

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechwood Nursing Home
Centre ID:	ORG-0000199
Centre address:	Leighlinbridge, Carlow.
Telephone number:	059 972 2366
Email address:	beechwoodnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eileen Stapleton
Provider Nominee:	Eileen Stapleton
Person in charge:	Eileen Stapleton
Lead inspector:	Kieran Murphy
Support inspector(s):	Caroline Connelly
Type of inspection	Announced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	0

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 January 2014 11:00	21 January 2014 18:30
22 January 2014 09:00	22 January 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the fourth inspection of Beechwood Nursing Home by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 3 May 2014. This inspection took place over two days on 21 January and 22 January 2014.

As part of the inspection the inspectors met with residents, the provider/person in charge, the assistant director of nursing, the clinical nurse manager, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of 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.

Beechwood nursing home is a 36 bedded nursing home and the provider is currently completing an extension to the centre with the addition of 24 new en suite bedrooms, living, dining and activity space. There is an expectation that this will be completed during the summer 2014.

At the last inspection of the nursing home on 5 and 6 March 2013, 36 improvements were identified including requirements to:

- review staff recruitment and adequate supervision of staff
- put in place measures to protect resident from risk of harm or abuse
- review arrangements relating to fire safety, emergency planning and residents absconding which were not satisfactory
- put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre
- review medication management practices which were not in line with local policy and regulatory body guidelines
- introduce a system to review and improve the quality and safety of care
- introduce a process to refer residents for assessment by other health care professionals if needed
- maintain equipment to ensure its safety.

The provider had introduced a robust management structure with the appointment of a clinical nurse manager with specific responsibilities in the area of evidence based practice and quality improvement. On this inspection it was found that most of these measures had been implemented satisfactorily as a result of this key management appointment.

However, there were a number of issues that were not dealt with appropriately and a number of other actions were also identified on this inspection. These improvements and other improvements as outlined below are required to comply 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. The provider was required to complete an action plan to address these areas:

- the directory of residents did not contain comprehensive details in relation to the residents
- there were no precautions available in the external smoking area to ensure the safety of the resident whilst smoking
- hand cleaning products were not wall mounted with the potential hazard for these products to be swallowed by residents.
- the emergency plan did not contain provision to deal with other emergencies like loss of power, loss of lighting or flooding
- soiled linen was brought to the laundry past the clean linen which was not safeguarding control of infection in the management of laundry

- updating was required to include a policy on medication disposal to be compliant with the centres practice and best practice guidelines
- review of prescribing of pro re nata (as required) medication
- review of system for obtaining written consent or for the documentation of consent or refusal of treatment as is required by legislation
- review of complaints policy
- keep staffing levels under review.

Full Action Plans for all of these issues are available at the end of this report.

A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged with relatives and relatives stating they are welcomed at any time. Residents' comments are found throughout the report.

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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose and function was viewed by the inspectors and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and were found to meet the requirements of legislation.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a large sample of contracts of care. The contracts of care were found to be comprehensive and were agreed within a month of new admissions. They

stipulated details of the service provided, the fee to be paid and what was included and excluded from that fee and they were found to meet the legislative requirements.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection it was found that the management structure did not provide an adequate level of supervision of care and practice.

On this inspection it was found that the person in charge, who was also the nominated registered provider, had taken appropriate measures to ensure the centre is now compliant with this issue of supervision of care and practice. The provider had engaged the services of a management consultant for three months to review care and practice. In addition the provider had appointed a clinical nurse manager with specific responsibility for ensuring care was provided in accordance with evidence based practice.

The person in charge was committed to creating an environment that supported quality improvement. She was a registered nurse and was very involved in the day-to-day management of the organisation and was knowledgeable about the residents and their care needs. The nursing and care staff all reported to her.

Residents, relatives and staff identified the person in charge as the one with overall authority and responsibility for the service. The person in charge displayed a good knowledge of the Regulations and the Authority's Standards.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On the previous inspection a number of policies and procedures needed to be reviewed and updated.

On this inspection it was found that policies, procedures and guidelines were available in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However the medication management policy, required review and this will be discussed in more detail under outcome 8.

