<table>
<thead>
<tr>
<th>Centre name</th>
<th>Boyne Valley Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000119</td>
</tr>
<tr>
<td>Centre address</td>
<td>Dowth, Drogheda, Meath.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>041 983 6130</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:niamhbnvh@eircom.net">niamhbnvh@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Nemeco Limited</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>Niamh Darcy</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s)</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection</td>
<td>16</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
<td>2</td>
</tr>
</tbody>
</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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 November 2015 12:00
To: 26 November 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was the eighth inspection of the centre by the Health Information and Quality Authority (the Authority) and was unannounced. This inspection was completed to review progress with completion of the action plans from the last inspection in July 2014.

Policy and procedure documentation amendment and revision was found to be in progress and nearing completion.

The inspector found that all actions were satisfactory completed with the exception of completion of staff training in fire safety by one staff member. Policy Residents spoken with on this follow-up inspection were complimentary about their day to day life experiences, the meals provided and the staff team caring for them in the centre on the days of inspection.

The inspector found that the person in charge/provider and a recently recruited
clinical nurse manager demonstrated good leadership and commitment to providing a quality service for residents. All members of the team were clear about their areas of responsibility and reporting structures and the management structure allowed for sufficient monitoring of, and accountability for, practice.

Overall, the centre was found to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The one action plan at the end of this report identifies an area where improvement is required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there was a clearly defined management structure that identified the lines of authority and accountability in the centre. The provider, Niamh Darcy is also in the person in charge of the centre. She advised the inspector that she is reviewing the management structure with a view to assigning the position of person in charge in March 2016. Inspection findings supported provision of adequate resources in terms of staffing, equipment and facilities to ensure the effective delivery of care as described in the statement of purpose document.

A system for monitoring the quality and safety of care and the quality of life for residents was in place. On the last inspection in July 2014, the inspector found that audits on the quality and safety of care and quality of life for residents in the centre were analysed with improvement actions as appropriate identified and completed. However, timescales for completion were not identified. Findings on this follow-up inspection evidenced that timescales referencing completion of actions to address deficits found were stated. There was no evidence of any overdue actions. The inspector reviewed a copy of the annual report on the quality and safety of care and quality of life in the centre for residents as required by regulation 23. This document provided a good overview of the quality and safety of the service and the level of satisfaction experienced by residents and their significant others.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided.
Theme: Governance, Leadership and Management

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

Findings:
Missing items of information outlined in an action plan from findings during review of documentation on the last inspection were included in an amended version of the Resident’s Guide document on this follow-up inspection.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Findings on inspection confirmed that the provider/person in charge was working through the centre's policies and procedures to include missing handwritten amendments/additions as found on inspection in July 2014. While a number were completed, others were in progress and nearing completion

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A revised copy of the risk management policy forwarded on the 05 August 2014 to the Authority while amended did not adequately describe the procedure to be followed in the event of an incident occurring in the centre, for example, a resident fall. The risk management policy was reviewed following the last inspection to include relevant advisory information. Training is facilitated for staff to ensure they are aware of the control measures to mitigate identified risks in the centre. Review of all serious incidents involving residents is completed to ensure all risks are addressed and any learning is implemented into practice. Revision of the emergency policy document was taking place at the time of this inspection and was nearing completion.

Hand hygiene facilities were available at various locations throughout the centre and staff were observed completing hand hygiene procedures as appropriate. The infection control and prevention policy was updated at the end of 2014 to inform infection outbreak management if required.

Staff fire safety training records and participation in fire drills provided was reviewed, one recently appointed member of staff had not attended this training to date but was scheduled to attend this training in December 2015.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
On the last inspection in July 2014, the inspector observed that there was inadequate space on medication administration records to record rationale for non-administration of medications as prescribed such as refusal by residents or illness. In response, the provider/person in charge reviewed this procedure and implemented satisfactory recording procedures as observed.

