



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	The Village Residence
Name of provider:	Health Service Executive
Address of centre:	St Mary's Residential Care Service, Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0042504

About the designated centre

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

The Village Residence provides services for adult male and female residents over the age of eighteen years. It predominately provides care for persons over the age of 65 years who can no longer cope living in their own home including those with advanced dementia. It can provide care to a maximum of 60 residents across two buildings. The bedroom accommodation consists of eight multiple occupancy and thirty eight single bedrooms, some of which are en-suite. The centre is situated on a Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and an abundance of local services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 January 2024	10:00hrs to 16:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The Village Residence is the new name given to the designated centre originally known as St Mary's Hospital. The Village Residence is made up of sixty beds, thirty beds located in what was known as St Mary's Hospital and an additional thirty beds in the new building. In November 2023 it was renamed as The Village Residence and registered as a designated centre with capacity to care for a maximum of sixty residents. Once The Village Residence was registered Boyne View Nursing Home which is located on the same site was closed and the residents who lived there were transferred to The Village Residence.

The inspector observed that both buildings of The Village Residence were well-maintained on the inside and outside. The entrance to the new building was welcoming with freshly planted flower beds and symbolic garden ornaments chosen by residents placed throughout the flower beds. The inspector was informed that the person in charge had purchased daffodil bulbs which were in the process of being sown.

Residents had transferred from Boyne View Nursing Home into the new building. Boyne View Nursing Home has since been closed, it is no longer registered as a designated centre for older people. The new building was made up of three 10 bedded units, two of which were opened while the third remained closed. The inspector was informed that the third unit was not opened due to the current Health Service Executive (HSE) staff embargo. During the day, the inspector met with over 10% of the residents present in the centre. A number of residents were out, attending a dementia day care centre in another HSE facility within the town. Residents from both buildings attended this day service twice a week, with different residents attending each day.

Relatives of residents who had transferred into the new building told the inspector that the move went very smoothly and the residents had settled in well. They felt that the 10 bedded units were an excellent design and the environment was calm and peaceful. They said that residents appeared a lot less agitated in the new environment.

Residents and some relatives spoken with throughout the course of the inspection were unanimous in relation to the high standard of care provided. Relatives said staff had more time to sit and provide one-to-one care to residents and they said the standard of care had improved greatly since the move. One relative gave the example of how their mother was being looked after, having had their hair done by the hairdresser and nails done by staff all before lunch.

One resident informed the inspector that the food was much more appetising since the move, it was freshly prepared in the kitchen and the taste was so much better. One visitor said their relative was eating a lot better since the move. The inspector saw that there was a choice of meals offered to residents at meal times. Many staff

were available to assist those who required assistance. The inspector observed that residents' independence could be encouraged further by improving the way the tables were set prior to meal times.

One resident said they "just loved living here", it was a brilliant place to be and recommended it to friends. They said the staff were extremely pleasant, the food was always fast enough coming around and their family could visit whenever they wanted. It always lifted their spirits when they had a visitor and being close to home meant their family and friends visited frequently.

Another resident explained how wonderful the trips out were and went on to explain what "a lovely break it was just to get out and have a natter on the bus". The inspector was told they had regular trips out down the town to the theatre and music events. They also went out to Mass every Sunday on the bus, just down to the local church, which again was lovely. not just to pray but to meet people. They also had Mass said in the centre each week and the inspector saw residents attending Mass on inspection.

Residents had no complaints, they felt their rights were upheld, their views listened to and acted upon.

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

Capacity and capability

The governance of this centre was good. This was an unannounced inspection during which the compliance plan from the previous risk inspection, dated 18 October 2023, was reviewed. The inspector found that the compliance plan responses had been implemented and improvements were made in relation to the infection prevention and control and the premises.

Overall, effective governance and management systems were in place in the centre, ensuring good quality person-centred care was delivered to residents. There were clearly defined roles and responsibilities and a robust management structure. The senior management structure consisted of the manager of Louth services for older people and the person in charge and two assistant directors of nursing. A number of other supports were available within the centre and as part of the wider Health Service Executive (HSE), including human resources. At operational level, within the centre there were also clinical and administrative supports to the person in charge.

A continuous monitoring system to review the delivery of services provided was in place. This included regular reviews of clinical care and risk indicators of key areas of care.

Appropriate resources were available to ensure the centre was well-maintained internally and externally and to ensure all equipment was serviced as per the manufacturers' recommendations.

