



**Health
Information
and Quality
Authority**

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:	Virginia Community Health Centre
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Virginia, Cavan
Type of inspection:	Unannounced
Date of inspection:	16 October 2024
Centre ID:	OSV-0000503
Fieldwork ID:	MON-0043366

About the designated centre

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

The designated centre provides 24 hour nursing care to 56 residents, both male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a two storey extended building located on a greenfield site. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which aims to embrace positive ageing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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
Wednesday 16 October 2024	08:30hrs to 17:00hrs	Michael Dunne	Lead
Wednesday 16 October 2024	08:30hrs to 17:00hrs	Karen McMahon	Support

What residents told us and what inspectors observed

Inspectors spoke with several residents on the day of inspection. The majority of residents who spoke with inspectors said they were happy with the care they received in the designated centre, and said that staff were friendly and kind. However a few residents reported that there can be a lot of different staff working in the centre, and it can be hard to get used to them. This feedback was validated by the inspectors findings on the day with high numbers of agency staff working in the centre to fill gaps on the roster.

Upon arrival the inspectors were guided through the centre's infection prevention and control procedure which included symptom checking and the use of personal protective equipment (PPE) as the centre was in a COVID-19 outbreak at the time of inspection. The inspectors then commenced a tour of the ground floor and were joined a short time later by the arrival of person in charge and the director of nursing. Following an introductory meeting to discuss the format of the inspection, the inspectors recommenced their tour of the ground floor and later attended the first floor where two residents were self isolating as a result of the outbreak.

During the tour of the centre the inspectors met several residents and staff and observed a number of staff and resident interactions, and found that residents were spoken to in a manner that respected their rights and individuality. Some residents were observed in their bedrooms awaiting breakfast to be served by staff, while a number of other residents were up and about, following their daily routines. Some residents were observed receiving assistance with their personal care support needs which was provided in a discreet and dignified manner.

The centre was warm and comfortable and there was a calm atmosphere throughout the day. Residents were able to access all areas of their home without restriction and included access to outside facilities.

The centre is located in a two-story building on the outskirts of Virginia, Co Cavan, and is co located on a campus with a primary care centre. Bedroom accommodation comprises of single and double occupancy rooms laid out over two units. Ilankirka unit is located on the ground floor and Illangrove unit is located on the first floor. Several communal rooms are available for residents to use which were found to be tastefully decorated and well maintained by the provider. There were dining rooms and small kitchenettes on each floor which supported residents to access additional food and drinks outside of regular mealtimes.

Residents were supported to personalise their bedrooms with items that were important to them such as photographs and memorabilia. Residents who spoke with inspector's said that their rooms were well maintained and cleaned every day. A lockable facility was available in all bedrooms where residents were able to store the valuables securely. However, the layout of and facilities available in some twin rooms could be improved to promote resident's choice of television viewing as

sharing a television did not facilitate individual residents to choose what they wanted to watch. In addition, not all privacy screens that were available in twin rooms extended fully around the beds which impacted on residents privacy and dignity and on their ability to engage in activities in private.

Inspectors found that there was an insufficient numbers of staff available on the first floor to provide adequate supervision and support for the residents. Care staff that were present on the unit were busy attending to their assigned duties and inspectors observed periods where residents had to wait up to five minutes for staff to come to them to attend to their needs. In addition the staff team was short of two nurses on this unit which was impacting on the clinical care and support for the residents.

There was an activity schedule displayed on the notice board on the first floor that offered activities which included involvement in, reading newspapers, beauty treatments, religious services, sing along, bowling, one to one supports and hand massages, however inspectors did not observe these activities being provided on the day. This was validated by feedback from staff and residents who said that there were no activities happening.

Sufficient dining facilities were provided throughout the designated centre. Inspectors observed that meal times were a relaxed and quiet occasion for residents, who sat together in small groups at the dining tables. Residents told inspectors that they liked the food provided and that there was always a choice of meals and plenty of food available to them. On the day of the inspection, residents were provided with a choice of dinner options which consisted of roast stuffed pork, chicken a la king, fish of the day or steamed chicken. There was a choice of hot or cold option for the evening meal. If a resident preferred to eat in their room or was unable to come to the dining room, this was facilitated by staff. Food was observed to be well presented, warm and with ample quantities on residents' plates. Food was cooked on site daily.

