



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:	24 September 2020
Centre ID:	OSV-0000119
Fieldwork ID:	MON-0030525

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:	16
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How we inspect

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
Thursday 24 September 2020	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead
Thursday 1 October 2020	09:30hrs to 00:00hrs	Sheila McKeivitt	Lead
Thursday 24 September 2020	09:30hrs to 16:30hrs	Noreen Flannelly-Kinsella	Support

What residents told us and what inspectors observed

Residents described the centre as "home from home". Some residents said that they had chosen it for this reason. Residents told the inspectors about how their daily routines had changed in recent months due to the COVID-19 pandemic. They told inspectors about how the staff had made every effort to ensure that they were safe and comfortable. Residents confirmed that they felt safe and secure in the centre. They told the inspectors that nurses and carers kept them informed about the pandemic and provided up-to-date information which helped them cope.

Residents described how their needs were being met and how their lives in the centre were made as good as possible by the staff. They said that the provider representative and staff made sure that they were not isolated in their rooms and encouraged them to take part in person centred activities during the COVID-19 restrictions. Inspectors observed residents taking part in group and individualised activities during the inspection.

Residents were satisfied with their bedroom accommodation and they confirmed that they had sufficient space for their personal items. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean. Residents told inspectors that they knew they could now come out of their bedroom but some residents chose not to. Those residents who were happy to circulate in the centre said it was good to be able to come out to the sitting room and chat with others and to have their lunch in the dining room, albeit with social distancing rules in place. Residents were happy with the food and meals they received and said there was always a choice.

Although at the time of the inspection, visiting had been suspended residents said that the staff assisted them to keep in touch with their families and this they said was much appreciated.

Capacity and capability

This was an announced inspection undertaken as part of an application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This inspection also assessed the preparedness of the centre in the event of an outbreak of COVID-19.

The management team in this centre was still being established. The General Manager (GM) and Person in Charge (PIC) were aware of their roles. However, inspectors found that their responsibilities were not clearly defined. Inspectors

acknowledged that the current management team had been through a challenging time and had succeeded in preventing an outbreak of COVID-19 occurring in the centre. However inspectors found that significant improvement and focus was required to ensure a safe service was provided to residents and to bring the centre into regulatory compliance.

Inspectors found that there was no clear systems in place to monitor a number of areas of practice and as a result the management team did not have a clear oversight of all aspects of the service provided. The lack of oversight resulted in the high level of non compliances found on this inspection.

Inspectors also found that key policies and procedures had not been reviewed and implemented in line with the most up to date infection and prevention control guidance. (Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units). This posed a potential risk for the residents.

There was an appropriate number and skill mix of nursing and care staff during the day and night. The needs of the resident's were being met and residents were satisfied with the standard of care they were receiving. However, the number of hours allocated to housekeeping staff per week was not adequate to ensure that adequate cleaning was carried out within the centre during the current pandemic.

Staff spoken with had a clear awareness of the signs and symptoms of COVID-19 and identified a clear pathway to report any concerns they might have regarding a resident's condition. All staff had received training in standard infection and prevention (IPC) precautions, including hand hygiene, respiratory hygiene and cough etiquette and in the transmission-based precautions and the appropriate use of personal protective equipment. Residents had also received training on hand hygiene, respiratory hygiene and cough etiquette.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. However this application had not been received within the required time frame.

Judgment: Substantially compliant

Regulation 15: Staffing

There were sufficient numbers of nursing and care staff with the appropriate knowledge and skills to meet the needs of the residents. However on the first day of

the inspection the whole time equivalent of housekeeping staff was not adequate to ensure the nursing home was appropriately cleaned as evidence under Regulations 26 and 27. On day two of this inspection the whole time equivalent had been increased from 20 hours to 56 hours per week.

All staff nurses named on the staff roster were registered with the Nursing and Midwifery Board of Ireland (NMBI).

There was a minimum of one registered nurse on duty on each shift. There was no use of agency staff in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff were up to date with their mandatory and had completed additional infection prevention and control training outlined in the "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units". Staff who spoke with the inspectors had a clear awareness of the early signs and symptoms of the COVID-19 virus. Two of the senior nursing staff had completed training in taking COVID-19 swabs and were able to take swab tests promptly if residents showed signs and symptoms of COVID-19 illness.

