

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Boyne Valley Nursing Home
Centre ID:	0119
Centre address:	Dowth
	Drogheda
	Co Meath
Telephone number:	041-9836130
Email address:	niamhbvnh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Nemeco Ltd t/a Boyne Valley Nursing Home
Person authorised to act on behalf of the provider:	Niamh Darcy
Person in charge:	Niamh Darcy
Date of inspection:	15 May 2013
Time inspection took place:	Start: 09:15 hrs Completion: 14:35 hrs
Lead inspector:	Sonia McCague
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	15 (plus one in hospital and one person was admitted during inspection)
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Matters arising and reported following the previous inspection carried out 12 and 25 April 2012 and the provider's response to the action plan available on www.hiqa.ie were followed up and considered.

Overall, the inspector was satisfied with compliance within the outcomes examined. The care and welfare of residents' and that of their needs were maintained satisfactorily. There was adequate staff on duty and sufficient access to resources and supportive equipment/items. The centre was comfortably warm and residents had no complaints regarding service provision including food, activities, health care and staff members.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

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

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The Statement of Purpose and function was reviewed and updated as required, and consists of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A revised copy was made available to the Chief Inspector.

Outcome 3

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The post of person in charge was full time and held by the provider who is a registered nurse, with the required experience in the area of nursing of older people. Staff and the rosters confirmed to inspectors that the person in charge was in the centre on a daily basis. The senior staff nurse was on duty and is employed part-time and is also responsible for the day to day running of Boyne Valley Nursing Home in the absence of the person in charge.

The person in charge and general manager demonstrated a willingness to facilitate continuous professional development and provided support for the staff team working in the centre. They also demonstrated awareness of their responsibilities in respect of the implementation of the Regulations and Standards.

Both the person in charge and general manager were knowledgeable regarding the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended), the *National Standards for Residential Care Settings for Older People in Ireland* and statutory responsibilities.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

Provider appropriate training to new staff members of staff in responding appropriately to reports of elder abuse.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

Measures to protect residents from being harmed or suffering abuse were in place. Training on identifying and responding to elder abuse was provided to staff and updates were ongoing. A policy was available to guide staff of appropriate action to taken in response to allegations, disclosures or suspected abuse.

The person in charge and a number of staff spoken to displayed sufficient knowledge of the different forms of elder abuse and were clear on reporting procedures.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Policies and procedures relating to the health and safety, risk management and fire safety were in place. Staff spoken to confirmed that they had received training in relation to fire safety, infection control and manual handling and were knowledgeable regarding their responsibilities in this area.

Staff induction and training included reference to health and safety policies and clinical procedures, fire safety including training and familiarisation with the care environment. Safety instructions and emergency procedures were in place. Additional measures by way of timed simulated evacuation practice drills were being introduced and to continue on a regular basis. Supervision of staff was provided and appropriate training or external professional supports was in place and planned on an ongoing basis to guide and support staff in the delivery of appropriate and safe care. Consideration regarding upgrading fire precautions such as the emergency lighting was reported as ongoing.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Action(s) required from previous inspection:

Review audit requirements to ensure that the medication policy and procedures in place are comprehensively audited by the person in charge.

Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

Medication management policies were in place to support the care/practice provided. Records were maintained in line with professional and legislative requirements.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

The inspector spoke with a nurse on duty regarding medication management issues who demonstrated their competence and knowledge when outlining procedures and practices on medication management.

Controlled medications were appropriately stored and managed in accordance with professional guidelines and regulatory requirements. Controlled medications were stored in a double locked cupboard in the locked clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded appropriately.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Incidents occurring in the designated centre had been notified to the Chief Inspector as required.

The Person in Charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

Review written care plans and records of daily care, ensure the documented care adequately reflects the care delivery, and guides staff in all aspect of care delivery.

Provide training to all staff to improve standard of documentation.

Recommendations reported following the previous inspection:

Terminology used should be respectful of residents and reflective of adulthood.

Review provision of activities and develop in consultation with residents, and include provision for residents with communication difficulties and/or cognitive impairment.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented and recommendations were progressed.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and supported by allied healthcare services.

