

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Boyne Valley Nursing Home
<b>Centre ID:</b>	OSV-0000119
<b>Centre address:</b>	Dowth, Drogheda, Meath.
<b>Telephone number:</b>	041 983 6130
<b>Email address:</b>	maeve@boynevalleynursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Nemeco Limited
<b>Provider Nominee:</b>	Maeve Quinn
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	0

## **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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 19 July 2017 08:45 To: 19 July 2017 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This announced inspection was carried out in response to an application by the provider for renewal of registration of the centre. The inspector followed up on progress with completion of the actions in the action plan from the last inspection of the centre in January 2017. Findings evidenced that all actions were satisfactorily completed.

The inspector met with the provider representative, person in charge, members of the staff team and residents during the course of the inspection. Documentation records such as the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed among other documentation.

Residents spoken with during this inspection and feedback from pre-inspection questionnaires completed by four residents and three residents' relatives referenced a high level of satisfaction with the service provided, care given and the staff team in the centre. Residents confirmed that they felt safe and had choice in their daily routine. Feedback from residents as received by the inspector on the day of inspection concurred with the inspection findings. A summary of feedback received was communicated to the provider representative and person in charge during the inspection.

There was a happy, relaxed and comfortable atmosphere in the centre. The centre was visibly clean and was maintained to a good standard. The layout and space provided in residents' accommodation met their individual needs. Residents' accommodation was arranged at ground floor level in the centre.

There were appropriate systems in place to manage and govern the service. The provider representative and person in charge held responsibility for the governance, operational management, administration of services and provision of sufficient resources to meet residents' needs. The inspector's findings on this inspection demonstrated their knowledge and ability to meet regulatory requirements.

All interactions by staff with residents were observed to be courteous, respectful and kind. There were arrangements in place to ensure residents were appropriately safeguarded. There was evidence that residents' feedback was valued and their individual choices were respected. While there was good evidence that a restraint-free environment was promoted, improvement in documentation to confirm this finding was necessary.

Residents' healthcare needs were met to a high standard. Staff were knowledgeable regarding residents and their needs. Recreational activities provided for residents were varied and meaningful. All staff were facilitated to attend mandatory safeguarding training. Staff were also facilitated to attend professional development training to enhance their skills and knowledge.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose document dated July 2017 was forwarded to HIQA. It contained all information required by Schedule 1 of the Regulations. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

Findings on this inspection demonstrated a clear governance and management structure. The roles and responsibilities and reporting arrangements in place for all staff were outlined and demonstrated in practice. Monitoring systems were in place to ensure the quality and safety of the service was effective.

The provider worked in the centre on a full-time basis. A weekly management meeting was convened to review the service provided. Key aspects of the quality and safety of the service including risk management and complaints among other areas were reviewed at this forum. The person in charge had arrangements in place to ensure effective team communication with regular staff meetings. All meetings were minuted and actions identified were followed through to completion. There was evidence of ongoing improvements to the centre premises and the service provided. The provider and person in charge told the inspector that the needs of residents informed staffing resources provided and concurred with the inspector's findings. For example, a physiotherapist was provided as part of the service provided to residents in the centre to ensure timely access to this specialist service.

Key clinical and service indicators were monitored through audit procedures. A schedule was in place to inform frequency of audits. Information collated in audits was analyzed and reviewed with effective action plans developed to address any areas identified as requiring improvement. Progress with completion of these action plans were monitored by the provider and person in charge.

An annual report detailing the provider's review of the quality and safety of care and quality of life for residents in the centre was completed for June 2016/2017. This report was compiled in consultation with residents and informed the service plan for 2017/2018. Sufficient resources were provided to ensure the service provided met residents' needs and the person in charge confirmed that resources were made available as necessary and without delay.

**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 for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A Residents' Guide was readily available to residents and their relatives. It detailed all of the information as required by the regulations.