Comprehensive daily handover reports helped to ensure that staff had the information and support they needed to provide safe and effective care for the residents. The staff were supervised by the PIC during the day.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of assurance in place which covered injury to residents. It also, covered loss or damage to residents property together with other risks associated with carrying on a business.

Judgment: Compliant

Regulation 23: Governance and management

The management structure outlined in the statement of purpose was in place.

Although both the person in charge (PIC) and the general manager (GM) worked full-time in the centre, inspectors were not assured that the channels of communication between them were robust enough to ensure the effective governance of the centre. This was evidenced by the level of non-compliance and a number of other issues identified on this inspection.

The designated centre had sufficient nursing and care staff to ensure safe and effective care was provided for the residents however the housekeeping resource was not adequate to ensure that the centre was clean and safe. In addition residents did not have access to speech and language therapy in line with the centre's statement of purpose.

Inspectors found that the management team did not have effective oversight of the quality and safety of care and services being delivered to residents. There was no clear audit plan in place for 2020. Some audits had been completed but these did not identify the areas for improvement and the actions that were needed to bring about those improvements. For example, the recently completed infection control audit found the centre to be 100% compliant with infection control practices. This was contrary to what inspectors observed and to the findings in this report. In addition the assessment and care plan audit completed in 2020 also found 100% compliance in contrast to the findings of this inspection. Inspectors noted that the audit tool used was not well designed and was not fit for purpose.

An annual review had been completed May 2020. It included feedback from residents and included a quality improvement plan for 2020/2021. The quality improvement plan included renovations to install another communal shower room in the designated centre which had been due to commence in January 2020. However other areas of the premises that were identified as needing upgrading such as the sluice, cleaning rooms and staff changing room were not included.

On day two of this inspection there was evidence that the provider had made good progress in addressing some of the issues identified above.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed and was on display in the centre. The contents met the regulatory requirements. The document reflected the number and makeup of the bedrooms in the centre. A copy of the revised and most up-to-date statement of purpose had been submitted to the Chief Inspector prior to this inspection following feedback from the inspector.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The schedule 5 policies were available for review. Inspectors found that a number of the Schedule 5 policies had not been updated to include the guidance from the Health Protection Surveillance Centre.(Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

For example:

The admission, transfer and discharge policy had not been updated to reflect the current guidance. (Interim Public Health, Infection Prevention and Control Guidelines on: Admissions,Transfers to and Discharges from Long Term Residential facilities during COVID-19 Pandemic).

There was a medication management policy in place however inspectors found that it was no being implemented in practice. This is discussed under Regulation 29.

On day two of this inspection there was evidence that a review of all policies had begun. The infection control and risk management policy review was almost completed together with the cleaning policy.

Judgment: Not compliant

Quality and safety

The care and support received by residents was of a good quality and ensured that residents received nursing care and services in line with their needs. Inspectors found that staff had worked particularly well together in preventing a COVID-19 outbreak in the centre. However some improvements were required in relation to; the management of risks in the centre, premises, infection control practices, care planning processes, access to appropriate specialist health care services and the pension agent arrangements.

Inspectors reviewed a sample of care plans and found that the availability of information in relation to assessment, treatment plans and referrals to community health-care professionals was not consistent in all records and that not all records provided clear and up to date information to guide care.

It was evident that the residents lived experiences of residential care were diminished due to the COVID-19 restrictions. However, staff implemented a social care programme to meet the individual needs of residents. Staff were aware of residents' spiritual needs and ensured that they were met. The general manager (GM) had become a Eucharistic Minister to ensure the residents could receive

communion during the restrictions.

Residents were offered opportunities to exercise their choice in their day to day routines and the care they received, for example, opportunities for personal hygiene, choice of clothing and a selection of food menus. The inspectors saw that residents were comfortable and that their privacy was respected by staff.

Residents were encouraged to maintain their personal relationships with family and friends and visitors were welcomed in accordance with the current public health guidance.

Inspectors found that the centre was homely however the design and layout of the premises did not ensure that the environment was clean and that good infection control practices were maintained at all times. For example there were insufficient staff changing facilities to ensure that staff could follow safe infection prevention and control standards. In addition the number of communal bathrooms were not adequate to meet the needs of the 18 residents. Inspectors acknowledged that on day two of this inspection the provider representative had put plans in place to address these issues with immediate effect.

Inspectors found that the risk management policy was not fully implemented in relation to a serious incident/adverse event and that the risk register was not up-to-date. Many potential risks to residents including clinical and environmental risks were not reflected in the risk register.