Judgment:
Compliant
**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:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were sixteen residents accommodated in the centre on the day of this inspection one of which was admitted for two weeks respite care. Residents residing in the centre on a long-term care basis had varying assessed dependency levels and underlying medical conditions including a small number with mild dementia or cognitive disability care needs. On the day of inspection, six residents were assessed as having maximum care needs, five residents had assessed high care needs and five had low dependency needs. There were no residents with medium dependency needs in the centre on the day of this inspection.

Assessment records, care plans and daily progress notes were maintained for each resident on a computerised document management system which was recently upgraded. A sample of records reviewed evidenced each care need was informed by an up to date care plan.

Residents had access to a GP of their choice and to allied health professionals as required and referrals with follow-up consultations were evidenced for physiotherapy, occupational therapy, optical and dental care. Findings on the last inspection of the centre supported improvement requirements in access by residents with compromised swallowing reflexes to speech and language therapy assessment services. This specialist assessment service is now available to residents in the centre.

The inspector found that staff knew residents well and had a comprehensive knowledge of their care needs. Residents spoken with on this inspection expressed their satisfaction with the service provided and were complimentary of the staff team caring for them.

**Judgment:**
Compliant

---

**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:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents’ accommodation in the centre is located on the ground floor only. For the most part the location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs. Since the last inspection parts of the internal areas of the centre had been repainted and this work was part of an ongoing maintenance programme. Residents’ furniture was reviewed and a resident bed audit was completed. An incremental bed replacement programme to replace manually operated hi-low beds was underway with a plan to replace two of these beds by March 2016.

A new central storage area for residents’ equipment was constructed in the centre since the last inspection and was reviewed by the inspector. This facility ensured appropriate safe storage of residents' equipment.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents spoken with told the inspector that they felt they could make a complaint if they wished and that they would be listened to. Residents spoken with said they would make a complaint to the provider/person in charge or a member of staff. The complaints procedure was displayed and was included in the residents' guide and statement of purpose documents.

There was no active complaints in the process of investigation on this inspection.
The documented complaints procedure, reviewed on the last inspection in July 2014 did not include the name of the complaints officer for the centre or the person required under regulation 34(3). The inspector found that these areas were reviewed since the last inspection and were satisfactorily completed.

**Judgment:**
Compliant

---

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

**Findings:**
The inspector found that residents end of life wishes were adequately met. No residents were in receipt of end of life care on the day of this inspection. Findings on the last inspection in July 2014 supported improvement required in end of life advisory documentation to inform the procedures to be respected for the period up to and after death for residents of differing faiths.

This documentation was reviewed and satisfactorily updated with inclusion of information to inform end of life customs and procedures for residents of differing faiths in the centre. This was supplemented by provision of staff training in this area in November 2014. Further training in end of life and palliative care procedures was provided to staff in October 2015.

**Judgment:**
Compliant

---

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

Findings:
The inspector found that residents’ privacy and dignity needs were respected by staff. Staff were observed to knock before entering residents’ bedrooms and to respect their privacy needs during personal care procedures by closing doors and closing bed screen curtains in twin rooms. Staff - resident interactions as observed on the day of this inspection were respectful, supportive and encouraging.

Residents who had communication problems or confusion were noted to have regular input from staff, were supervised and received good emotional support when required. There was an open visiting policy and contact with family members was facilitated and supported. Residents could meet their visitors in private in a second quiet sitting room rather than their bedrooms if they wished.

Residents’ independence was promoted by staff. The inspector saw staff assisting and supporting residents to take short walks in the centre as part of their care to maintain their independence and motor function. Two residents remained in their bedrooms on the day of this inspection. These residents had an individual tailored programme to meet their individual activation/recreational needs which were implemented. Staff maintained ongoing intermittent contact with these residents to ensure their needs were met.

Storage of commodes in some bedrooms while residents were not in their rooms observed on the last inspection in July 2014 had ceased supporting inspection findings that residents’ privacy and dignity needs were respected at all times.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority  
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Boyne Valley Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000119</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/11/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/12/2015</td>
</tr>
</tbody>
</table>

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 08: Health and Safety and Risk Management

Theme:  
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One staff member had not completed training in fire safety in the centre

1. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
All staff completed fire safety training on the 1st & 8th December 2015

**Proposed Timescale:** 08/12/2015