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## Boyne View House, OSV-0000532, 13 February 2019

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## Office of the Chief Inspector

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

Name of designated centre:	Boyne View House
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	13 February 2019
Centre ID:	OSV-0000532
Fieldwork ID:	MON-0024099

## About the designated centre

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

Boyne View House provides services for adult male and female residents over the age of eighteen years who have a diagnosis of dementia. It is a designated secure unit for people with different types of dementia. It provides care to residents on a long term care basis and respite basis. It can provide care to a maximum of 23 residents within five twin and 13 single bedrooms.

The centre is situated on an Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and all required services.

**The following information outlines some additional data on this centre.**

Current registration end date:	17/05/2021
Number of residents on the date of inspection:	19

## 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
13 February 2019	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead

## Views of people who use the service

Residents liked where they lived. They told the inspector that the staff were nice and kind to them. They got their breakfast in bed and other meals were served to them in the dining room. They were happy with this arrangement. They said they had a choice as to what they would like to eat at each meal time and sometimes they got too much food.

Those spoken with said they would complain to staff but told the inspector they had no complaints. They said the girls cleaned their bedroom and were always helpful. They enjoyed the activities provided to them and said their religious needs were met. They said they went out occasionally, one resident told the inspector they were at the cinema in January and the movie was enjoyable.

## Capacity and capability

There was a well defined management structure in this centre. There had been a change in the person in charge since the last inspection she had settled into her role having started in late November 2017.

The inspector found the overall governance of the centre required strengthening to ensure the oversight of all practices including food and nutrition, medicines and pharmaceutical services and the supervision of staff.

The provider representative, person in charge and two clinical nurse manager had their roles and responsibilities outlined. They met on a frequent basis to discuss the management of the centre. Systems were in place to review the quality and safety of care and there was evidence that areas of practice including nursing documentation, medication management and nutrition were being audited by a clinical nurse manager. The inspector found that the audits completed were not in-depth enough to identify non compliance's found on this inspection. There was no evidence of how the results of these audits was being disseminated to staff or the senior management team or if the required actions at the end of each audit had been implemented, when and by whom.

An annual review of the quality and service of the centre had been completed in 2018. It included feedback from residents, an analysis the quality and safety of care delivered in 2018 and a quality improvement plan for 2019.

The centre was well resourced. The staffing levels and skill mix were adequate to meet the needs of the nineteen residents'. There were nine staff, five qualified

nurses (inclusive of the person in charge and a clinical nurse manager) and four health care assistants on duty. However, the supervision of staff required review to ensure the residents needs always came first. Residents with dementia were left unsupervised in both communal areas on several occasions throughout the morning while a high number of staff on duty were on break at the one time. The tasks conducted by staff mainly health care assistant and health care assistant students required review to ensure students were supervised at all times and tasks completed by health care assistant were reflective of their role.

The recruitment of staff was robust. A sample of staff files reviewed were complaint with schedule 2. There were no volunteers employed to work in the centre, although the inspector was informed that two were in the process of being recruited.

Documents including the directory of residents, statement of purpose, contracts of care and the policies and procedures outlined in schedule 5 were all available for review and they all met the legislative requirements.

### Regulation 15: Staffing

The staffing levels and skill mix were appropriate to meet the needs of residents. The tasks completed by some staff required review to ensure they were reflective of their role and to ensure the resident came first, including the following:

- Health Care Assistant student being left unsupervised while offering residents hot drinks.
- Health Care Assistant completing catering tasks post the service of lunch.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to a variety of training. They all had up-to-date mandatory training in place and those spoken with had a clear understanding of what to do in the event of a fire and of witnessing any form of abuse. However, the supervision of staff was not appropriate, as residents were left unsupervised in both communal rooms when four of the nine staff on-duty were on break at one time.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The computerised directory of residents contained all the required details of the 19 residents in the centre. Its contents met the requirements of schedule 2.

Judgment: Compliant

### Regulation 23: Governance and management

There were some changes to the management structure since the last inspection. A new person-in-charge had started in late November 2017. There was evidence that the management team met on a regular basis and management issues were brought to the attention of the provider representative. The person-in-charge was also supported by other persons-in-charge in the health service executive area.

Systems in place to monitor the quality of care being delivered to residents required further development to ensure audit tools used captured all aspects of the area being audited and put a concrete plan in place to address poor practices identified within an acceptable time frame.

There was an annual review in place which met the legislative requirements.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The sample of contracts of care reviewed were signed by the resident or their next of kin, included fees to be paid, any potential additional charges and details of the bedroom occupied by the resident on admission.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been updated in January 2019. It included all the required details as outlined in schedule 1. A copy was on display for residents to view.

Judgment: Compliant

## Regulation 30: Volunteers

There were no volunteers working in the centre. The inspector was informed that some new volunteers were in the process of being recruited.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule 5 were available for review. They had all been reviewed in the past three years by the person-in-charge. The staff had access to all the policies and were in the process of signing to state that they had read the updated version of each one.