On the first day of the inspection infection control practices did not meet the required standards and did not ensure the safety of residents. Inspectors issued an immediate action plan was issued and the provider put corrective measures into place to improve practices. The inspectors found that on the second day of the inspection the provider had made significant progress towards compliance in this area.

Regulation 11: Visits

The centre had revised the visiting policy and arrangements were put in place for residents to receive visitors in line with the current national guidance whilst implementing appropriate measures to reduce the risk of introducing Covid-19 into the designated centre.

All visiting was pre-arranged and strictly by appointment. Visitors had to sign-in, complete a visitor questionnaire, which included history relating to overseas travel, close contact and symptom history, and undergo a temperature check. Visitors had to carry out hand hygiene and don a mask prior to visiting. Apart from one complaint in relation to visiting restrictions, all other visitors were satisfied with visiting arrangements. The inspectors saw that residents were seeing visitors in their own bedroom in line with the centre's own policy.

During the COVID-19 pandemic residents were supported to use telephones and video calls to keep in contact with family and friends. A dedicated phone line was made available for families to ensure that communications were maintained.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the designated centre did not meet the needs of residents. Inspectors noted that there was an improvement plan in place to install a new communal bathroom by January 2021. This would ensure that there were sufficient bathrooms for the 18 residents accommodated in the centre.

Inspector found that the centre was warm, bright and homely in appearance however the following issues were identified:

- The sluice room was not fit for the purpose.
- The general housekeepers room could only be accessed via the sluice room and it did not contain all of the required equipment.
- There was no cleaning room available to the kitchen cleaning staff and the kitchen cleaning equipment was being stored on a corridor outside the kitchen staff toilet.
- 18 residents had access to two communal bathrooms one which contained a communal bath and another which contained a communal shower.
- The design and layout of the laundry room did not ensure safe and effective infection prevention and control practices.
- Staff changing facilities were not adequate and did not promote safe infection prevention and control practices.

On day two of this inspection, the inspector found that the provider representative had discussed the revision of the premises with a builder and plans had been drawn up and were available for review these included:

- a revised sluice room with stainless steel equipment
- a revised general cleaning room accessible from the corridor with stainless steel equipment
- a revised kitchen cleaning room with stainless steel equipment
- a revised kitchen staff toilet and wash hand basin
- a revised staff changing room with toilet, wash hand basin, shower and staff lockers
- a revamped laundry with stainless steel washing facilities
- an additional communal shower room for residents with assisted toilet, wash hand basin and an assisted shower
- the installation of an assisted shower into the existing communal bathroom which currently contains an assisted bath, wash hand basin and assisted toilet

- a complete refurbishment of this room.
- refurbishment of the existing communal shower room
- a refurbished staff room

The work is planned to be completed over three phases, phase 1 completed by 31 Oct 2020, phase 2 completed by 30 November 2020 and phase three by 31 December 2020.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors noted that relevant information about a resident who was recently temporarily absent from the centre was provided to the receiving hospital. A copy of the nurses transfer letters and the resident's prescription chart sent out with the resident was kept in the resident's file. This was an action identified in the last report and inspectors were assured that it had been addressed.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place however it did not meet the requirement of the regulations. For example, specific risks as outlined in the regulation such as aggression and violence, and associated measures and actions to control this risk, were not included. Furthermore arrangements for the identification, recording, investigation and learning from serious incidents or adverse events were not evident.

The provider maintained a register of risks which included a number of hazards and risks in the centre. Records showed that although a number of control measures had been put into place the record did not identify a responsible person to implement the measures. Furthermore risk assessments had not been completed for all risks identified on this inspection. The risk of COVID-19 had not been reflected in the register of risks at the centre.

As an addition to the risk management policy which was last reviewed August 2017, the centre had devised a COVID-19 risk management policy in 2020. This policy identified two hazards and some risks in relation to COVID-19 however the record did not include some important control measures. For example twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in baseline condition was not recorded in the document. In addition control measures had not been updated to include the latest guidance in relation to visitors at the

centre.

Some additional risks found on this inspection had not been identified and addressed by the provider representative. These risks are referred to and discussed further under Regulation 6, 23, and 27.

Inspectors found that the risk management process required a full review to ensure that it supported well-informed clear decision-making and local priorities. The risk register did not act as a database for risks at the centre and therefore risks and actions taken to mitigate risks identified on this inspection were not being actively monitored by the management team.

