<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Boyne View House</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000532</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Dublin Road, Drogheda, Louth.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>041 98 37495</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:maura.ward@hse.ie">maura.ward@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Maura Ward</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
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</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 24 September 2014 12:00
To: 24 September 2014 18:30

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two outcomes, End of Life Care and Food and Nutrition.

Prior to the inspection the person in charge completed self-assessment forms in respect of these outcomes. The person in charge forwarded questionnaires to residents’ relatives for completion and return to the Authority, however, no questionnaires were returned.

The inspection methodology included a review of documentation, obtaining the views of residents, relatives and staff and observing 2 meals, (lunch and evening tea).

The person in charge assessed the centre to be in minor non-compliance under both outcomes. A number of actions had been identified to move towards full compliance. These matters were actioned or were in progress.

In the main, the inspector found that end of life care was person centred and respected the values, views and preferences of relatives who primarily are the advocates on behalf of the residents who are cognitively impaired. There was good access to medical and specialist palliative care. In discussions with the staff group it was evident that they supported residents and relatives and provided care in a dignified manner. The inspector found that improvements were required to ensure that care plans provide a comprehensive assessment of needs including the
residents' emotional and psychological needs and all staff are trained in this aspect of service provision. The inspector found this outcome to be moderately non-compliant.

Some aspects of nutritional care were satisfactory, however, from an observation of the lunch and evening time meals and discussions with staff the inspector concluded that, overall, the dining experience for some residents was poor. Refrigerators and freezers containing regenerated food were located in the dining area and there were insufficient staff on duty in the dining room to meet residents’ needs. The size of the dining room is insufficient to accommodate all of the residents and therefore some residents had their meals in their bedrooms or in the sitting room. The inspector observed that as staff assisted some residents to have their meal other residents sitting in the group did not have any food. Visitors walked through the sitting room during the meal times. In some instances, the presentation of the food on the individual plates was not appetising/appealing as the heated regenerated food was turned upside down from the tinfoil containers unto the plate. The inspector found this outcome to be major non-compliant.

The other matter identified for improvement related to insufficient stimulation for a resident.

The action plan at the end of this report identifies the matters which require to be addressed in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident’s eating habits had not been elicited as part of the assessment process.
See outcome 15.

Judgment:
Non Compliant - Minor

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Refrigerators and freezers containing regenerated food were located in the dining area, as there was insufficient room in the kitchen.

The size of the dining room is insufficient to accommodate all of the residents and therefore some residents had their meals in their bedrooms or in the sitting room.
Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
End of life care was person centred and respected the values and preferences of individual residents.

The provider self-assessment questionnaire had been completed by the person in charge and the overall assessment was that the centre was primarily in compliance with minor non-compliances. Areas for further improvement related to the following:
- No specific policy on records in relation to a deceased person.
- No formal system in place for residents to express their wishes to a staff member.
- Audit of end of life care plans to ensure that they are reviewed on a 4monthly basis.
- Identify and provide a list of local bereavement support services.
- Ensure that there is an adequate supply of sympathy cards for staff.

Prior to the inspection management and staff had worked to address the above matters and the audit of care plans and formalising the system for residents to express their wishes remain in progress.

The inspector found that residents due to primarily to their dementia did not communicate with the inspector regarding this aspect of their care. However, there was good evidence of relatives’ involvement in a resident’s care plan who was assessed as nearing end of life. The information identified in this care plan entitled “My Preferred Priorities for Care” was detailed and informative. A relative was able to raise the question regarding lack of consultation in respect of the resident’s medication and the inspector read about the measures taken to satisfactorily resolve this issue.

Assessments primarily related to the resident’s physical and spiritual needs, for example, eating and drinking, MUST screening, pain management and requests for spiritual blessings, however, there was limited documentation in relation to the resident’s emotional and psychological needs.

Relatives who were advocating on behalf of the resident were given opportunities to make choices about preferred location at end of life stage, religious and spiritual wishes, medical interventions and the reposing of the body.
There was strong evidence that residents’ spiritual needs were met. Religious services and remembrance events had taken place.