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

Capacity and capability

This was an unannounced risk inspection by inspectors of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspectors also reviewed representation that had been submitted by the provider to the notice of decision by the Chief Inspector to add restrictive conditions to the registration of the designated centre.

This inspection found that specific focus was now required by the provider to ensure that current management and oversight systems were effective in bringing the designated centre into compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 and to ensure that residents received a safe and appropriate service.

Inspectors followed up on the provider's progress with implementing the actions detailed in their compliance plans from the previous inspections in 2024. While the provider had carried out several actions to address previous non compliance's, not all actions had been fully implemented. Inspectors found recurring non-compliance's in relation to Regulations 15 Staffing, Regulation 16 Staff training and Development, Regulation 23 Governance and Management, Regulation 27 Infection Prevention and Control, as well as Regulation 21 Records and Regulation 9 Resident Rights.

The provider had completed some works to address fire safety issues identified in their fire safety risk assessment which was carried out in February 2023. At the time of this inspection there were a number of works yet to be completed, these works are described in more detail under Regulation 28: Fire precautions.

The Health Service Executive (HSE) is the registered provider for this designated centre. The management team consists of a regional manager and a director of nursing who both provide support the person in charge in the day to day running of the centre. The clinical team also consists of three clinical nurse managers, although only two out of three identified in the provider's statement of purpose were in position at the time of this inspection. A team of nurses, health care assistants, household, catering, physiotherapy and occupation therapy support were also involved in the delivery of care to the residents in the designated centre.

Inspectors found that although, there were management systems in place to oversee the service and the quality of care provided, these systems were not sufficiently robust in order to ensure that all deficits in the service were identified and addressed. A review of audits found that they were not effective in identifying key issues found on inspection and driving improvements in care and services.

The provider maintained a statement of purpose which described the services and facilities offered by the provider. A small number of amendments were required to meet the requirements of Schedule 1 of the regulations. The provider submitted an updated Statement of Purpose following the inspection.

This inspection found that the provider had not ensured there were sufficient staff on duty with the appropriate skills to meet the needs of all residents. The staffing complement was short two staff nurses due to short notice absence and this impacted on the delivery of clinical support to the residents. Residents were observed having to wait until 11am for their medication to be administered on Illangrove unit which was not in line with the prescriber's instructions.

Inspectors also observed that there were periods in the day where residents had to wait for staff to attend and provide support or address issues or queries that residents had. In addition, the inspectors were not assured that there were sufficient staff available to supervise the residents taking into account the residents'

needs and the layout of the centre.. At the time of this inspection 45% of residents had dementia type illness,while 27 residents out of the 48 currently in residence were classified as maximum dependency.

The oversight of staff training was not effective and as a result a number of staff had not met their training requirements in line with the provider's own training policy. The provider submitted information following the inspection to confirm that training dates had been secured for staff to update their training in basic life support, moving and handling and fire safety training. Following the findings of a previous inspection the provider had developed an induction record for agency staff to complete. Regular agency staff were also facilitated to attend the scheduled training sessions provided for the provider's own staff. This helped to ensure that agency staff who worked regular shifts in the designated centre had the appropriate knowledge and skills when providing care and support for the residents. However this training was not reflected in the training register.

The recently returned person in charge had completed a review of incidents and accidents that occurred in the designated centre, and had identified where notifiable incidents had not been submitted to the office of the Chief Inspector within the required time frames. These notifications were subsequently submitted and there were no late notifications at the time of the inspection.

There were contracts in place for the provision of services which contained the required information, although the providers contract also contained a section identifying the levels of insurance reimbursement available to residents in the event of damage to their property. However some of the contract records reviewed were not updated with this information and inspectors were not assured that the residents had the up to date information in relation to insurance arrangements for their personal property.