Staffing levels in place were sufficient to meet the needs of the 48 residents living in the centre. The inspector was informed that one of the newly added ten bedded units had not been opened to date. Although staff had been recruited for this unit they had not been employed due to the nationwide Health Service Executive (HSE) recruitment embargo. This recruitment embargo did not negatively impact on the current residents living in the centre.

The management team had reviewed the tasks carried out by nursing and care staff and developed a new "home maker" role to carry out non-clinical related tasks. According to residents, relatives and staff this enabled nursing and care staff to spend more time with the residents.

The records requested for review were made available. Some Schedule 5 policies required further review to ensure they were clear enough to guide staff and to ensure that they reflected the regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre had been submitted to the Chief Inspector of Social Services. All the requested additional documents had also been submitted as requested.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre. They met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 48 residents, and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review for 2023 was in progress, it was completed in January each year. Feedback had been sought from the residents in December 2023 in relation to the quality of the service they received.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in November 2023. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents had been submitted within the correct time frame as per the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure had been reviewed in September 2023 and its contents met the legislative requirements. There were no open complaints. The complaints officer and review officer had both attended training on the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review, it was found that some were not clear enough to guide practice.

For example:

- The complaints policy was not clear as it referred firstly to the local procedure for dealing with complaints and then the national "Your service your say" procedure for dealing with complaints.
- The temporary absence and discharge policy did not state that copies of documents such as referral and transfer letters sent with the resident on transfer were to be saved on the computerised system or retained within the residents file.

Judgment: Substantially compliant

Quality and safety

The quality of service and of nursing care delivered to residents was of a good standard and improvements had been made to the premises since the last inspection. Notwithstanding this, further improvements were required under some areas including the premises, the service of food and residents care plan updates.

The inspector was assured that residents received good, quality, safe care. Residents told the inspector that they are happy living there.

Staff received safeguarding training in relation to the detection and prevention of and responses to abuse. Residents told inspectors they felt safe living in the centre

and if they had any concerns they would speak with staff. The nursing home was pension-agent for 11 residents and a separate client account was in place to safeguard residents' finances. The system in place to safeguard residents' petty cash were also reviewed and found to be robust.

The designated centre had adopted the National Transfer document, which was used where a resident was transferred to and from acute hospital. Those available for review contained all relevant resident information including infectious status, medications and communication difficulties, where relevant. However, a copy of this document was not available for every resident who had been recently transferred to the local acute hospital. When a resident returned from another designated centre or hospital, all relevant information was obtained by the designated centre.

There was no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a number of private snug rooms.

There was a good choice of food and assistance was available to residents who required it. However, the service in the dining rooms required review to ensure it facilitated residents to maintain their independence for as long as possible.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for each resident, who were involved in their care plan and supported by family or their appointed next of kin. The inspector saw that suitable facilities were available to residents' families when residents were receiving end-of-life care.

Residents had comprehensive assessments and risk assessments completed on admission, however the care plans although person-centred, did not always reflect the level of detail required to ensure the residents' needs were met.

The premises appeared well-maintained inside and outside. The centre was bright and airy, it was warm and well lit, with many rooms getting direct sunlight during the day. The wide corridors with handrails on either side, facilitated residents to mobilise safely from one area to another. Some improvements to the premises had been made since the last inspection, all issues identified had been addressed in full. The inspector noted the inappropriate storage of clean goods in one of the new sluice rooms.

The premises was found to be clean, with good infection prevention and control practices and procedures in place. Staff now had access to clinical wash hand sinks throughout both buildings as two new clinical wash hand sinks had been installed in the older section of the designated centre.

The medication administration was in line with current best practice and in line with the prescriptions signed by their general practitioner (GP).

Residents' rights were upheld. They had access to a full daily schedule of activities which occurred inside and outside the nursing home. This included weekly outings

to a local day care service. The residents could independently access the enclosed courtyards all of which were well-maintained.

Regulation 13: End of life

Residents received a good standard of end-of-life care. They had access to the local palliative care team and those receiving palliative care had the required medication prescribed to ensure their pain was kept under control and all comfort measures were in place. Residents had access to religious and social services to meet their needs when progressing to the end of their life.

There was evidence that the residents and with their consent, their families, were involved in their end-of-life care plan. Families were kept informed of their loved ones condition.