The policy in respect of end of life care had been updated and in the main staff who communicated with the inspector were familiar with the main aspects of this however, no formal training had been provided and staff confirmed that they had not seen the video which, accompanies the policy.

Over the past two years 7 residents had received end-of-life care in the centre without the need for transfer to an acute hospital. The inspector saw evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner and out of hours service, the use of subcutaneous infusions and oral antibiotics.

End of life care is provided in a single room, of which there are 2 in the designated centre. The inspector heard that families were supported to stay during the day and overnight as a reclining chair was made available, facilities to have food and refreshments were made available and the deceased residents could repose in the centre while funeral arrangements were being made. Other residents living in the centre were supported and given an opportunity to pay their final respects. Following a death staff appropriately pack the resident's personal possessions using the hospice friendly hospitals hold all bag to give to the relatives and an end of life review was carried out to further improve this aspect of service provision.

While some staff had attended in house training and those staff who communicated with the inspector were knowledgeable in this area of care, not all staff had participated in training regarding caring for residents at end of life.

**Judgment:**
Non Compliant - Moderate

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**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Some aspects of nutritional care were satisfactory, however, the overall dining experience for some residents was not good.
The policy on food, nutrition and hydration management had been updated. This was detailed. Staff who communicated with the inspector stated that they had read and understood the policy.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. This information was shared with the catering staff. However, each resident's eating habits had not been elicited as part of the assessment process. See outcome 11 for action plan.

Residents' weight was recorded on a monthly basis and where necessary, on a weekly basis. Food and fluid record charts were available to monitor residents’ dietary intake. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

A notice board in the dining room displayed the menu for the day. This consisted of the following choices, ham in sauce, Lancashire hot pot, pureed roast lamb, vegetables of the day, potatoes and cabbage followed by angel delight and jelly.

A multi-task assistant working in the kitchen with 2 other staff members explained how orders of frozen food in either individual or multipack containers were received into the centre and re-generated. Some staff members had not tasted the food and one staff member stated “it’s all right, but there are no nice smells of cooking to stimulate residents’ appetite”. The inspector sampled the food and considered the ham in white sauce to be well cooked however, the minced roast lamb was tasteless. Some residents who communicated with the inspector made the following positive comments, “I love my food”, “I love my dinner”, “I love bacon and cabbage”.

Staff working in the kitchen showed the catering records to the inspector, which identified the temperature readings at the various stages of regenerating the food.

A variety of meals were provided, for example normal, modified, soft or pureed. A choice of soft drinks was served throughout the meals. Nutritional supplements were available as necessary. The inspector was informed that the company supplying these meals had communicated with the dietician with regard to verifying the calorie content and staff had been informed by speech and language therapists that the consistency of the pureed food was good.

In the dining room at lunchtime there was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Where necessary residents were provided with assistance and staff did this in a sensitive manner. Staff communicated with residents during the meals.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers were available. A survey regarding food was conducted in May 2014 and in the main, it was satisfactory, however, it was found that there was insufficient fruit available for residents. The inspector did not see fresh fruit available with the exception of bananas at tea time.
The inspector found from an observation of the lunch and evening time meals and discussions with staff that, overall, the dining experience for some residents was poor. Refrigerators and freezers containing regenerated food were located in the dining area, as there was insufficient room in the kitchen. The dining room is located adjacent to the kitchen and when the hatch was open during the serving of the meals there was a considerable noise from the kitchen. At lunchtime there were 10 residents in the dining room assisted by 2 staff. As residents had completed their lunchtime meal the 2 staff members assisted 1 resident to the toilet but the other residents were seeking assistance to leave the dining room from the 2 staff and other residents. The toilet area in the corridor became congested as there were insufficient staff at this time to meet the individual needs of the residents and the residents remaining in the dining room were unsupervised. Meanwhile the other staff on duty were assisting residents to have their meals in the sitting room and bedrooms. An evening meal was placed on a bedside table in front of a resident who was in the lower end of the sitting room, but the resident was not prompted/assisted to eat.