Complaints were managed effectively in line with the centre's policy on complaints and met the requirements of Regulation 34.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications as specified in the regulations. They are full time in post and are actively involved in the governance and management of the centre. The positively engaged with the regulator and are knowledgeable regarding legislation pertaining to running a designated centre.

Judgment: Compliant

Regulation 15: Staffing

A review of the rosters and observations carried out during the inspection confirmed that there was an insufficient number of staff with appropriate skills to meet the needs of all residents. This was evidenced by:

- Residents located in the dining room and in some communal rooms on the first floor were left unsupervised due to staff shortages. Inspectors saw that there was no member of staff in these rooms with the residents on a number of occasions throughout the day.
- Insufficient support available for residents to pursue their social care interests in line with their preferences and capacity to participate. On the day of the inspection the residents on the first floor did not have access to meaningful activities and social interactions as part of their daily routine.
- There were insufficient numbers of staff available to ensure that residents requests for care and support were met in a timely manner. The inspectors observed that some residents waited up to five minutes for staff to come to them when they sought assistance.
- The numbers of clinical staff available on the day was not in line with the numbers identified on the centres roster. There were two nurses not in work on the day which meant that some residents did not receive their medications within the required time frames.
- A clinical nurse manager post had not been filled at the time of this inspection. This impacted on the level of supervision and support available for the staff. This was a particular concern due to the high number of agency staff working in the designated centre who may not be familiar with the provider's policies and procedures and with the residents' needs and preferences for daily routines.
- There was a significant number of staff vacancies in this centre and included six nursing vacancies, seven health care assistant, one household post and one catering assistant post. Vacant shifts were covered by permanent staff where possible, however due to the number of vacant posts there was an over reliance on agency staff to cover vacant shifts.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors reviewed records relating to staff training and found :

- Eight staff required updated training in fire safety.
- Four staff required updated training in moving and handling.
- 28% of clinical staff did not have basic life support training in place.

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- The high levels of staff nurse vacancies and the absence of clinical nurse management resources impacted on the provider's ability to provide ongoing and regular staff supervision.

Judgment: Not compliant

Regulation 23: Governance and management

The provider did not ensure there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;

- Delayed access to some health care services were not seen as a priority to be addressed.
- The provider had failed to appoint to six staff nurse vacancies, one clinical nurse manager vacancy seven health care assistant vacancies and two catering staff vacancies. Although these vacancies were largely covered on a day to day basis the high use of agency staff to cover the gaps in the roster did not ensure continuity of care for the residents. It also added to the workload of the already depleted staff team and was not a sustainable staffing model.

The inspectors found that while there were management systems in place to monitor and review the quality of the service provided, they were not being used effectively to ensure that the service was safe, appropriate, consistent and effectively monitored. Although information was collected on key performance indicators, inspectors were not assured that the quality of the information gathered through audit and the monitoring of key performance indicators was sufficient to identify and drive quality improvements that were required. For example, the inspectors found:

- Delays in the recruitment of vacant positions meant that there was a high use of agency staff in this centre.
- The processes in place to ensure that staff received training were not robust and did not ensure that when staff training was due that this was provided in line with the provider's policy.
- The maintenance and oversight of record keeping was not sufficient. There were no systems in place to ensure that pension agent arrangements were updated to ensure that only staff working in the designated centre were pension agents for the residents.
- Some records were not available at the time of the inspection, although the records requested were provided post inspection and included an updated statement of purpose.

- A review of staff involvement in a reflective practice exercise was not robust and did not provide any meaningful information as to how their practice would improve. This review did not have management oversight or sign off.
- Risk assessments regarding the management of medication errors and the occurrence of unexplained bruising had not been uploaded to the centre's risk register.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed three contracts for the provision of services and found that the information included in the contracts met the requirements of Regulation 24.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents records and records relating to the status of wound care found that the required notifications were not notified to the Chief Inspector within the time frames set out under this regulation. The required notifications were submitted following a review of these records carried out by the person in charge who returned to their post in June 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that there was an accessible complaints policy in place which identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants. Four complaints had been received since the last inspection and all had been resolved at an early stage of the complaints process.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the management and updating of records was not robust and meant that some records were not easily accessible or well maintained, For example:

- Not all records were available on the day of the inspection although the inspectors acknowledge that these were submitted post inspection, these records included resident financial records, and staff training updates.
- A more transparent and accurate representation of the number of whole time equivalents for staff working in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place updated in November 2023 which included the information set out in Schedule 1 of the regulations. However this document required amendments to accurately describe the numbers of staff employed in the centre, this is described in more detail under Regulation 21: Records.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents. Some of the insurance information was contained in the residents' contracts for care which set out the provision of care and services including insurance arrangements. However, this document did not set out clearly the levels of reimbursement available to residents in the event of damage to their property.

Judgment: Substantially compliant

Quality and safety

Overall residents appeared happy living in the centre, and many spoken with said they were happy with the care they received. However, the quality and safety of the

service being delivered to the residents was being negatively impacted by the current staffing levels in the centre and gaps in the healthcare systems accessing some clinical services.

A selection of care plans were reviewed on the day of inspection. A pre-assessment was carried out prior to admission to the designated centre and a comprehensive assessment was carried out within 48 hours of admission to the centre. Care plans were generally individualised and many clearly reflected the health and social needs of the residents. However, the inspector found that where resident's were in receipt of additional funding for additional care needs, they did not have a correlating care plan to reflect how these care needs and services would be provided.

Overall records showed that residents had access to medical care in line with their assessed needs. A medical officer attended the designated centre daily and there was on site support from a physiotherapist. However inspectors identified that while appropriate referrals were being made to Speech and Language Therapists (SALT) and Tissue Viability Nurses (TVN) residents were not receiving timely access or appropriate on site assessments from these services. This is further discussed under Regulation 6:Health care.

While activities were observed taking place throughout the day in the centre, inspectors observed disparities between the quality and length of activities being provided to residents over the two floors in the centre. Only one activity was observed taking place in the morning, on the ground floor, with no activities observed on the first floor. Residents accommodated on the first floor were observed in a number of sitting rooms where the television was on but their was no staff supervising or providing social engagement with these residents. Staff on the first floor reported to inspectors that they were short staffed on the day of inspection and did not have the resources to provide social engagement with residents. This was impacting on the well-being of these residents who did not have any meaningful social engagement or occupation on the day.

The provider had not yet completed the fire safety works identified in their fire risk assessment completed by a competent person in 2023. The works that remained outstanding are identified under Regulation 28: Fire safety. The inspectors reviewed fire safety records on inspection and found that fire drills were well maintained and carried out every two weeks. The provider engaged an external fire safety resource to maintain and check the fire doors on a monthly basis in conjunction with the regular checks carried out by staff in the centre. Fire exits were well maintained and emergency evacuation signage gave clear direction to the nearest emergency exit. The provider had carried out improvements that were required to emergency exit lighting and there was signage available to direct staff and residents to the nearest assembly point. A review of records confirmed that quarterly and annual fire system maintenance checks had been carried out.

The oversight of infection prevention and control in the centre had improved since the last inspection, however inspectors found further improvements were still

required in the management of infection prevention and control risk in the designated centre.

As described under Regulation 27, the absence of signage and availability to cohort staff to care for residents had the potential to impact on the spread of infection. In addition there was an absence of clinical staff available to provide oversight and monitor staff practices. However, discussion's with care staff and staff engaged in the cleaning of the environment confirmed that they were knowledgeable of policies, procedures and practices to maintain a hygienic environment.

The provider had improved the cleaning of residents mobility equipment and labels attached to the equipment confirmed dates they had been cleaned. Inspectors found that the oversight and maintenance of storage facilities had improved since the last inspection. Although one storage facility contained a number of items and included mattresses which were due to be discarded. The provider had commissioned additional outside storage which was under construction at the time of the inspection.

The premises were well-maintained and suitable for resident use. Residents enjoyed unrestricted access within the centre and had access to fresh air in a secure garden area. There was appropriate furniture and seating available for residents to be able to enjoy this space. There was a selection of communal and private areas for residents to use.