Judgment: Not compliant

Regulation 27: Infection control

The centre did not have clearly defined governance, management and oversight arrangements to ensure the sustainable delivery of safe and effective infection prevention and control practices. It was unclear as to who had overall responsibility for managing key areas of infection control and what level of oversight was in place. Furthermore procedures consistent with the standards for the prevention and control of healthcare-associated infection had not been consistently implemented.

Inspectors were not assured that relevant infection prevention and control policies, procedures and guidance were available to staff to guide infection prevention and control practices in the centre. All staff had received online infection prevention and control training which included hand hygiene, donning and doffing personal protective equipment (PPE), standard precautions and COVID-19 training, Staff knew how to that recognise the signs and symptoms of COVID-19. Inspectors were told that access to specialist infection prevention and control advice was available if required.

Inspectors observed that hand hygiene practices needed to improve and noted that this had not been identified by managers. Managers needed to progress with observational audits of staff adherence to the WHO '5 moments of hand hygiene'. Alcohol hand gel was available however not readily accessible at point of use.

There was a supply of personal protective equipment (PPE) available for staff in the centre. However inspectors observed that PPE was stored inappropriately along handrails in some parts of the centre. Face protection masks were worn by all health care staff at the time of this inspection.

Improvements were also required in the oversight and monitoring of infection prevention and control procedures and practices in the centre. While there was some evidence that auditing had taken place, audit results reviewed were not

reflective of inspection findings.

The centre had an up to date ' COVID-19 Policy and Preparedness Plan' however this was not implemented in practice. For example nursing staff were not recording resident's vital signs, including pulse oximetry twice daily. That said inspectors acknowledge that there had been no known outbreak of COVID-19 infection at the centre since the start of the COVID-19 pandemic.

The inspectors identified that a Legionella risk assessment had not been performed and water system preventative and control measures had not been implemented in line with legislation.

The centre had good staff uptake of the influenza vaccine for 2019-2020 season and management encouraged staff to undertake the HSE's flu vaccine eLearning programme when required.

Cleaning and laundry practices required improvement. Laundry and cleaning staff did not attend formal training or competency assessments in relation to their work practices. As a result the inspectors found a number of non compliances in infection prevention and control standards.

Overall the general environment and resident bedrooms, communal areas appeared clean and tidy. However in some toilets floor surfaces appeared either stained or damaged and paintwork finishes on the base of some bed tables and shelving needed to be repaired. The quality of material on soft furnishings such as armchairs did not support effective cleaning. Inspectors were not assured that there was clear programme of maintenance and refurbishment in place to address these issues.

The design of clinical hand wash sinks were not compliant with relevant guidance.

The findings of this inspection identified that further improvements were required in relation to the cleaning of equipment and equipment storage areas;

- Some items of equipment were either stained, or rusty.
- there was no clearly defined system or processes for ensuring equipment was decontaminated after use,
- there was no clear system in place to ensure equipment was decontaminated prior to and during storage in line with recommended periodic cleaning schedules.
- a number of commodes were being stored in a resident bathroom.

This inspection also identified additional opportunities for improvement in relation to the ancillary facilities inspected:

- management and storage of cleaning equipment
- processes and procedures for reprocessing reusable cleaning textiles and mop heads
- functional separation of clean and dirty activities and storage of clean items
- surfaces and finishes on shelving, walls, floors and fixtures and fittings
- waste bins were not labelled and not all were foot-operated

- colour coded linen skips and alginate (dissolvable) bags were not available
- PPE was not readily accessible.
- In addition the design of both the central and kitchen housekeeping cleaning rooms and the sluice room including the location, fixtures and fittings and lack of appropriate facilities were not in line with best practice guidance. A staff locker room was inappropriately located in a staff dining room.

Cleaning store rooms and the sluice facilities were not fit for purpose. Inspectors were not assured that the design and layout of these facilities promoted effective cleaning of the areas so as to avoid cross-contamination.

On day two of this inspection the provider was in the process of addressing these issues. For example, wall mounted storage units for hand sanitiser's and PPE, together with alginate bags and cleaning products had been ordered. A new cleaning trolley had been purchased and was in use. The storage of cleaning equipment had been reviewed and all were seen to be stored off the floor. A new cleaning policy had been developed and implemented and a cleaning schedule was being followed by the cleaning staff.