The size of the dining room is insufficient to accommodate all of the residents and therefore some residents had their meals in their bedrooms or in the sitting room. The inspector observed that as staff assisted some residents to have their evening meal in the sitting room other residents sitting in the group around a table did not have any food. There was no indication from the table setting that residents were having a meal with the exception of a salt and pepper dispenser. The menu was not displayed.

In some instances, the presentation of the food on the individual plates was not appetising/appealing as the heated regenerated food from frozen was turned upside down from the tinfoil containers unto the plate. The inspector saw a good deal of waste food.

Staff had participated in training in relation to food safety and demonstrated their knowledge in this area when communicating with the inspector. There was evidence that staff had access to training in peg feeding, diabetes, dysphagia and use of supplements, however, comprehensive training in respect of nutritional care had not been provided for all staff. See outcome 18 for action plan.

Judgment:
Non Compliant - Major

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The dining room is located adjacent to the kitchen and when the hatch was open during the serving of the meals there was a considerable noise level from the kitchen which distracted residents from exercising their choice to have a peaceful, quiet ambience in the dining room. See outcome 15.

Access to the visitors' room is via the residents' communal sitting or dining rooms. The inspector observed visitors walking through the sitting room during the time that residents were having their evening meal. See outcome 15.

While the inspector observed residents enjoying a karaoke service, followed by Mass in the afternoon of the inspection a relative visiting the centre informed the inspector that the relative being accommodated in the centre had few opportunities to participate in activities in accordance with the resident's interests and capacities.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector observed that there were insufficient staff on duty to assist and supervise residents following their lunchtime meal in the dining room and during the evening tea meal in the sitting room. See outcome 15.

Staff members who communicated with the inspector highlighted that there were insufficient staff to meet the residents' needs due to their high dependency levels (all residents assessed as having a maximum dependency level). Staff identified that staffing levels at weekends were particularly problematic. An examination of the staff roster by the inspector found only 3 staff members were working in the designated centre on
Saturday evening from 17:00 hours to 20:00 hours. Staff highlighted this issue to the person in charge during staff meetings and a review of staffing had been carried out, which confirmed that the designated centre was understaffed. The person in charge assured the inspector that staffing levels would be increased with immediate effect.

**Judgment:**
Non Compliant - Major

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
<th>Boyne View House</th>
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<tr>
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<td>OSV-0000532</td>
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<tr>
<td>Date of inspection:</td>
<td>24/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

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

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

Outcome 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident’s eating habits had not been elicited as part of the assessment process.

Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the

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

**Please state the actions you have taken or are planning to take:**
Each Resident will now have a complete Assessment of their Eating Habits undertaken in consultation with nearest representatives on admission. A new assessment tool has been devised based on the Edinburgh Feeding Evaluation in Dementia Scale, which is an eleven item scale. The care plan as a result of the assessment will allow staffs care for a resident based on their abilities will recognise what assistance is required. It will also recognise both functional and psychological issues associated with eating and mealtimes. This assessment tool will be evaluated ongoing amongst all staff and will be revised should a need arise after an initial trial period.

**Proposed Timescale: 28/10/2014**

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The size of the dining room is insufficient to accommodate all of the residents and therefore some residents had their meals in their bedrooms or in the sitting room.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
During the inspection it was found that there were too many pieces of equipment in the dining room. All of these have been moved and now have their own storage area. Tables and chairs have been moved around and has given more space. In order to accommodate all residents and their need for individual supports, there are now two seating’s at mealtimes. One seating allows for the most dependent residents to gain the support they require. If it ascertained that due to the disability of some residents to use the dining room, this will be supported in the resident’s care plan, based on individualised assessment of need. Some residents may on occasions be cared for in bed. Meals will continue to be served in rooms if it is ascertained on any particular time that this is the need of the resident. This will be judged on a daily basis by the most senior nurse on duty and will be clearly documented in the person’s care plan.

**Proposed Timescale: 01/10/2014**
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refrigerators and freezers containing regenerated food were located in the dining area, as there was insufficient room in the kitchen.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
All have been immediately removed and have been stored in their own storage area away from the Dining Room.