Inspectors reviewed the risk register and found that it had not been updated to reflect risks associated with poor medication practices and concerns regarding a number of unexplained bruising identified by the person in charge following a review of incident records. The provider submitted records post inspection which confirmed that these risks had been reviewed with appropriate interventions identified to protect residents from risk of harm.

The registered provider was a pension-agent for 14 residents. There was a separate bank account in place to receive residents' finances. However, there was a lack of individual records available on the day of inspection to provide assurances that the systems in place were adequate to safeguard residents monies.

Pharmacy services were provided by an external contractor and there was a paper based system in use for the prescribing and administration of medications. Inspectors were not assured that prescribed medications were being administered in accordance with the directions of the prescriber and found that staffing levels on the day of inspection were resulting in late administration of medications. A number of significant medication errors had been notified to the office of the Chief Inspector prior to inspection, however inspectors found there was no detailed root cause analysis into these incidents to identify trends or possible causes to drive quality improvements in this area.

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were clean, well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 26: Risk management

While there was a risk policy available for review in the centre, the risk register was not updated to reflect current risks in line with this policy. This omission included medication errors and unexplained injuries, incidences of which were currently high in the centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but inspectors found some action is required to be fully compliant. For example;

- There was a lack of information and notices located at the point of entry to the rooms of two residents indicating that they were positive with COVID-19 and were self isolating.
- There were insufficient numbers of staff available on the day to be able to allocate staff to support to the two residents who were positive with COVID-19. As a result staff caring for these residents did attend to other residents on the day, however this was managed by appropriate infection prevention and control measures including the correct use of personal protective equipment and effective hand hygiene.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of this inspection the registered provider was working towards addressing fire safety deficits identified in previous inspections and in their fire

safety risk assessment carried out in February 2023. The provider had yet to complete the following areas identified in this assessment.

- Upgrading of Fire Doors to eliminate gaps around frame and to the floor. Replace glazing in vision panels in all corridor and cross corridor doors with appropriate fire rated glazing.
- Address all compartmentation and sub-compartment issues to ensure effective compartmentation and prevent the spread of smoke and fire.
- Address fire stopping service penetration issues to prevent the spread of smoke and fire in a fire emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicinal products were not always administered in accordance with the directions of the prescriber, for example;

On the day of inspection inspectors observed morning medications being administered outside of the prescribed timeframes.

There were 10 incidents of stock levels being incorrect between the months of August and September 2024, meaning that there was either not enough medications left to fill the current prescription or there were too many medications left over as a result of under administration of medications. This had the potential to significantly impact on the health of the residents who are prescribed these products.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The registered provider had failed to ensure all care plans were reflective of the resident's current care needs. For example,

- Residents in receipt of significant additional funding to provide additional care to meet their assessed complex care needs did not have care plans in place to reflect these needs and how relevant care was to be provided to residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were not always receiving timely access or appropriate expertise from medical professionals when required. For example;

- Residents who were referred to SALT services were having to wait a minimum of one year for appointments. This resulted in hospital admissions due to complications caused by swallowing difficulties for one resident.
- TVN services were carrying out remote assessments and were not always on site to carry out face to face reviews. This resulted in the misdiagnosis of a residents' wound and recommended medical treatment.

Judgment: Not compliant

Regulation 8: Protection

Although the provider had measures in place to protect residents from abuse, there were some areas of current practice which meant that these measures required strengthening, for example:

- The oversight of pension agent arrangements was not robust as there were a number of staff no longer working in the centre who had signed the pension agent forms.
- The inspectors were not assured that the provider's policy on the responsibilities of pension agents gave clear and sufficient guidance for staff to follow.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although there was meaningful social activities available for residents in the centre, not all residents were afforded the same opportunities to participate. This was evidenced by the following findings;

The planned activity schedule was taking place on the ground floor with no provision of organised activities or entertainments for those residents accommodated on the first floor. As a result many residents were seen sitting in front of televisions in a number of sitting rooms throughout the day with no meaningful or social engagement with staff or with each other.