Judgment: Not compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. The emergency lighting, smoke detectors fire doors and fire alarm were serviced and tested every quarter. The fire safety equipment was tested on an annual basis.

Fire-fighting equipment was in place throughout the building and emergency exits were clearly displayed and free from obstruction. Daily checks of the external fire escapes were being completed and records of these checks were available for review. However inspectors noted that there were no weekly checks completed of the fire alarm, fire doors (internal or external) and emergency lighting. On day two of this inspection an external company had completed a quarterly service on the fire alarm, fire doors (internal or external) and emergency lighting and all were in good working order. In addition, the provider had developed a template document for the recording of these checks on a weekly basis going forward.

Staff spoken with had a good knowledge of evacuation procedures and the training records confirmed that all staff had attended the mandatory training. The records confirmed that simulated night-time and daytime fire drills were carried out on a regular basis, and included comprehensive information to support learning. All bedroom doors were fitted with adjustable self-closing devices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a computerised system for undertaking nursing assessments and implementing person-centred care plans for residents at the centre. Inspectors found that improvements were required to ensure that all residents received a comprehensive assessment of their needs prior to their admission and that all residents had an up to date care plan in place that reflected their current needs and preferences for care and support.

The person in charge stated a pre admission assessment was completed prior to the admission of a resident to the designated centre however this was not reflected in nursing records reviewed for one resident. In this case the inspector was informed that the pre-admission assessment was completed over the phone as staff had a detailed knowledge of the resident's care needs from previous short-stay care episodes at the centre. However, there was no record of the pre-admission assessment in the resident's file reviewed.

Care plans had been prepared within 48hrs after the resident's admission to the centre and assessments included a range of validated assessment tools. However improvements were required to ensure that care plan records offered a true reflection of the care given. For example, inspectors were told that a GP was contacted prior to transfer of a resident to an acute service, however this was not recorded in the resident's records. Furthermore inspectors were told that twice daily active monitoring of residents for signs and symptoms of respiratory illness was in place however this was not evident in most care plans or daily records reviewed. Moreover this was in breach of the centre's own Covid-19 Policy and Preparedness Plan last updated in August 2020.

On day two of this inspection records of twice daily recordings of all residents temperatures had been put into place on 25 September 2020. Inspectors reviewed a sample of residents' records and found that no resident had displayed a pyrexia over this period of time.

Judgment: Not compliant

Regulation 6: Health care

The residents had access to General Practitioner (GP's) services including out of hour on-call GP services, however these arrangements required improvement. Although most GP's made on-site visits not all GP's visited the centre. As a result, one resident had not been reviewed by their GP although they had been admitted to the centre over two weeks prior to the inspection. Furthermore the resident had been readmitted to the acute hospital for assessment on one occasion since their admission to the designated centre. A medication prescription for this resident had

been faxed from their GP to the designated centre and had not been followed up with a hand written signed medication prescription in line with medication best practice guidance.

Furthermore inspectors identified that out of hours on-call GP services were not available from 08.00-09.30hrs and 17.00hrs-18.00hrs during changeover periods. In the event of a resident becoming acutely unwell during these periods nursing staff transferred the resident by ambulance to the nearest acute hospital facility.

A physiotherapist was in attendance every two weeks and was available via video-link for urgent cases during the the COVID-19 pandemic restrictions. Dietetic and podiatry services were made available to residents as necessary. However, deficiencies were identified in relation to referral requests for speech and language therapy services as services were not available. As a result nursing staff were required to add thickening agents to drinks and commence soft diets without prior review by a speech and language therapist. This practice put residents' at risk as there was no evidence that nursing staff had attended additional training and had the appropriate knowledge and skill to fulfil this role safely.

On day two of this inspection, the provider representative informed the inspector that the resident who had not been seen by their GP had been discharged home with support of their family. In addition a meeting had been organised with their current GP to discuss cover for any future admissions to the designated centre. Arrangements had also been put into place to extend the daily GP cover to ensure that when out of hours on-call GP services were not available the residents' own GP would be available.

In addition the provider had begun the process of sourcing access to speech and language therapy services for residents.

Judgment: Not compliant

Regulation 8: Protection

All staff had the required Garda vetting disclosure in place in accordance with the National Vetting Bureau before they commenced in their role in the designated centre. The provider representative was in the process of reapplying for renewed Garda vetting for those staff who had been employed in the centre for over five years.