Proposed Timescale: 01/10/2014

Outcome 14: End of Life Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments in respect of emotional, social and psychological needs were not specific in a resident's end of life care plan.

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

Please state the actions you have taken or are planning to take:
All care plans are being revised based on individuals assessed and perceived needs. Each resident will now have a unique care plan which specifies emotional psychological and social needs, as part of end of life dementia care and also an individual plan based on social, emotional and psychological care during the terminal phase of a person’s death. These will be monitored ongoing to ensure that they are effective in meeting these needs of individual residents.

Proposed Timescale: 01/10/2014
Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not an adequate number of staff available to assist /supervise residents at meal times

Action Required:
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:
Immediately following the Inspection a meeting was held with the Clinical Nurse Manager and all Staff. The Clinical Nurse Manager undertook an immediate Observations of Care Exercise in relation to Nutrition. A person was allocated from 12.00 midday until 17.00 hrs extra, just for mealtimes until a proper plan was in place. A plan has been drawn up to ensure that there are defined numbers of staff available at mealtimes based on the assessed requirements of residents. In order to ensure that all residents have sufficient support at mealtimes, meals are divided up into two seating’s. The residents who require most support are served their meals first, and when this is completed those residents who require less assistance are given their meals, so that there is proper safety and dignity at mealtimes.

On the day of the inspection it was noted that meals were being served in a number of different areas around the Unit. There are now in place, allocated areas at mealtimes so that staff are not widely dispersed throughout the Unit. Visiting, professional visiting and any other distractions around mealtimes are curtailed so that neither residents nor staff assisting them are interrupted.

We currently have one student extra placed in the Centre between 08.00 am and 16.00 hrs. We have also taken two FETAC Level Five Students on placement up until March 2015. In addition we are also examining rosters based on National Directives of 1:1 rostering with a skill mix of 50:50. We will also be currently examining current rosters to ensure that rostered hours are fully utilised and that mealtimes, particularly at evening mealtimes are fully resourced.

We are also currently undertaking to look in detail at the skill mix in Boyne View House to ensure that the skill mix is appropriate to meet the needs of people with dementia and within a Social Model of Care.

Proposed Timescale: 30/11/2014
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident was not served adequate quantities of fresh fruit.

Action Required:
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that fruits and vegetables are part of the every day menu based on best available evidence. These will be based on the five portions recommended on a daily basis and will be available for residents in different textures depending on their swallowing.

Proposed Timescale: 01/10/2014

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Each resident was not properly served as residents in the sitting room were not all assisted to have their evening tea meal at the same time.

Action Required:
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:
A risk assessment was completed immediately after the inspection. The Senior Nurse on duty and the person in charge ensures that a plan for each mealtime is in place to ensure that the residents in most need of nutritional assistance and support are given same.

We are currently revising rosters, and will ensure that there is adequate cover during the periods 17.00 hrs until 20.00 hrs on a Sunday evening.
Dining room at no time to be left unattended, and staff to seek assistance from other areas if they have to leave such as catering personnel if required.
No Professional visits on floor at mealtimes.
Visitors to be kept to a minimum at meal times with little disturbance, unless they wish to assist with nutrition.
No trolleys to be removed from any area until all meals are finished.

Each day a plan is in place prior to all mealtimes and is led by the Senior Nurse on duty, to ensure that all residents have allocated staff available. As on from 09/10/2014, staff...
will facilitate two seating’s to ensure that those with the greatest need are assisted first, and this will be evaluated. Do not disturb signs will be placed at all entrances at mealtimes.

1. Immediate observation of mealtime practices undertaken by Clinical Nurse Manager. Practices observed taking into consideration noise levels, smells and general observations of mealtimes.
2. All excess equipment such as fridges removed from dining room have been removed to create extra space.
3. Excess tables not in use in Dining Room have all been removed.
4. All residents have been reviewed in relation to area most suitable to their wishes and needs have been undertaken.
5. A pilot of two seating’s at mealtimes is being undertaken commencing Thursday 09/10/2014 and will be evaluated as to success.
6. Two students are allocated on placement to Boyne View House between 08.00 am and 17.00 pm. Monday to Friday.
7. On Friday’s there are three nursing staff on duty from 08.00 am until 20.00 pm. In addition on Friday there are also two Healthcare assistants between 17.00 and 20.00 pm.
8. On Saturdays there are Two Nurses and Two Care assistants on Duty between 17.00 pm and 20.00 pm.
9. On a Sunday where there are on average 22 residents, there is one nurse and 2 care assistants from 17.00 pm to 20.00 pm. This is currently being reviewed.