As observed on previous inspections residents in some multi-occupancy bedrooms did not have effective privacy screens in place and this was impacting on residents privacy and dignity and on their ability to undertake personal activities in private.

Some privacy screens in multi-occupancy bedrooms assessed by inspectors, when fully drawn still had gaps through which residents' private space could be seen by others in the room, therefore not providing an area for residents to carry out their activities of daily living in private.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 22: Insurance	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Virginia Community Health Centre OSV-0000503

Inspection ID: MON-0043366

Date of inspection: 16/10/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will come into Compliance with Regulation 15: Staffing by the following:</p> <ul style="list-style-type: none"> • Rosters within the Centre have been reviewed which ensures supervision is provided in communal rooms. Supervision checks have been increased from hourly to half hourly in the Centre to ensure resident’s safety and comfort. This includes all the communal areas. The Supervision Checks may be carried out more frequently if there is an increased risk to a resident. Records of these Comfort Checks are maintained in the Designated Centre and are available to the Inspectorate on request. • There is a Homemaker employed on both floors to provide meaningful activities and social activities and interactions for residents. A schedule of activities is available Monday to Sunday and is implemented • A review of the rosters within the Centre has taken place which ensures that there are sufficient number of staff available to ensure that resident’s requests for care are provided in a timely manner. As to ensure appropriate governance a call bell activation drill has been introduced by the Person in Charge as to monitor staff’s responses to call bell activation. These drills will be carried out monthly by the Person in Charge or more frequently if required. • The Clinical Nurse Manager position vacant at the time of inspection has now been filled. The CNM commenced employment on the 2nd December 2024. This will support and enhance the leadership, governance and oversight of staff working in the Designated Centre. • The required paperwork has been completed and forwarded for recruitment in line with the HSE’s recruitment processes and pathway. The service will continue to work with the HR department re the timely filling of all approved posts. • In the interim a review of staffing available within Older Persons Services Cavan/Monaghan has taken place. This review has resulted in three Health Care Assistants being redeployed to the Centre to cover vacant posts. These three Health Care 	

Assistants rotate on a five week schedule. One Staff Nurse has also being redeployed on a weekly rotation. This will be reviewed 31st January 2025. Regular agency staff is also utilized to ensure the roster is aligned to the Statement of Purpose and the needs of the residents are met. Due to Fire Works commencing in the Centre there has been a temporary closure of five beds reducing the overall occupancy within the Centre to fifty-one. An additional five beds will be closed between 19th December 2024 and the 6th January 2025 when works commence. These will remain closed for the duration of the works.

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.

Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The Provider will come into Compliance with Regulation 16: Training and Staff Development by the following;

- Fire safety Training was carried out on the 28th November 2024. All staff working in the Designated Centre are trained in Fire Prevention, Control and Evacuation
- Bi-monthly Fire Evacuation Drills are carried out in the Designated Centre and records of same, including Learning are maintained in the Centre and are available to the Inspectorate on request.
- Moving and Handling Training is planned for 20th December 2024. Ongoing Moving & Handling Training will be provided in the Centre throughout 2025.
- All Clinical Staff have Basic Life Support Training in place. On the day of inspection there were 28% of Clinical Staff not up to date with their Training
- All Clinical Nurse Manager are now in post which will strengthen the Governance Structures within the Centre and will support and enhance staff supervision and ensure appropriate training is in place