Judgment: Compliant

## Quality and safety

The quality and safety of the service provided was being monitored. The inspector saw that the provider had actioned all the non-compliances outlined in the last compliance plan. This had resulted in some improvements in the quality and safety of care and support to residents. Improvements had been made in the following key areas: maintenance of the risk register, residents' rights dignity and consultation, training provided to staff, the premises and consultation with residents.

Significant improvements had been made to the premises, which resulted in improved living conditions for residents. The inspector saw a notice of planning permission on display for a new 30 bedded centre beside the existing centre. The plans for the proposed new centre were on display in the front foyer for residents and their relatives to view. A relative of one resident was representing the residents on the board for the proposed new building to ensure their voice was heard.

In the meantime a number of cosmetic improvements had been made to the existing building to improve its appearance and ensure a safe environment for residents to live in. The inspector noted the floor covering, bedside table, wardrobes and vanity units in a number of residents bedrooms had been replaced. A number of bedrooms had been repainted and the dining room had been completely refurbished in a new homely style.

Risk management had improved. The provider had implemented the action outlined

in the last compliance plan The risk register was up-to-date, it was a live document which was reviewed each month by the person in charge.

The rights of residents had also improved. They now all had access to hot water in their bedroom and access to shelving in their bedroom as the shelves in resident bedrooms had been lowered to enable residents to reach them. Each resident now had access to a working television in their bedroom as a television point had been installed in each bedroom.

All staff now had access to the computerised nursing record system which enabled them to record the care they provided to residents accurately. There was some improvement in the involvement of residents and/or their next of kin in their care plan review however further improvement and oversight of this area of practice was required.

Staff told the inspector they had attended training in the safe guarding of residents and they were confident in relying what they would do in the event that they witnessed any form of abuse. A record of training completed by staff showed that all staff had up-to-date fire, manual handling and safeguarding training in place, in addition staff had completed training in cardio-pulmonary resuscitation and the management of behaviours that challenge. The inspector noted that although fire drills were practiced with day staff their was no evidence that they were practiced with night staff.

The management of medication was not safe. Medication management audits had been conducted, however these had not captured the non compliance's identified by the inspector. Practices reviewed did not reflect the centres policy and left residents exposed to a risk of potential errors.

The lunchtime dining experience was interrupted by staff carrying out tasks which had the potential to reduce the dining experience for residents these tasks included the administration of medications and the cleaning of dishes while residents were eating their lunch.

## Regulation 12: Personal possessions

A list of the residents personal possessions were available for all residents. These were recorded on admission. Each resident had access to a lockable storage space in their personal wardrobe.

Judgment: Compliant

## Regulation 17: Premises

The inspector observed improvements made to the environment:  
The flooring in some bedrooms had been replaced.  
Rusty bed tables in some bedrooms had been removed and replaced with new tables.  
New TV points had been installed in all bedrooms.  
A number of bedrooms had been repainted and the dining room had been completely refurbished in a homely style.  
Shelving in most bedrooms had been lowered.

New vanity units and new wardrobes had been installed in some bedrooms.

The Statement of Purpose had been reviewed and amended with the changes to the function of the rooms clearly stated. The floor plan had also been reviewed in conjunction with the Statement of Purpose to reflect these changes and was forwarded to the Authority.

The inspector saw that planning permission was being sought for the building of a new 30 bedded centre. The notice for planning permission was displayed at the proposed site.

Judgment: Compliant

## Regulation 18: Food and nutrition

The food and drinks served to residents met their needs. Residents had access to fresh drinking water. A choice of food and drinks were offered to residents and their independence was promoted. Where assistance was required this was provided. Resident were offered biscuits with tea and coffee between meals, although fruit was available in fruit bowls, it was not accessible to all residents and was not offered to them between meals. This practice required review.

The inspector observed staff performing tasks which require review to ensure meal times were uninterrupted and enjoyable for residents.

These included:

- The clearing of dishes and waste in the dining room while residents were still eating.
- The administration of medications mixed in yogurt to residents while they were eating their lunch.

Judgment: Not compliant

## Regulation 26: Risk management

The risk management policy reflected the legislative requirement. It had been recently updated. The risk register was a live document it contained all current risks which were risk rated and had been updated in Jan 2019.

Judgment: Compliant

### Regulation 27: Infection control

Infection control practices were good. Hand sanitizers were located throughout the centre. One of the three communal shower rooms had no hand washing or drying facility in place.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Adequate precautions were taken against the risk of fires. All staff had mandatory fire training in place. The fire alarm and emergency lighting was serviced on a quarterly basis. A full review of all fire doors had been completed and a plan was in place to commence repairs within the next two weeks. Fire extinguishers were serviced on an annual basis. Fire drills had been practiced on several occasions with day staff however, there was no evidence that a fire drill had been practiced with night staff in 2018 or to date in 2019.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management was not safe for the following reasons:

- the maximum dose of as required medications were not reflected on medication prescription charts.
- the signatures of the two transcribing nurses and the Doctors signature were all entered in the same signature column making it difficult to determine if each medication had been signed by a Doctor.
- the policy stated that two nurses checked all blister packs off the residents prescription when delivered in from the pharmacy, however in practice only one nurse checked all blister packs.
- medications to be crushed were not individually prescribed to be administered

as crushed.