**Proposed Timescale:** 01/10/2014

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Each resident’s meal was not served properly in an appetising and appealing way as the cooked frozen food from the tinfoil container had been turned upside down unto the plate.

**Action Required:**
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**
Each Resident will now have their own individual setting. We will ensure that all meals are served in a dignified way and that food is presented in a way that is appealing and appetising.

**Proposed Timescale:** 31/10/2014
<table>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Residents were not given the opportunity to exercise their choice to have a peaceful, quiet ambience in the dining room due to the noise levels from the kitchen.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Each staff member will be requested to undertake observations of care during mealtimes in order to highlight what the experience is like for a resident at mealtimes. The findings from these will be analysed and an action plan will be developed based on these observations and learning. This will include catering staff. In order to decrease noise levels from the kitchen, there will be a plan in place to ensure that no excessive noise comes from the kitchen at main mealtimes, until the meal is finished. We will ensure that tables are set appropriately based on the requirements of each resident. We will work towards ensuring that all mealtimes are as quiet as possible with little interruption or noise during these times.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proposed Timescale: 08/11/2014</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Residents were not able to exercise their choice to privacy as visitors going to the visitors' room had to access the communal sitting and dining rooms where residents were having their meals.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>We have now requested that visitations are kept to a minimum at mealtimes. All doors are closed off for any visitors at mealtimes except for those who may wish to assist their relative with meals.</td>
</tr>
<tr>
<td>This will be placed on the agenda for the next Residents/Relatives forum. Signage has been erected respectfully requesting visitors to remain in the lobby area until all meals have been completed.</td>
</tr>
</tbody>
</table>
We will ensure that those residents with special needs are cared for in a dignified manner that does not interfere with the rights of other residents.

**Proposed Timescale:** 27/10/2014

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident was unable to participate in activities in accordance with the resident's, interests and capacities.

**Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Each resident will now have an occupational profile completed based on their ability to partake. There is currently an activities plan for each resident. We will now ensure that this is specific to each resident. An Activities, Recreational and Occupational staff member is currently under review in relation to skill mix for the Centre, who will be responsible for the assessment and design of programmes specific for each individual resident.

**Proposed Timescale:** 28/11/2014

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The number of staff, was inappropriate, having regard to the assessed needs of the residents, and the size and layout of the designated centre.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
We are currently in the process of examining the skill mix in relation to the centre. This will be based on a 26 beds with a skill mix of 50:50, and included within that skill mix will be personnel that will meet the needs of residents with dementia based on a Social Model of Care. There is currently a staff mix of 1:3. Both Day Duty and Night duty
rosters are currently under review. We will ensure that the staffing compliment on a daily and weekly basis is used effectively, and that there is strict adherence to leave arrangements so that there are no more than the agreed numbers of staff off duty on any particular day. The issue of staff taking one hour time owed at 16.00 hrs on certain days will now be revised, and the Sunday evening hours from 17.00 hrs until 20.00 hrs will also be revised.

A Clinical Nurse Manager 2 is currently being advertised and this person will be in post once the recruitment and selection process is in place. This appointed person will work 08.00 am to 17.00 hrs Monday to Friday which will allow other hours to be freed up for those shifts where there is less number of staff.

**Proposed Timescale:** 31/01/2015

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training in respect of nutritional care had not been provided for all staff.

**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Plans are currently in place to ensure all staff receive nutritional Care Training

**Proposed Timescale:** 01/02/2015

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff did not have access to training in caring for residents at end of life.

**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All Staff will receive training in End of Life Care

**Proposed Timescale:** 01/02/2015