



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Boyne Valley Nursing Home
Name of provider:	Nemeco Limited
Address of centre:	Dowth, Drogheda, Meath
Type of inspection:	Unannounced
Date of inspection:	16 January 2019
Centre ID:	OSV-0000119
Fieldwork ID:	MON-0022166

About the designated centre

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

Boyne Valley Nursing Home was originally a family bungalow which was extended and converted into a nursing home. It is situated in the heart of the Co Meath countryside close to the river Boyne and the town of Drogheda.

It is a small, intimate family owned nursing home. The centre provides care to both male and female residents, aged 18 years and over who require long term care, respite, convalescent and end-of-life care. It can care for a maximum of 18 residents as it has 14 single and two twin bedrooms.

All dependency levels can be accommodated for in the centre, ranging from low to maximum dependency. Mobile residents with Alzheimer disease are not accommodated, due to the small and intimate nature of the home. There is a car park at the front of the building and residents have access to a garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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How we inspect

To prepare for this inspection the inspector or 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
16 January 2019	09:30hrs to 14:30hrs	Sheila McKeivitt	Lead

Views of people who use the service

Residents felt safe in the centre. They referred to it as their home. The small and intimate feel of the centre was positively commented on. They said staff were attentive and their needs were met promptly. The provider visited and stayed with them for a number of hours on Christmas day.

Their religious needs were met in a holistic manner by local church representatives visiting the centre. Their independence was promoted and they were provided with choice in relation to all aspects of their care. They had a choice to engage in meaningful activities each day, some group and some individualised which they expressed satisfaction with. They said their Doctor came to see them regularly and sometimes sang for them.

They were aware of their rights, the complaints process and who they would complain to, however they stressed that they had nothing to complain about as it was a lovely place to live and they were well cared for.

Capacity and capability

The governance and management in this centre was strong. The person in charge had settled into her post. She worked closely with the provider representative. Their roles and responsibilities were clearly known. The provider representative dealt with operational matters and provided activities to residents. The established systems to monitor the service were maintained through the gathering and analysis of key performance indicators on a weekly basis and the auditing of clinical practices on a quarterly basis. The annual review completed in June 2018 included residents views of the service and a quality improvement plan, some of which had already been completed.

The centre was well resourced. Staffing levels were appropriate to meet the needs of residents and an extra member of staff was rostered on when the dependency levels of residents increased. Staff had access to and all 24 staff had up-to-date mandatory training in place.

The statement of purpose was updated in January 2019 and it reflected the services and facilities provided to residents on inspection. Policies and procedures outlined in schedule 5 had all been updated in the past three years, this insured residents were receiving evidence based practice. The complaints procedure was displayed where residents could see it. The inspector was told by the management team that there

were no complaints and residents confirmed this.

The centre continues to maintain a high level of compliance.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake that role. She had been employed since March 2018 and had a post registration management qualification. The person in charge was well supported by the provider representative.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill mix was adequate to meet the needs of residents. The management team kept them under review. The inspector saw that additional staff were rostered when the needs of the residents increased.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place.

Judgment: Compliant

Regulation 22: Insurance

The centre had a contract of insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in this centre. Established monitoring systems ensured the centre delivered appropriate, safe and constant care to residents. A comprehensive annual review for 2018 had been completed, it included residents views on the service together with a quality improvement plan for 2019.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in January 2019 and was on display in the centre. The contents met the regulatory requirements.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers working in the centre. They both had their roles and responsibilities outlined and had garda vetting clearance in place.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was on display and met the regulatory requirements. There were no complaints since the last inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies outlined in schedule 5 were available for review. They had all been reviewed within the past three years.

Judgment: Compliant

Quality and safety

Residents in this centre were well cared for, and the quality and safety of care provided was to a high standard.

The premises was homely, clean, tidy and well maintained. Residents were facilitated to personalise their bedrooms. Residents' health and well being was supported by good access to allied health care services, an engaging environment and a social care programme which was interesting and met the needs of both male and female residents.

Residents were protected by a robust recruitment process. All staff had garda vetting in place together with training on how to safe guard residents against all forms of abuse.

Staff were observed asking residents if they wanted to attend activities happening in the centre. They facilitated those who expressed an interest to attend. Activities provided included 1:1 activities and group activities, chosen by the residents to meet their needs.

Staff knew the residents well. Residents with behaviours that challenge had an individualised care plan in place outlining the person centred interventions required by the resident. There was a low use of bed rails and chemical restraint in the centre.

Each resident had their end of life wishes outlined, including religious and cultural observations, recorded by staff. The information described the resuscitation status and the wishes of residents and was available to guide staff interventions. It was reviewed four monthly by staff. Those at the end-of-life stage had a more detailed person centred care plan in place.

Residents were protected from fire by the servicing of fire fighting equipment, the practicing of fire drills and the provision of fire training to all staff on an annual basis.

Documents sent with resident on transfer out of the nursing home were not

available for review as a copy was not kept in the centre this process required review.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely. Communication aids and staff facilitated open communication all of which was reflected in individualised care plans.

Judgment: Compliant

Regulation 13: End of life

Residents' physical, emotional, social, psychological and spiritual needs relating to end of life care were documented in dedicated care plans. These were regularly reviewed in consultation with residents, or their representative where appropriate.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The policy for temporary absence and discharge of residents was in place. Documents sent with the resident on transfer from the acute sector and the community into the nursing home were available for review. A copy of documents sent with the resident when transferred out of the nursing home were not available for review. The inspector was informed that although a nurses transfer letter, a doctors transfer letter (when available) and a copy of the residents prescription chart were sent with the resident on transfer out of the centre a copy of these were not kept in the residents file.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires. The fire alarm and emergency lighting was serviced on a quarterly basis. A number of emergency lights were scheduled for replacement and a full review of all fire doors was in progress on this inspection. Fire extinguishers were serviced on an annual basis. Fire drills and

fire training had been completed on several occasions with all staff.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
There was a low use of restraint in the centre. A risk assessment tool was completed for those residents' with a bedrail in use. One resident identified as having intermittent behaviours that challenge had a comprehensive person centred care plan in place which outlined to staff how to care for the resident when displaying such behaviours.
Judgment: Compliant
Regulation 8: Protection
Measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and supervision of staff.
Judgment: Compliant
Regulation 9: Residents' rights
There were opportunities for recreation and activities and these were provided by the provider representative. Residents appeared to be activity engaged throughout the day. They were offered choices in all aspects of their day to day life including how to spend their time.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Boyne Valley Nursing Home OSV-0000119

Inspection ID: MON-0022166

Date of inspection: 16/01/2019

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 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 transfer policy has been updated, and all nursing staff have been informed of the requirement to photocopy the completed nurse's transfer letter, the doctor's transfer letter (when available) and the resident's prescription chart prior to transfer of the resident out of the centre. These photocopies are then kept in the resident's file.</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 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 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.	Substantially Compliant	Yellow	18/01/2019