A sample of residents' contracts of care was reviewed by the inspector. The contracts set out the services to be provided, fees to be charged, including additional fees and the terms and conditions of residency in the centre. Each contract in the sample reviewed

was signed in agreement by the resident or their relative on their behalf.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre was being managed by a suitably qualified and experienced nurse in care of older people. The person in the person in charge role of the centre had changed to Niamh Darcy since the last inspection in January 2017. Niamh Darcy had previously worked in the role of person in charge of the centre from 1999 to August 2016. She resumed the person in charge role in April 2017. She demonstrated that she had authority and was accountable and responsible for the provision of the service to residents. The person in charge demonstrated that she was engaged in the governance, operational management and administration of the centre on a full-time basis over five days each week. The person in charge is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff who report directly to her. The person in charge reports to the general manager who is also the provider representative for the centre.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses and training courses to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Staff confirmed that there was good inter-team communications. The person in charge had effective systems in place to ensure the quality and safety of clinical care was maintained to a good standard. Information required was easily accessed and was well organised. Residents and relatives spoken with knew the person in charge well and spoke positively about her.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre.

All written operational policies as required by Schedule 5 of the regulations were in place and accessible to staff if required.

The inspector reviewed a sample of three staff files on the day of the inspection and found they contained all information as required by Schedule 2 of the regulations including completed An Garda Siochana vetting procedures.

**Judgment:**

Compliant

**Outcome 06: Absence of the Person in charge**  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge demonstrated they were aware of their responsibility to notify the Chief Inspector of any absence/change of the person in charge of the centre and had arrangements in place for the management of the designated centre



during any absence.

A suitably qualified registered nurse worked alongside the person in charge on a day-to-day basis and deputised in her absence. She has worked in the centre since 2010 and has completed a postgraduate course in gerontology. There were arrangements in place where the person in charge and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available each day during the week.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Procedures were in place to ensure residents were safeguarded and protected from abuse. There was a policy in place to inform prevention, detection, reporting and responding to incidents, allegations or suspicions of abuse. Training records and staff spoken with on the day of inspection confirmed that all staff attended annual training on protection of vulnerable adults. Staff spoken with were aware of the reporting procedures in place. They could describe the various types of abuse and their response to any suspicions, allegations or incidents that they might witness. The provider representative and person in charge confirmed to inspectors that they ensured that there were no barriers to disclosing abuse. Residents spoken with on the day of the inspection and residents who completed pre-inspection questionnaires said that they felt safe in the centre and that all staff were attentive, respectful and kind towards them. All staff interactions with residents observed by the inspector on the day of inspection concurred with this feedback from residents.

There was a policy and procedures in place that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While there was residents living in the centre that experienced responsive behaviours from time to time, no evidence of residents' responsive behaviours were observed on the day of inspection. This indicated that residents at risk were appropriately supported. Residents who experienced episodes of responsive behaviours

had person-centred behaviour support care plans in place. Care plans, examined by the inspector demonstrated the person-centred supportive interventions in place for individual residents to prevent identify and de-escalate the responsive behaviours. The inspector observed that staff training in dementia and management of responsive behaviours was arranged since the last inspection in January 2017 and was underway.

There was a policy and procedure in place to inform use of restraint in the centre. Full-length bedrails were used for eight residents on this inspection. While full-length bedrails were used for these residents, most were implemented on the request of residents to enable and support their mobility and safety while in bed. Efforts to promote a restraint -free environment in consultation with residents were evident. However, use of full-length bedrails required further review to ensure appropriate alternatives were tried and that full-length bedrails were operational for the least amount of time possible. Each resident with full-length bedrails in use had risk assessments completed to ensure their safety. One resident received psychotropic medications on a PRN (a medicine only taken as the need arises) basis for management of responsive behaviours. The inspector observed that this medication was administered only when all other interventions were tried and failed. Administration of PRN psychotropic medication was subject to review to monitor frequency of use and to ensure administration was appropriate on each occasion.

There were transparent and secure systems in place to safeguard residents' money kept in safekeeping on their behalf. The centre kept small sums of money on behalf of a number of residents which they could access as they wished. A sample of records and balances of residents' money kept in safekeeping by the provider were checked by the inspector and found to be transparent and accurate. All transactions were recorded and dual-signed by a staff member and the resident or their relative or two staff members. Inspectors were informed that all balances and records are audited monthly by the centre. The provider was an agent for collection of one resident's social welfare pension. The procedures for this process ensured that this resident's pension was deposited directly into their personal account. Residents were provided with a lockable space in their bedrooms to facilitate them to independently store personal possessions securely if they wished. The inspector observed residents had a key for their individual lockable spaces which they used and kept it on their person.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, staff and visitors was protected and promoted by the systems and procedures in place to mitigate areas of identified risk. There was an up-to-date health and safety statement for 2017 available for the centre. Information regarding the management of areas of risk as outlined by Regulation 26 was in place to protect vulnerable residents. A register of hazards identified inside and outside the centre was maintained. It referenced identification and assessment of risks with controls stated and implemented to manage and prevent adverse incidents to residents, visitors and staff. Hazardous areas such as the sluice were secured to prevent access by unauthorized persons.