Judgment: Compliant

Regulation 17: Premises

Actions required from the last inspection were addressed, although improvements in respect of safe and appropriate storage were required, as the inspector observed boxes of oral supplements stored on the floor of one of the sluice rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The service in all dining rooms required review to ensure it promoted each resident to maintain as much independence for as long as possible. For example, in one of the larger dining rooms residents could not independently access a drink without asking staff, as the drinks were stored on a console table at the side of the dining room and offered to residents by staff.

Also, there were no condiments available on some of the tables, therefore these residents had to ask staff for salt, pepper and butter.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector noted that a copy of all relevant information that accompanied one resident transferred out to the local acute hospital were not kept in the residents' file and therefore these documents were not available for review.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy had been updated and it included all the specific risks identified in the regulation. The risk register had been updated since the last inspection and it included the risk rating of all risks identified and a plan to reduce each identified risk.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

The inspector observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The following gaps were identified:

- One diabetic resident's care plan did not consistently include the frequency that the residents blood sugar levels were to be checked and recorded.
- One resident's nutritional care plan had not been updated with the recommendations made by a dietitian who had recently reviewed the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The safeguarding policy had been reviewed within a three year time frame. Staff had received refresher training in safeguarding vulnerable adults.

Evidence that residents' pensions were being paid into a residents account was available on request. As a result the inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were seen participating in activities as outlined in the activity programme displayed in each unit. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Residents had access to the internal courtyards which some were seen accessing independently.

Residents had access to a television in their bedroom and in communal rooms, daily and weekly newspapers were supplied and they had access to internet services in both buildings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Village Residence OSV-0000538

Inspection ID: MON-0042504

Date of inspection: 24/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All Schedule 5 Policies have now been reviewed to ensure compliance with Regulation 4 Written Policies and Procedures. Specifically The Complaints Policy has now been completely revised to reflect the requirements of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2023. All Schedule 5 Policies will continue to be revised at regular intervals to ensure compliance with Regulations, changes in National and Local Policies and are reflective of the policies as carried out within the Designated Centre. All Schedule 5 Policies will continue to be audited to ensure compliance with the above Regulations. Time Frame 10.02.2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider and Person in Charge will ensure that the premises fulfill the requirements of the Regulations. In particular the Registered Provider would ensure that Schedule 6 is fully complied with and specifically that storage is undertaken within suitable areas. The person in charge will continue to audit and monitor the premises to ensure compliance and that the premises are laid out to meet the needs of residents. We will ensure that sluicing areas are only used for their specific purposes. Time Frame 10.02.2024.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The person in charge will ensure that all aspects of food and nutrition are met as per Health Act 2007 (Care and Welfare of residents in Designated Centre's for Older People) Regulations) 2013.</p> <p>Specifically the person in charge met with all residents post inspection to ascertain resident's views on making the dining experience more satisfying.</p> <p>The dining space has been newly designed to further meet the needs of residents at mealtimes.</p> <p>Smaller tables are now in place in order to ensure that all condiments are accessible for everyone.</p> <p>Food and drinks are now on all tables to ensure that residents have choice and can assist themselves if they wish. The person in charge will continue to monitor and audit mealtime experiences to ensure that residents receive their meals in a calm and quiet manner with background music. The Person in charge will ensure that residents abilities to access food and drink at all times is in place and that those residents who may need assistance with food and fluids receive same in a timely manner.</p> <p>Time frame 10.02..2024</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The person in charge immediately took steps post inspection to ensure that the Policy on Temporary absence and transfer of residents was updated and revised.</p> <p>Specifically in addition to the national transfer documentation, all other information and documents that are transferred with a resident are now included within the policy.</p> <p>A copy of all documents that are transferred with a resident when a resident is temporarily absent is now kept in a hard copy format within the resident's medical notes and not just an electronic version.</p> <p>All temporary absences or discharges of residents will now be monitored ongoing to ensure regulatory requirements in relation to records are maintained satisfactorily. The updated policy and procedures have now been brought to the attention of staff who manage the temporary absence or discharge of residents from the centre.</p> <p>Timeframe 12.02.2024.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The person in charge will ensure that all residents have regular assessments as required and that the resident's individualized care plan is reflective of the care being received. Specifically the person in charge will ensure that any prescribed treatment or therapy is recorded in the individual care plan and that times and frequencies of all interventions are recorded.</p> <p>The person in charge will continue to monitor and audit all residents care plans to ensure compliance with this regulation.</p> <p>Timeframe 10.02.2024</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	10/02/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	10/02/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	12/02/2024

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/02/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/02/2024