



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

Issued by the Chief Inspector

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:	08 October 2021
Centre ID:	OSV-0000119
Fieldwork ID:	MON-0033923

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:	17
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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
Friday 8 October 2021	09:00hrs to 12:30hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector spoke with six residents, they described the centre as a bright, comfortable and a safe place to be and they were happy with the service provided to them.

Staff knew the residents well, and all interactions observed throughout the morning were person-centred, supportive, kind and respectful. Residents were jolly and engaged in light banter with staff and it was evident that they were comfortable and content in each other's company. Staff ensured residents' dignity was maintained at all times.

Residents had access to activities and they had the choice to attend or not. One resident said they always had something going on in the sitting room after lunch and it was a bit of fun. Another said they didn't bother with the activities but enjoyed going outside to the garden.

Residents had access to the daily newspapers which were hand delivered by a member of staff each morning. A number of gentlemen were observed sitting in their bedroom reading the morning paper while having their breakfast and said they enjoyed this level of service. Residents had access to a television and radio in their bedroom and residents said they enjoyed listening to the local radio station, it enabled them to keep up with what was going on in the locality.

The inspector saw that some refurbishment had been completed. The new staff facilities were now operational together with the dirty utility and general cleaning room. The inspector was informed that the refurbishment of the laundry and bathrooms had been delayed and were now due for completion by the end of November 2021.

Visitors were being welcomed into the centre and some of the residents told the inspector that they were expecting relatives in the afternoon. They explained how they came into their bedroom where they could chat in private.

When asked about their knowledge of the complaints procedure residents said they had no complaints about the service and felt they could make a complaint to any member of staff if they needed to.

The inspector also spoke with staff, who confirmed that they felt supported by the management team, who were present and visible in the centre and who communicated with them regularly.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This unannounced inspection was undertaken to follow up on the findings of the previous inspection and to determine if the provider had come into compliance with regulation 17 and regulation 4 and if they were in a position to apply to remove the restrictive condition from their certificate of registration. The inspector also reviewed the contingency arrangements in the event of an outbreak of COVID-19 in the centre.

The inspector found that improvements had been made. The centre was in compliance with regulation 4 and although some improvements had been made to the premises, the planned refurbishment works had been delayed and the centre was not in full compliance with regulation 17. The new staff facilities and kitchen cleaning area were fully operational however the new residents bathroom had not been completed and the refurbishment of the two existing bathrooms and laundry had not commenced. The inspector was informed that this work was planned for completion by end November 2021.

The provider is Nemeco Limited. The management team was made up of the provider representative, the person in charge, and the assistant director of nursing. Managers were aware of their roles and responsibilities. The lines of authority and accountability were outlined and reflected in the centre's statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspector saw that they followed up on any issues brought to their attention.

There was a process in place for reviewing the quality of care and the quality of life experienced by the residents living in the centre. The 2021 audit schedule was reflected in the annual review which had been completed in July 2021. Records of the audits completed to date demonstrated that positive changes had been implemented as a result of the audit and for the benefit of the residents. For example, records showed a continual reduction in the use of restraint in the centre.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the residents. The provider had effective processes in place to source additional staff if they were required. The supervision of staff was effective and staff reported that they felt supported in their work.

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.
Judgment: Compliant
Regulation 22: Insurance
A new contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clear management structure in place. The provider and person in charge were clear about their roles and responsibilities and had the knowledge and skills to carry out their work.
The management team had oversight of the quality care being delivered to residents. There was clear evidence of learning and improvements being made in response to quality reports.
The management team had oversight of the quality of care being delivered to residents. They had a quality improvement plan in place for the premises although this was delayed due to the pandemic.
A comprehensive annual review had been completed in July 2021. It included feedback from residents and a quality improvement plan.
Judgment: Compliant
Regulation 4: Written policies and procedures
Schedule 5 policies were available for review. They had all been updated in May and June 2021. They were implemented in practice.
Judgment: Compliant

Quality and safety

Overall the service provided a good standard of care for the residents. The inspector was satisfied that the care provided was person-centred and that residents rights were upheld and personal choices and preferences were respected. However, further improvements were needed in respect of the premises.

The provider was working towards a restraint-free environment in line with national policy. Residents had access to an outdoor space and to a variety of activities which took place seven days a week in the communal sitting room. The activity board listed daily activities including skittles and bingo.

Processes were in place to mitigate the risks associated with the spread of infection and limit the impact of potential outbreaks on the delivery of care. The inspector identified some examples of good practice in the management of COVID-19. For example there were sufficient supplies of personal protective equipment (PPE) available. Staff hand hygiene practices were good, staff had access to hand wash sinks and hand sanitisers were available throughout the centre.

The inspector reviewed the fire evacuation procedures and the service records for fire equipment used in the centre. The inspector saw that fire drills were practiced on a frequent enough basis to ensure staff were confident on the procedure to follow when the evacuation of residents was required. The inspector was informed that a full review of the fire alarm, equipment and evacuation procedures was scheduled for completion once the refurbishment work was completed.

The centre was found to be clean and tidy. The cleaning records, checklists and infection control audits reviewed assured the inspector that this area of practice was being monitored effectively. The inspector was assured that residents were adequately protected from the risk of infection.

Overall the general environment and residents' bedrooms and communal areas inspected were well maintained. The outstanding issues in relation to the laundry and residents' bathrooms identified under regulation 17 required review.

Regulation 17: Premises

The inspector observed the following areas had not improved since the last inspection:

1. There were not sufficient bathrooms for the residents. The new communal bathroom had not been developed. 18 residents had access to two communal bathrooms one which contained a communal bath and another which contained a communal shower, these had not been refurbished as planned.
2. The design and layout of the laundry room did not ensure safe and effective

infection prevention and control practices.
Judgment: Not compliant
Regulation 27: Infection control
Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control (National Standards for Infection prevention and control in community services, 2018).
Judgment: Compliant
Regulation 28: Fire precautions
<p>The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly basis by an external company.</p> <p>Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.</p>
Judgment: Compliant
Regulation 6: Health care
Residents were reviewed by their general practitioner (GP) when needed and all were seen within a four monthly period. Out of hours medical cover was also available. Records showed that where needs were identified, residents were timely referred to appropriate expertise and treatment. Access to dietetic specialist, speech and language therapist, tissue viability nurse, physiotherapy, chiropody and occupational therapy was facilitated.
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	
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Boyne Valley Nursing Home OSV-0000119

Inspection ID: MON-0033923

Date of inspection: 08/10/2021

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Laundry room renovations, and additional shower room plans finalised and agreed with building contractor. Due for completion by 31.12.21.	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	31/12/2021