- medications were administered covertly, however this was not reflected on the residents prescription.
- the record checks carried out on the expiry dates of stock medications, were not signed by the staff nurse carrying out the check.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

There was evidence of some improvement in the level of compliance with this regulation. All nursing and care staff now had access to the electronic recording system. Care plan reviews had been completed within a four month period. There was evidence that a small number of residents and/or their next of kin were consulted with about their care plan review however, further improvements were required to ensure all residents are involved in their care plan review.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse. There was an updated policy for the safeguarding of residents. Staff spoken with were aware of its content and there were robust recruitment processes followed for the recruitment of new staff.

The centre was pension agent for one resident and procedures followed to safeguard the residents monies were safe and reflected the policy in place.

Judgment: Compliant

### Regulation 9: Residents' rights

There were opportunities for recreation and activities and these were provided by a dedicated activities staff member, however this person was on leave on the day of inspection. An agency staff member known to residents provided activities to residents on the afternoon of the inspection. Residents appeared to be activity engaged in the activities being provided and those provided appeared to meet residents' needs.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Boyne View House OSV-0000532

Inspection ID: MON-0024099

Date of inspection: 13/02/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Student Healthcare Assistants allocations have been reviewed and all students are assigned to a named member of staff on the roster each day who will then be responsible for their supervision.</p> <p>A full review has been conducted of the mealtime experience for our Residents. The nursing and care staff are allocated only to assisting residents with their meals and supervising the dining room. Catering staff are allocated to serving meals and to clearing the dining room, only when the residents have finished their meals.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A review of the staff allocations has been conducted and amended to reflect a more person centred approach to resident needs. Break times have been staggered to ensure the needs and supervision of the residents are paramount.</p> <p>The senior nurse in charge is responsible for ensuring that the appropriate level of supervision of all staff is maintained at all times. This is monitored on an ongoing basis by observation in practice audits and any learning from these audits will be implemented.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The audit suite in use has been reviewed and amended to reflect the areas of practice not previously covered. This is now in use. The National Auditing Tools are currently under review and are due to be launched this quarter.</p> <p>Audit action plans in use have also been reviewed and amended to be more specific and time bound. The person responsible for each action is identified and an outcome for each action is recorded. The PIC will ensure that all actions are followed up and any learning is shared.</p> <p>Audits are a standing agenda item on the management team meetings.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All residents are given a choice of fruit regularly during the day. This is chopped and served in easily held bowls for all residents to enjoy.</p> <p>The mealtime experience has been audited and the care staff have been allocated to attend to resident's needs only. Any clearing of dishes is conducted by catering staff at the end of the meal.</p> <p>A protected mealtimes policy has been implemented and the administration times of medications have been reviewed and amended to ensure that residents receive their medications at a more appropriate time. All staff have been informed of this policy and will be monitored on an on-going basis through regular auditing</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following renovations in Boyne View House one shower room had not been fully completed in so far as at the time of inspection a soap and towel dispenser had not been</p>	

replaced. This has now been rectified.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A night time fire drill was conducted on the 28th February 2019.

All Staff rotate between day and night duty and all have been involved in a fire drill within the last 12 months. However all fire drills have been amended to reflect day and nighttime conditions. All staff who rotate on to night duty will have been involved in a night time conditions fire drill by 31st May 2019.

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

All medication prescription charts have been reviewed and the following amendments have been made:

- The maximum dose of as required (PRN) medications is now reflected on each individual chart.
- The signature column has been amended to clearly identify the discipline of the signatures.
- All medications that require crushing are now individually prescribed to be administered as crushed.

The template for recording the receipt of blister packs has been amended to capture the individual signatures of both nurses responsible. The policy has been communicated with all nursing staff and they have been instructed on the correct checking procedure. This will also form part of the medication audit.

The administration of crushed medications has been reviewed. The purpose of administering the medications in food is to facilitate easy swallowing and not to disguise the medications. In order to ensure that this does not inadvertently become covert administration of medications all crushed medications are now identified to the resident prior to administration. The policy has been reviewed and amended to reflect this practice. This has been reinforced with nursing staff.

The expiry date of stock medications are checked monthly. This practice has been

reviewed. These will be signed off by the nurse in question when the check is completed. These checks will also be signed off by the person in charge. This also now forms part of the medication audit for further monitoring and review.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A full review was conducted on the resident's involvement in their plan of care. All deficits have been identified and an action has been implemented. This has been communicated to all primary nurses and corrective action has been commenced. Continuous auditing will be maintained to ensure compliance.

## 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 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	15/03/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/03/2019
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	15/03/2019

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.	Substantially Compliant	Yellow	15/03/2019
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.	Substantially Compliant	Yellow	15/03/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/04/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products	Not Compliant	Orange	15/03/2019

	are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2019