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will come into Compliance with Regulation 23: Governance and Management by the following;</p> <ul style="list-style-type: none"> • A Standard Operating Procedure has been developed in the Centre to demonstrate the access to Speech and Language Therapy and Tissue Viability Nurse Specialist in the Designated Centre. A copy of this SOP is available to the Inspectorate on request. The SOP outlines the referral pathway for residents to access services either through the Primary Care network or via a private agency. This will ensure access to these Services is in a timely manner. • The required paperwork has been completed and forwarded for recruitment in line with the HSE's recruitment processes and pathway. The service will continue to work with the HR department re the timely filling of all approved posts. <p>In the interim a review of staffing available within Older Persons Services Cavan/Monaghan has taken place. This review has resulted in a number of staff being redeployed to the Centre to cover vacant posts. Regular agency staff is also utilized to ensure the roster is aligned to the Statement of Purpose and the needs of the residents are met. Due to Fire Works commencing in the Centre there has been a temporary closure of five beds reducing the overall occupancy within the Centre to fifty-one.</p> <ul style="list-style-type: none"> • A New Training Matrix has been developed to track and record all Mandatory Training in the Designated Centre. This Matrix will support the Management Team in the Designated Centre to ensure the record of staff training is up to date. The Matrix will highlight when staff require refresher training and so assist the Management Team in planning and organizing future Training dates. This will be monitored and review by the Person in Charge and the Provider on a monthly basis. • The Management Team can confirm that Virginia Community Health Centre is operating under the process requested by the Department of Social Protection in relation to the pension agent arrangements for residents living within the Designated Centre. See letter attached regarding process. • The revised Statement of Purpose for the Designated Centre has been provided to the Authority post inspection. • A review of the process of reflective practice was carried out by the Management Team which now includes the staff member meeting with their Manager to discuss the learning outcome and actions required and is then signed off by all parties. Records of reflective practice sessions are reviewed by the PIC on a monthly basis to ensure that they are robust and allow for meaningful change as required • The Centre's Risk Register has being updated to include the Management of Medication Errors and the occurrence of unexplained bruising. All medication errors and episodes of unexplained bruising are reviewed by the Person in Charge in line with the HSEs Incident 	

Management Framework. All incidents are reviewed by the Quality and Patient Safety Committee. Trend analysis of incidents are reviewed and monitored by the Person in Charge and Provider at the monthly Cavan Monaghan QPS / PIC meetings.

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.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 The Provider will come into Compliance with Regulation 21: Records by the following;

- All resident financial records are available in the Designated Centre and will be available on each resident file going forward.
- An updated Training Matrix has been devised to track and record all Mandatory Training in the Designated Centre. This Matrix will support the Management Team in the Designated Centre to ensure the record of staff training is up to date. The Matrix will highlight when staff require refresher training and so assist the Management Team in planning and organizing future Training dates. This will be monitored and review by the Person in Charge and the Provider on a monthly basis. The training records and matrix will be available on site for review by the regulator as required
- A review of the whole time equivalents in the Designated Centre has been carried to ensure that a more transparent and accurate representation is available.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The Provider will come into Compliance with Regulation 3: Statement of Purpose as follows;

- The Statement of Purpose for the Designated Centre has been reviewed and amended to accurately describe the number of staff employed within the Centre.

Regulation 22: Insurance	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 22: Insurance: The Provider will come into Compliance with Regulation 22 Insurance as follows;</p> <ul style="list-style-type: none"> • All contracts of care for residents have been reviewed and now include the levels of reimbursements available to residents in the event of damage to their property. The Person in Charge will ensure that each resident’s contract of care on admission outlines the reimbursements available to residents. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The Provider will come into Compliance with Regulation 27: Infection Control as follows;</p> <ul style="list-style-type: none"> • Appropriate signage will be in place to alert staff working in the Designated Centre when residents are self –isolating • When Staff working in the Designated Centre are assigned to care for residents who are confirmed COVID-19 positive, all Infection Prevention and Control measures are put in place in line with Public Health and current IPC Guidance. Virginia Community Health Centre follows The Public Health and Infection Prevention and Control Guidance on the Prevention and Management of cases and Outbreaks of respiratory Viral Infections in Residential Care Facilities. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider will come into Compliance with Regulation 28: Fire as follows;</p> <ul style="list-style-type: none"> • Planned essential Fire Safety works including the repair and upgrading as required of Fire Doors within the Designated Centre to eliminate gaps around the frame and between the door and the floor. This upgrade will include a replacement of glazing in 	

vision panels in all corridors and cross corridor doors with appropriate fire rated glazing. These works will be completed by end of Quarter 1 2025.