All residents had access to GP services and an out-of-hours GP service was available. A sample of residents files reviewed indicated that GPs reviewed residents on a regular basis and had access to daily nursing records by logging onto the computer system from the surgery. GP entries on the computerised system and records in the medical notes were evident.

A range of other services was available on referral including speech and language therapy (SALT), physiotherapy, palliative care team, psychiatry and dietetic services. Chiropody and optical services were also provided. Arrangements in accessing tissue viability/wound specialists were under review.

Nursing assessments were completed on admission and further assessments were carried out accordingly and as required to inform the care planning process.

In the sample of resident records reviewed, the inspector was satisfied that assessments and care plans were evaluated within a three month basis and nurses were aware of residents changing needs. The involvement of residents or relatives was included in the care planning and review process.

Records to confirm resident offer, uptake or refusal of the flu vaccine were maintained.

Audits of clinical outcomes such as weights and nutritional status that included interventions, was maintained by the person in charge to inform quality improvements.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Recommendations reported following the previous inspection:

Consider provision of a separate cleaning room appropriate to the size of the residential care setting. The cleaning rooms are ventilated to the external air and contain a sluice sink, wash-hand basin, and lockable safe storage for cleaning chemicals. There are separate cleaning rooms for catering and non-catering areas. All new/replacement sinks are of stainless steel.

Inspection findings

The action required from the previous inspection was implemented.

A separate cleaning room was made available. The cleaning room was ventilated to the external air and contained a sluice sink, wash-hand basin, and lockable safe storage for cleaning chemicals.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A complaints procedure was displayed in a prominent place in the reception area. Residents who spoke with the inspector knew who to raise concerns with and were satisfied with arrangements of communication and engagement with staff and the person in charge.

There were no active complaints at the time of this inspection.

Outcome 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

Implement a comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.

Review food and nutritional choices available to each resident on the menu, inclusive of cooking methods.

Recommendations reported following the previous inspection:

The menu offers the resident choice of meal at each mealtime. A choice is also available to residents on specific diets.

Inspection findings

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

A comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake was available. Audit systems maintained by the person in charge and supported by the staff team was in place to monitor residents' nutritional status, weight gain/loss and referral to appropriate professionals for guidance/direction.

The lunch meal was unhurried and provided opportunities for residents to interact with each other and staff in the dining room, while some residents preferred to dine elsewhere or in their bedroom. A menu offering choice was available and residents confirmed that alternatives were available when what was on the menu was not suitable. Supplements modified diets and varied fluid consistencies were catered for.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Recommendations reported following the previous inspection:

Put in place appropriate screening to the two bedrooms which overlook the patio seating area to ensure the privacy and dignity of both residents is maintained.

Provision of privacy locks to communal toilets and bathrooms.

Inspection findings

The recommendations made following the previous inspection had not been implemented and were discussed with the person in charge.

The inspector was informed that residents in bedrooms which overlook the patio were consulted and did not wish to have a privacy net or screen on their bedroom window. The inspector was informed that the curtains were closed when personal care was being provided or undertaken.

Privacy locks were not put in place in communal toilets and bathrooms. However, the person in charge agreed to follow up on this matter following this inspection to promote resident privacy.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment

Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied with the staffing levels and skill mix available during this unannounced inspection and found access to appropriate training was encouraged and provided.

The inspector found that staff had good interaction with residents and were familiar with their personal choices and how they wished to spend their day. The inspector observed that exchanges between staff and residents were positive, with staff taking time to acknowledge and greet residents when entering communal and bedroom areas. The staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

Staffing levels during this unannounced inspection was satisfactory and the inspector was satisfied with the availability of staff to residents and staff rotas confirmed these staffing levels to be the pattern.

A comprehensive recruitment policy and employee induction was in place. The person in charge had recruited new staff since the last inspection and some of their files were reviewed. The inspector found them to be in substantial compliance. However, Garda Síochána vetting was outstanding on one file. The person in charge informed the inspector that persons recently employed and awaiting Garda Síochána vetting were supervised delivering direct care to residents.

The person in charge held a copy of nurses' professional registration status. The Inspector found that all nurses listed on the roster and working in the centre had current registration status with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland) for 2013.

A training programme for staff was in place and ongoing to include mandatory and relevant training.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider/person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sonia McCague
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Regulation Directorate
Health Information and Quality Authority

12 July 2013