Procedures were in place for recording and investigating incidents and accidents involving residents, staff and visitors. There was a very low incidence of fall or serious injury to residents. Each resident has a risk of fall assessment completed on their admission which was regularly reviewed and updated to reflect any changes in their safe mobility. Low level beds, hand rails in corridors, toilets and showers, staff supervision and sensor equipment were used to reduce risk of fall or injury to vulnerable residents. Handrails fitted on corridors were in a contrasting colour to the surrounding walls to enhance visibility for residents with vision problems or dementia.

Residents were protected against the risk of fire in the centre. All residents had evacuation risk assessments completed and documented that referenced residents' day and night-time evacuation needs in terms of staffing and equipment. Fire safety management checking procedures were in place. Service records for the fire panel, fire alarm, lighting and directional signage were in place. All fire exits were clearly indicated and were free of any obstruction. Equipment including fire extinguishers were available at various points throughout the centre. Fire evacuation drills were completed and reflected testing of day and night-time staffing resources and conditions to ensure residents could be safely evacuated in an emergency. Staff training records referenced that all staff had completed fire safety training including participation in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

The centre's physiotherapist supported staff with assessment of each resident's moving and handling needs and provision of appropriate procedures and assistive equipment supports. All moving and handling procedures observed by the inspector were safely completed by staff. All staff were facilitated to attend training in safe moving and handling procedures.

An infection control policy informed procedures for management of communicable infection and an infection outbreak in the centre. The centre was visibly clean. Hand hygiene facilities were located throughout the premises which were used as appropriate by all staff. Environmental auditing procedures were carried out and environmental cleaning procedures reflected best practice in infection prevention and control standards. Staff were facilitated to attend training on hand hygiene and infection prevention and control procedures.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

Residents were protected by safe medication management practices in the centre. There was a written operational policy in place informing prescribing, storing and administration of medicines to residents. This policy was demonstrated in practice. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

Medication administration sheets were completed in line with professional guidance and legislative requirements. Medications to be administered in a crushed format were individually prescribed. The maximum dose of PRN medicines (a medicine only taken as the need arises) permissible over a 24 hour period was indicated in each case.

A register of medications that required strict control measures under misuse of drugs legislation was maintained in the centre. The medications were carefully managed and held in secure storage as required. Appropriate recording and checking procedures were in place and the amount of medications held matched the balances recorded. Medicines to be stored at room temperature were stored securely in a locked cupboard or in the locked medicine trolley which was secured at all times. Medicines requiring refrigeration were stored appropriately and the temperature of the refrigerator was monitored and recorded daily.

The pharmacist dispensing residents' medicines was facilitated to meet their obligations to residents and was also involved in providing medicine updates for nurses in the centre. The pharmacist audited the medicines and was available to residents to discuss their medicines. An auditing system was in place as part of the centre's quality and safety monitoring system. Procedures were in place for recording and managing medicine errors.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A record of all incidents and accidents to residents that occurred in the centre was maintained and were reviewed by the inspector. The person in charge was aware of the legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre. To date and to the knowledge of the inspector, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge.

A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of quarter 2, 2017.

**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:**

The inspector found that residents' health care needs were met to a high standard on this inspection. There were 18 residents in the centre on the day of this inspection; eight residents had assessed maximum dependency needs, two residents had medium dependency needs and eight residents had low dependency needs.

Residents had a good access to general practitioner (GP) services including an out of hours GP on-call service. Many residents were from the local area and were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents' documentation records confirmed timely access to GP and allied health professional care. A physiotherapist employed by the provider attended residents in the

centre on a fortnightly basis or more often if necessary. The physiotherapist was involved in mobility and post fall assessments and rehabilitation therapies. Dietetic, speech and language therapy, occupational therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Residents also had access to specialist medical and nursing services including psychiatry of older age, palliative care and tissue viability nursing services. Residents were supported to attend outpatient appointments as necessary. There was evidence that residents' health and wellbeing were optimised with regular physiotherapy, vital sign monitoring, blood profiling and an annual influenza vaccination programme.