- Through the Programme of Essential Fire Safety Works in the Designated Centre, all compartment and sub-compartment issues will be addressed to ensure effective compartmentation within the Centre to prevent the spread of smoke and fire. These works will be completed by end of Quarter 1 2025.
- Through the Programme of Essential Fire Safety works in the Designated Centre, all fire stopping service penetration issues will be addressed to prevent the spread of fire in a fire emergency by end of Quarter 1 2025.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Provider will come into Compliance with Regulation 29: Medicines and Pharmaceutical Services as follows;

- Four medication trolleys have been ordered for the Centre to reduce the time taken to complete medication administration and to reduce risk of medication errors.
- A Review of Medication Prescription Administration times is currently underway in the Designated Centre. The current morning medication administration time is 09 00 hours, however, the proposed new administration time is 09 30 hours. All prescriptions will be reviewed by end of December 2024. This review is being completed by the Provider, Person in Charge, Clinical Nurse Manager and the Medical office
- A medication reconciliation review is currently being carried out, this includes
 1. spot checks of medications within the drug administration cycle,
 2. A review of the processes of medication being received into the Centre from the Local Pharmacy and the disposal / returns to the Pharmacy.
 3. On the delivery of Medications for each new cycle the medications will be checked and counted by a staff nurse with the pharmacy technician and this will be overseen by one of the Clinical Nurse Managers. This will ensure an accurate recording of medication received into the Centre in respect of each resident.
- The Cavan Monaghan Services for Older Persons Medication Management Policy is currently under review by the Older Persons Management Team. This will be completed, ratified and in operation in the Designated Centre by end of January 2025.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Provider will come into Compliance with Regulation 5: Individual Assessment and Care Pan as follows;</p> <ul style="list-style-type: none"> • All resident's Care Plans are reviewed three monthly or more frequently if there is a change in the residents health status so as to ensure that the Care Plans are reflective of the resident's current assessed needs. • Resident in receipt of additional funding to provide additional care to meet their assessed complex care needs now has a Care Plan in place which reflects their needs and the care in place in the Designated Centre to meet their assessed needs. This will be kept under review by the Clinical Nurse Manager and the Person in Charge. 	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Provider will come into Compliance with Regulation 6: Health Care as follows;</p> <ul style="list-style-type: none"> • A Standard Operating Procedure has been developed in the Centre to demonstrate the access to Speech and Language Therapy and Tissue Viability Nurse Specialist in the Designated Centre. A copy of this SOP is available to the Inspectorate on request. The SOP outlines the referral pathway for residents to access services either through the Primary Care network or via a private agency. This will ensure access to these Services is in a timely manner. • Tissue Viability Nurse Assessments will now be carried out via face to face consultations and reviews in the Designated Centre with immediate effect. 	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider will come into Compliance with Regulation 8: Protection as follows;

- The Management Team in the Designated Centre can confirm that Virginia Community Health Centre is operating under the process requested by the Department of Social Protection in relation to the pension agent arrangements for residents living within the Designated Centre.
- The policy on the responsibilities of pension agents will be reviewed to ensure there is clear and sufficient guidance for staff to follow. This will be completed by the end of January 2025.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider will come into Compliance with Regulation 9:Resident's Rights as follows;

- There are homemakers employed on both floors to organize activities, both group and individual activities, which are meaningful and meet the needs of residents. There are activity schedules available Monday to Sunday and are in place
- An additional six privacy screens have been ordered for twin-occupancy bed- rooms that were identified as required following a review to ensure resident's privacy and dignity is maintained. These will be delivered by 14th February 2025. In the interim, mobile screens are available to each of these six rooms. This will ensure all resident privacy and dignity is respected.

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.	Not Compliant	Orange	31/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/12/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	02/12/2024
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	17/10/2024

	and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/10/2024
Regulation 22(2)	The registered provider may insure against other risks, including loss or damage to a resident's property and where such insurance is effected the resident shall be advised accordingly.	Substantially Compliant	Yellow	31/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2025
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.	Not Compliant	Orange	02/12/2024
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	31/10/2024

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	28/02/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	28/02/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/02/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of	Not Compliant	Orange	31/12/2024

	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.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	18/10/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	17/10/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	18/10/2024

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/10/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	28/02/2025