and found that mandatory training in fire safety and safeguarding of vulnerable adults was completed for all staff. Other important training modules such as infection

prevention and control, the management of behaviours that challenge, and the principles of moving and handling had been completed by existing staff and were scheduled for the coming weeks for new members of staff.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files. In one file, there was no written references provided relating to a staff member's previous employment, as required by Schedule 2 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there had been overall improvements in the oversight of key clinical and operational areas, management systems required further strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored. For example;

- There was no analysis or trending of incidents such as falls or accidents sustained by residents, therefore there was no actions identified to drive quality improvement in this area. This was a repeat finding from the previous inspection. This audit was completed and submitted to the inspector for review following the inspection.
- A new monitoring system was planned for the collection of key data such as the use of antimicrobials, and the incidences of multidrug resistant organisms, however these had not yet been implemented, and as such there was no system of tracking these important details to identify areas of risk.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The centre's incident and accident log was reviewed. This identified an instance of a resident absconding from the centre. While this incident had been appropriately managed, it had not been notified to the Chief Inspector, as required by Schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Appropriate arrangements were in place for the management of complaints. A review of the record of open and closed complaints indicated that complaints were documented and investigated and the satisfaction of the complainant was recorded. Lessons learned from complaints were also detailed.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care. The inspector acknowledged that the management and staff of the centre had made a number of improvements to ensure that residents were provided with a quality service and an environment that promoted safety. There continued to be some improvements required in relation to the overall premises, privacy in shared bathroom facilities, infection control procedures and medication management.

Efforts were ongoing to ensure that all areas of the centre were maintained to a high level both internally and externally. Improvements to the premises since the last inspection included

- Decorative and painting upgrades in some bedrooms, a bathroom and communal areas
- Decluttering of all storage areas and reallocation of each area to specific equipment for example, linen, resident equipment and personal protective equipment (PPE)
- An equipment audit had been completed, and a re-audit was underway. This audit had resulted in the replacement or repair of a number of scuffed and worn items of furniture including bedside lockers and bed tables.
- A review of the walkways and steps leading from patio doors to external grounds had been completed and the associated risk assessment updated with additional controls to minimise the risk of injury or incident in these areas of the premises.

This inspection found that while systems to maintain and improve the premises were in process, some minor issues, as described under regulation 17: Premises, required attention to fully comply with the regulation.

The centre had implemented significantly improved infection control procedures following the previous inspection. All areas and rooms were cleaned each day and the environment appeared visibly clean. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, the use of colour coded flat mops and disposable cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed. Procedures for the surveillance of COVID-19 symptoms in residents and staff remained in place. The provider had updated their emergency preparedness plan and included the arrangements to be instigated in the event of an outbreak of influenza. While there had been no cases of COVID-19 since the previous inspection, there had been a large outbreak of Norovirus in April 2022 which was professionally controlled by the management team. Residents needs had been met throughout the outbreak with the support of General Practitioners (GP) and some remote assistance from the public health department. Specific infection control improvements in the centre included:

- Improved procedures and schedules for terminal and deep cleaning, describing the appropriate methods, frequency, equipment and techniques required
- The external clinical waste storage area had been secured
- There was improved auditing of infection control procedures including regular observational audits and audits of staff hand hygiene procedures.
- The bedpan washer was placed on a regular servicing cycle.

Notwithstanding the above improvements, the inspector identified some areas that required strengthening to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. These are detailed under regulation 27: Infection control.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. GP's attended the centre on a regular basis, residents had regular medical reviews and were referred for appropriate expert reviews by health and social care professionals when required. Access to chiropody services had improved since the last inspection and a full review of all residents chiropody needs had been conducted, with a regular system of referral and review now in place to ensure that this need was met. The centre had successfully transferred to an electronic care planning and assessment system. Based on the sample of records examined by the inspector, residents were assessed prior to and on admission to the centre and had clear and detailed care plans which identified each residents' specific requirements for care and support.

There was evidence of a commitment to restraint reduction in the centre, which reflected in a 50% reduction in bedrail usage since the previous inspection. A restraint register was maintained in the centre, and each episode of restraint was subject to risk assessment. Alternatives to restraint such as grab rails, low profile beds and sensor alarms were seen to be in use. Improvements were also seen in the care planning for residents displaying behaviours that challenge as a result of their medical diagnosis. Care plans were person-centred and there was a good system in place for the control of PRN (pro-re-nata) "as-required" medications to

treat these behaviours. Overall medication management systems had improved since the last inspection. Registered nurses were knowledgeable of their professional responsibilities in relation to medications and were seen to adhere to the principles of the 10 rights of medication administration when administering medications to residents.

Overall, residents' rights were promoted in the centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. While for the most part, residents' privacy was respected, not all toilets had locks on them, which meant that privacy and dignity could not be assured. There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted in the centre for residents' and families information.

Regulation 11: Visits

Visits to the centre were ongoing during the inspection. The current visiting arrangements posed no unnecessary restrictions to residents.