Residents had a comprehensive nursing assessment completed within 48 hours of their admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive health and skin integrity among others. A care plan was developed to inform each resident's care needs. Each resident had a holistic care plan completed in addition to other care plans to inform additional specific health needs. Recommendations made by allied health professionals were documented in relevant care plans. Care plans were reviewed on a three to four-monthly basis or more often to reflect residents' changing care needs. An action from the last inspection in January 2017 requiring improvement in the detail of care plan review consultations with residents and their family as appropriate was completed. A pain assessment tool for residents who experienced chronic pain symptoms was in use. The sample of residents' care plans viewed by the inspector on this inspection were person-centred, relevant and clearly informed care interventions to be completed to ensure residents' assessed needs were met. Residents spoken with during the inspection and feedback in residents' completed pre-inspection questionnaires confirmed their satisfaction with the level of care they received.

There were no residents in the centre with pressure related skin injuries. There was evidence where residents admitted with wounds improved with the care given to them in the centre. All residents were assessed on admission and regularly thereafter for risk of developing pressure related skin injury. Care plans were developed to inform interventions to be completed to mitigate any risk identified. Pressure relieving mattresses were available and in use. Repositioning schedules were also in place for residents at risk and unable to independently change their position. The dietician regularly reviewed the nutritional needs of residents to ensure their nutritional intake was optimised to promote their skin integrity was optimized. Wound management procedures in the centre for residents with chronic leg wounds were reviewed and found to reflect best practice procedures. A treatment plan was developed in each case and close monitoring of progress with healing was evident. Wound dressing requirements were updated to reflect changes in recommendations made by the tissue viability nurse (TVN) specialist and documented as interventions in treatment care plans as necessary.

**Judgment:**

Compliant

***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:**

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience dehydration. A policy was in place to guide staff on monitoring and recording of weights, nutritional intake and risk of malnutrition. Access to a dietician and speech and language therapist was available to residents on a referral basis based on their assessment of need or a change in their health. Residents' food likes and dislikes were ascertained by the chef on admission and thereafter on an on-going basis. The chef was observed checking with residents that their meals met their satisfaction at during mealtimes. Residents' feedback on the food provided was also sought at residents' forum meetings and in a satisfaction survey recently completed by them. Their feedback was valued and used to inform menu choices. Residents spoken with on the day of inspection and feedback in pre-inspection questionnaires confirmed their satisfaction with the quality of the food and menu choices provided for them. Residents were provided with food and drink at times and in quantities to meet their needs and wishes. Food was served and presented in an appetising way. Residents' meals were plated in the main kitchen and transported to the dining room to them. No reusable clothes protectors were used and all residents were provided with napkins as they wished. Since the last inspection in January 2017, residents' meals were served in two sittings to facilitate all residents to eat in the dining room if they wished.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter to identify any unintentional weight loss or gain at an early stage. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences. Procedures were in place for monitoring residents' fluid and dietary intake. The daily menu was displayed on a white board in the dining room. Staff also reminded residents of the menu options available at each mealtime. These combined actions supported residents to make an informed choice regarding the food they ate. Extra portions and alternatives to the menu choices were available to residents as they wished. Residents had a choice of hot meal for their lunch and tea each day. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Some residents with unintentional weight loss or weight gain were also prescribed specialist diets by the dietician. The inspector observed that residents with special dietary and fluid consistency requirements received the diets and thickened fluids as recommended to meet their needs. There were sufficient numbers of staff available to support residents at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as necessary.

**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:**

Residents were consulted with and supported to participate in the organization of the centre. Minutes from these meetings were made available to the inspector and indicated that residents were consulted and given opportunity to express their views regarding changes made in the centre. For example, residents were involved in choosing new curtains for their bedrooms and communal rooms. Residents spoken with on the day of the inspection likened their experience of living in the centre to that of living in their own homes and discussed the comfort and contentment they felt in the centre.

As part of this inspection, seven pre-inspection questionnaires were completed by four residents and three relatives. Overall feedback was positive and referenced a good level of satisfaction with the care and service provided. Residents and their relatives complimented the staff caring for them, the standard of care, food and activities. Residents stated that they felt "safe" and "content" in the centre and felt they would be listened to if they had a complaint.