The provider representative was a pension agent for one one resident in the designated centre. Although the records reviewed were clear, concise and accurate inspectors noted that the monies were not being lodged into a resident account. As a result the process was not in line with the requirements published by the Department of Social Protection (DSP). The provider agreed to review the process to ensure that they were in line with the DSP guidance and that residents were

safeguarded against potential financial abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld and that care was person centred.

Inspectors observed that interactions between staff and residents were courteous and relaxed. Daily routines were in line with the residents' preferences and choice. For example inspectors noted that one resident chose to return to bed for a sleep after breakfast and that this was facilitated by the staff.

The weeks' activity programme was displayed on a notice board and was varied. A small group of residents were attending a bingo game. They appeared relaxed and the health care assistant was respectful of each resident's communication needs and ability to participate in the game. Appropriate social distancing was in place.

Residents' meetings were held at the centre and minutes were available. Residents were encouraged to comment and feedback on the service. For example feedback from residents in relation to maintaining mass and services in the centre was acted on in April 2020. As a result the general manager had become a Minister of the Eucharist during the pandemic lockdown.

Details of an independent advocacy service was prominently displayed in the centre.

As part of this inspection, five pre-inspection questionnaires were completed and feedback was positive with all residents reporting that they were happy with their care. One residents stated 'it was like home'.

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	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Boyne Valley Nursing Home OSV-0000119

Inspection ID: MON-0030525

Date of inspection: 01/10/2020

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Correct Registered Provider e-mail address submitted via HIQA Portal	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: WTE domestic hours increased to 1.4	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: New management structure in place with clearly identified lines of authority and accountability for all areas of care provision. Improved audit system implemented, including an updated audit review schedule to ensure effective monitoring of all areas of care provision.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose updated to include new domestic WTE and new management structure.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Review of all Schedule 5 policies underway. In addition to a separate Covid-19 Policy, all individual policies are to incorporate guidance from the HPSC in relation to Covid-19 as appropriate. There is an updated policy review schedule in place.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All building works and renovations have been agreed and scheduled for completion by 31/12/2020. All proposed works and equipment comply with relevant guidance. Phase 1 renovations are currently underway.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk management review complete. All revised and new policies have been implemented, and a schedule is in place for the review of the remaining risk related policies. Revised</p>	

risk control and review measures have also been implemented, including clearly defined roles and responsibilities in relation to risk management.
 All Covid-19 related risks have been included in the relevant individual policy documents including the updated risk register.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 An updated Covid-19 Policy and Preparedness plan has also been implemented. There are clear Legionella controls and review measures in place. Additional Infection Prevention and Control training has been provided to all staff and there are staff members who have received training in order to provide additional IPC training to other staff members.
 An extensive Infection Prevention and Control audit has been carried out on all aspects of the nursing home, including the care environment, by an external auditor. The action plan arising from this audit has been implemented.
 A review of all equipment has been completed and items have been replaced as necessary. A review schedule is in place for all medical equipment.
 Renovations to improve cleaning stores and sluice facilities are underway.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Weekly fire safety checks have recommenced.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All care plans have been reviewed and nursing staff have received additional care planning training.
 Additional pre-admission assessment checks are in place, as are records of twice daily

temperature checks.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
Out of hours GP care is available.
Access to non-HSE speech and language therapy services is available. All residents requiring this service have been reviewed and care plans have been updated accordingly

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
Resident now has access to their own bank account. The provider representative is no longer the pension agent.

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
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who participates or will	Substantially Compliant	Yellow	29/09/2020

	participate in the management of the designated centre.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	25/09/2020
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	31/12/2020
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	30/12/2020
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Substantially Compliant	Yellow	19/10/2020

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	16/10/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	16/10/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	16/10/2020
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in	Not Compliant	Orange	19/10/2020

	Schedule 5 includes the measures and actions in place to control abuse.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Orange	02/11/2020
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	09/11/2020
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	09/11/2020
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and	Substantially Compliant	Yellow	09/11/2020

	actions in place to control self-harm.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	19/10/2020
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Not Compliant	Orange	19/10/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	25/09/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	04/10/2020

	fire equipment, means of escape, building fabric and building services.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/10/2020
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.	Not Compliant	Orange	21/12/2020
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	25/09/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health,	Not Compliant	Orange	13/10/2020

	personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	04/11/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	02/11/2020