



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

Issued by the Chief Inspector

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:	15 June 2022
Centre ID:	OSV-0000532
Fieldwork ID:	MON-0035616

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 21 residents within three 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.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 June 2022	10:00hrs to 15:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector spoke with over half of the residents and took time observing how they spent their day in the centre. Residents were well-groomed and were observed to be occupied and engaged in daily exercises, reading the newspaper and dining together.

Residents told the inspector they were very happy with how they were cared for in the centre. They were unanimous in praising the staff and management for the care and commitment to ensuring they were supported to have a good quality of life and said that they had 'no concerns'. They said there was never anything to complain about and this was reflected in the fact that the centre had not received any complaints in 2021 or to date in 2022.

Residents were happy with visiting arrangements and the inspector saw that measures were in place for residents to sign in at the front door.

Residents said that staff were respectful of their choices and the inspector observed this when lunch was being served. The staff listened to and respected the residents' choice of meal. The inspector observed that where assistance was required, it was provided discreetly and in a dignified manner. Residents were jolly and engaged in light banter with staff and it was evident that they were comfortable and content in each other's company.

Interactions between staff and residents observed throughout the day were person-centred, supportive and kind. For example, a member of staff was observed sitting reading the local weekly newspaper to a resident who was clearly enjoying hearing all the local news.

Outings had resumed with some residents saying how much they enjoyed going out again to their favourite places in the local community. They told the inspector they enjoyed going for picnics, concerts and rickshaw rides along the river Boyne.

The inspector observed that the internal paint work was being re-painted at the time of the inspection.

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

Capacity and capability

Overall the inspector found that the governance and management arrangements in

place were effective and ensured that residents received person-centred care and support. The daily running of the centre was overseen by the person in charge with the support of a senior management team. The services were delivered by a well-organised team of trained competent staff.

The Health Service Executive is the registered provider of Boyne View House. The senior management structure consisted of the registered provider nominated to act on behalf of the provider, person in charge (PIC) and a person participating in management. The centre was fully compliant under the regulations reviewed on this inspection. The provider had addressed all of the issues of non-compliance found on the previous inspection.

A continuous monitoring system to review the delivery of services provided was in place. This included regular reviews of clinical care and risk indicators such as accidents or incidents, use of restrictive practices, skin integrity, nutritional status, and rates of infection. An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2021. The report contained evidence of consultation with residents and their families.

There was evidence of contingency measures to meet planned and unplanned absences and that where these occurred staff were usually replaced.

Staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety. Training records showed good levels of staff compliance with mandatory training requirements and also included training to enable staff deliver person-centred care such as safeguarding adults at risk, wound care and dementia care.

A review of a sample staff records showed that recruitment procedures were in line with employment and equality legislation including appropriate An Garda Síochána (police) vetting disclosures prior to commencing employment.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed.

Regulation 15: Staffing

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

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management.

There was good supervision of staff. The inspectors saw from the sample of staff files reviewed that the staff had annual staff appraisals completed with the management team.

Judgment: Compliant

Regulation 19: Directory of residents

The residents directory was reviewed and was up-to-date. It contained all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had on the whole had been addressed by the provider.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contracts of care met the legislative requirements. The sample of contracts reviewed had been signed by the resident or their appointed representative and the registered provider representative. They also included the fees to be charged, the room occupied by the resident and, where relevant, the number of other occupants in the room.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported to the chief inspector in a timely manner. There were no issues of concern identified. The incident forms reviewed contained details of each incident and all measures put in place to prevent a re-occurrence.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in Schedule five were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

The quality of service and care delivered to residents was of a good standard. The ethos was one where resident's independence was promoted and their rights were upheld. Overall, the inspector found that staff worked hard to meet residents' preferences for care and daily routines.

Residents had access to medical care and additional treatment and expertise from varied allied health professionals via the local acute hospital. They also had access to additional training for staff through the acute sector.

There were adequate facilities available to deliver activities to residents. These

facilities included communal areas and a wide variety of equipment such as a white board and equipment which enhanced the life of the 19 residents living in the centre, all of whom were living with dementia.

The premises was kept in a good state of repair inside and outside. The works that were in progress during the last inspection had been completed and the action plan on the last inspection report had been addressed in full. The new building on the site next door was in progress with a due completion date for December 2022.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider. The contingency plan was regularly updated, it identified key resources and the actions required to ensure their continuous provision in the event of an outbreak. A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

The inspector observed some examples of good practice in the management of COVID-19 such as good hand hygiene practices and adherence to good practice when wearing face masks. Staff had access to personal protective equipment and hand sanitisers in all areas. Appropriate systems were in place to ensure the regular cleaning and/or decontamination of communal equipment between each use.

Regulation 11: Visits

The inspector saw that the visiting policy reflected the current Public Health guidelines. There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so. The recommended safety check and sign-in process was in place at the front door.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including a lockable area for safekeeping.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of the residents living in the centre.
Judgment: Compliant
Regulation 18: Food and nutrition
Water and a glass was available in each room visited by the inspector. There was a choice of food in the dining room and residents informed the inspector that they could get food or a drink whenever they wanted.
Judgment: Compliant
Regulation 20: Information for residents
A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.
Judgment: Compliant
Regulation 27: Infection control
Processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure all staff were aware of the level of precautions to be taken prior to entering the bedroom of a resident with a transmissible infection.
Judgment: Compliant
Regulation 9: Residents' rights
The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 9: Residents' rights	Compliant