Staff sought residents' permission before undertaking any care activities and respected their decisions. Residents who spoke with inspectors spoke positively about staff and how they cared for them. The inspector found that residents' privacy and dignity was respected, and they were facilitated to communicate and exercise choice over their lives. Staff were observed knocking on bedroom and toilet or bathroom doors. Privacy locks were in place on all bathroom and toilet doors. Residents were given choice to lock their bedroom door but most declined as they said they felt 'safe' in the centre. Bedroom, toilet and bathroom doors and bed screens in twin bedrooms were closed during all personal care activities.

The inspector observed that residents were supported to maximize their independence and were afforded choice in relation to how they spent their day. Their choices were respected, including instances where they declined to participate in activities. Residents' recreational activities were coordinated by the provider representative who had completed training in a sensory activation programme. Facilitation of recreational



activities for residents was integrated as part of the role of the healthcare assistant staff in the centre. Since the last inspection in January 2017, a one-to-one sensory focused activity programme was provided for residents less able to participate and engage in the group activities provided. A schedule was clearly displayed that advised residents on the time of the various activities. The inspector also observed that a number of residents also liked to spend time knitting which they were supported to do. A number of residents liked to go out with their family and one resident attended a day service which she said she thoroughly enjoyed. These arrangements provided residents with meaningful choice regarding how they spent their day and had a positive impact on their quality of life in the centre. The inspector found that there was a happy atmosphere in the centre. Residents were supported to keep up to date with the local and national news with newspapers and a radio and television in each bedroom. There was evidence in residents' documentation records that many residents enjoyed the activities provided. Staff were observed to make good effort to involve all residents in the group activity sessions provided. Residents were well supervised and the activities provided for each resident were person-centred to meet their interests and capabilities.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents before undertaking any care tasks and consulted with them about how they wished to spend their day. Residents' wishes and preferences also informed their daily routine regarding the times they retired to bed and got up in the morning. Residents spoken with by the inspector expressed their satisfaction with the opportunities and choices given to them and their quality of life in the centre. There were no restrictions on visitors and residents could meet their visitors in private if they wished. The inspector observed residents' visitors visiting them throughout the day of inspection.

**Judgment:**

Compliant

***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):**

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

**Findings:**

There was a planned and actual staff rota in place, with changes clearly documented. A registered nurse was on duty in the centre at all times to provide nursing care for residents.

Staff possessed the appropriate skills and qualifications to meet the assessed needs of residents. Staff spoken with knew residents well and were knowledgeable regarding their individual needs. Residents spoken with confirmed that their needs were satisfactorily met at all times. Training records for all staff were maintained in the centre and were made available to the inspector. The records indicated that all staff had received up-to-date mandatory training in fire safety, safe moving and handling practices and prevention, detection and response to abuse. The training records also indicated that staff were facilitated to attending additional training to support their professional development and to ensure they had the skills and knowledge to meet residents' needs. Since the last inspection in January 2017, staff training in dementia, management of responsive behaviours and in facilitating recreational activities for residents was underway.

There was an induction programme in place for newly-recruited staff, which included training and probationary reviews. There was evidence of an annual appraisal review process for all staff in their staff files which was on-going for 2017.

Staff meetings in the centre were facilitated by the person in charge. Minutes of these meetings were documented and were made available for review by the inspector.

There were procedures in place for the recruitment, selection and vetting of staff. A sample of staff files was examined by the inspector. All of the information required by Schedule 2 of the Regulations was held in these files including appropriate vetting procedures. The person in charge confirmed that all staff working in the centre had completed An Garda Síochána vetting. Up-to-date professional registration records for all nursing staff were provided to the inspector. The person in charge confirmed that no volunteers worked in the centre at the time of the inspection.

**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<sup>1</sup>

<b>Centre name:</b>	Boyne Valley Nursing Home
<b>Centre ID:</b>	OSV-0000119
<b>Date of inspection:</b>	19/07/2017
<b>Date of response:</b>	31/07/2017

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Use of full-length bedrails required further review to ensure appropriate alternatives were tried and that full-length bedrails were operational for the least amount of time possible.

#### 1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**

All use of bed-rails, as enablers or restraints, is currently under review by the Person in Charge, staff nurses, HCAs and residents. The outcomes and required actions resulting from this review will be fully documented and any required change in policy and procedure will be implemented and documented in the residents' care plans as appropriate.

**Proposed Timescale:** 31/08/2017