Judgment: Compliant

Regulation 17: Premises

Efforts were ongoing to implement a schedule of progressive maintenance and decorative upgrades throughout the centre. Environmental audits had identified certain areas requiring improvement, and there was evidence that these were discussed at maintenance meetings, however action had yet to be taken on some of the identified improvements. For example, an audit on 3 October 2022 had identified a broken footboard of a bed which required replacement as it was both a health and safety and infection control risk. This had been discussed at the subsequent maintenance meeting but the inspector verified that this had not been repaired, or replaced.

Multi-occupancy bedrooms in the centre were found to comply with the minimum floor space requirements of 7.4m² per person, as set out in the amended regulations SI 293 (2016). However, the configuration of some twin rooms did not afford residents the necessary privacy to conduct personal activities in private in that the floor space, area did not include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom

Judgment: Substantially compliant

Regulation 27: Infection control

Significant improvements were noted in the overall infection prevention and control procedures within the centre. However, the following issues were identified during the inspection;

- The regime in place to mitigate the risk of legionella by flushing of infrequently used water outlets could not be assured, as there were lengthy gaps in the sign-off documentation, suggesting that it had not been completed
- A small number of staff members were not wearing PPE correctly, for example, surgical face masks under the nose
- A bedpan was inappropriately stored in a residents ensuite, thereby assurances could not be provided that this was sanitised correctly in the bedpan washer
- While one hands-free handwashing sink had been installed in a busy corridor, there remained inadequate overall handwashing facilities for staff throughout the centre. Those that were in place did not comply with current recommended clinical specifications.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Only one aspect of this regulation was assessed during this inspection; 28(1)(e).

Records of timed fire evacuation drills showed that these were being completed regularly, clearly simulating various different scenarios and detailing the methods of evacuation of each resident, and the level of assistance required. Staff confirmed that they were aware of the procedures to follow in the event of a fire in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed issues in relation to the storage of some medications which could lead to adverse outcomes for residents. For example;

- Dates of opening were not consistently recorded for medications which had a

- reduced expiry once opened
- A number of discontinued medications were retained on the drug trolley. As required by the regulations, these must be segregated from other medicinal product
- There was an overstock on insulin pens in storage for one resident, which were labelled with differing dosage instructions; this could cause confusion in administration

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans. These showed that residents' health and social care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Assessments were carried out within 48 hours of admission and care plans reviewed within four months or when the residents' care needs changed. A variety of validated clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

Residents were in receipt of a high level of medical care in the centre. Regular reviews by GP's, and other health and social care professionals, in conjunction with direct evidence-based nursing care, promoted best outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. Medications were seen to only be used as a last resort, once all non-medical alternatives to managing the behaviour had been

trialled.

Restraints such as bedrails were appropriately assessed prior to use and there was a procedure in place for their regular review and release, in line with national guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had not ensured that all residents could undertake personal activities in private. For example, some bedrooms shared an ensuite with another bedroom. In one of these shared ensuite facilities there were no locks on the doors, therefore residents' privacy and dignity was compromised.

Judgment: Substantially 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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Valentia House Nursing Home OSV-0004370

Inspection ID: MON-0037040

Date of inspection: 13/10/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Three full time nurses have been recruited. Two full time HCAs have been recruited. Two further nurses have been interviewed and offers of employment dispatched. One senior nurse is joining part time. As is the case for all nursing homes, recruitment is ongoing. Risk Assessments are completed for any change in occupancy or dependency levels so that clinical and social needs are always met. Four rooms on the first floor are not in use.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All incoming staff are made aware of schedule 2 requirements to provide two written references. PPIM or PIC will sign off prior to commencing employment. Audit completed to ensure existing staff records contain the same.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

The service continues to provide resources to ensure safe staffing levels. Valentia Nursing Home is committed to providing Actual Relevant communication at management level for All of its service users.

The system planned for the collection of key data has now been implemented

A falls audit was completed. Further audits and action plans are in place.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Additional oversight agreed in the Management meeting to ensure all relevant notifications are made in the correct time frame.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Risk assessments are completed for all twin rooms. For example, a resident's clinical and social needs are carefully considered for each admission to a twin room.

Any additional measures are implemented based on risks identified.

Maintenance meetings are underpinned by weekly follow ups. Any required improvements have a time frame for completion.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Monthly MDT IPC meetings are taking place to drive learning and compliance.

A senior HCA recently appointed and is tasked with additional oversight and supervision of the correct wearing of PPE including face coverings.

All staff attend IPC training and Refresher training where necessary.

PIC is responsible for weekly sign off of records to prevent spread of Legionella

Installation of additional hand wash sinks is included in the capital development plan.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 Monthly audit of medication management has commenced.
 The drug trolleys are now on a weekly schedule for cleaning. Discontinued medications are segregated.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 A solution to provide residents privacy and safety in the ensuite bathrooms has been identified. This requires carpentry input and is scheduled.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	28/02/2023
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	31/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	21/11/2022

	and are available for inspection by the Chief Inspector.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	21/11/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	21/11/2022

Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed 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.	Substantially Compliant	Yellow	21/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	21/11/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities	Substantially Compliant	Yellow	31/12/2022

	in private.			
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