Inspectors viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspectors and found to contain comprehensive details in relation to the residents however it did not include the time and cause of death as required by legislation.

On the previous inspection the inspector found that some staff records did not include all the information required in Schedule 2 substantial improvements were made in relation to the acquiring of evidence of medical fitness and references which is discussed under outcome 18.

The inspectors saw that the records maintained of money and valuables deposited by a resident/relative for safekeeping were maintained in accordance with regulatory requirements.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had not been any periods where the person in charge was absent from the centre for 28 days or more since the last inspection. There had not been any change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

Since the last inspection a clearer management structure was put in place and staff were aware of the reporting mechanisms. Acting up arrangements were comprehensive, the assistant director of nursing or the clinical nurse manager deputised when the person in charge was off duty. The person in charge, deputy and clinical nurse manager were contactable in the event of any emergencies. Staff informed inspectors that they had easy access to their phone numbers to contact them in any situation where they were unsure what to do.

A fit person interview was conducted with the clinical nurse manager as she had recently taken on a full time key senior manager role. She was found to be committed to providing person-centred care to the residents. She displayed a good knowledge of 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. She had been instrumental in bringing about a number of changes and improvements to practices in the centre particularly in the supervision and training of staff.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection it was found that not all staff had current training on prevention of abuse.

On this inspection there was an up-to-date policy on the protection of residents from abuse. Staff interviewed knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

Inspectors reviewed training records and saw evidence that all staff had received mandatory training on elder abuse.

The person in charge told the inspectors that there had been learning and improvements to practice as a result of previous allegations of abuse. She felt there was a greater awareness by all staff and a policy of zero tolerance to any form of abuse.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There were a number of actions required from the last inspection in relation to:

- manual handling
- fire safety
- risk management
- incident reporting/learning from adverse events
- arrangements for responding to emergencies
- falls prevention strategies.

It was also identified on the last inspection that windows were not suitably restricted from opening to prevent potential absconding and injury to residents. On this inspection it was observed that all windows had restrictors in place.

Inspectors reviewed a policy on manual handling. There was evidence that each resident had a manual handling assessment which was updated every three months. A copy of this assessment was discretely available in each resident's room. Each resident's care plan also reflected the manual handling assessment. For residents who required it an individual hoist sling was available. Inspectors found records available that confirmed that staff had received mandatory training on moving and handling.

There was an up to date fire certificate for the centre dated 13 November 2013. Inspectors reviewed an up to date fire policy. Fire training records indicated that staff had received mandatory fire safety and management training. Inspectors also reviewed up to date fire drill records and there was evidence that emergency lighting was checked weekly. There were records available to show that all fire extinguishers had been checked and inspectors saw that all fire extinguishers had clips in place.

There was no smoking room available in the centre. There was only one resident in the centre who smoked and smoking was facilitated on the patio area. However there were no precautions available in this area. For example a fire extinguisher, fire blanket or call bell system were not provided to ensure the safety of the resident whilst smoking.

An emergency evacuation plan dated 18 April 2013 was viewed. This contained an individual resident emergency evacuation plan and outlined the dependency levels and mobility status of each resident. The emergency plan while adequately addressing the centre's response to fire did not contain provision to deal with other emergencies like loss of power, loss of lighting or flooding.

There was an internal emergency policy to include evacuation and absconding. Inspectors saw a risk assessment for a resident at risk of absconding. A missing person profile was also available for each resident. A response kit was available in the centre which contained the emergency evacuation plan, a first aid box, a whistle, a torch and a high visibility vest.

Inspectors reviewed a falls prevention policy and also saw evidence that a falls audit for the centre was being undertaken every three months. Each resident at risk of falling had a falls risk assessment undertaken and inspectors saw that the resident's care plan was updated to reflect this risk assessment.

There was a policy in place to guide the reporting, recording, investigation, review and learning for accidents and incidents. On this inspection it was evident that a separate incident reporting system. This reporting system recorded and categorised all incidents and also documented any action plan to be put in place to prevent an incident recurring. A summary of all recorded incidents from this system was made available to the inspectors who were satisfied that all incidents were managed appropriately.

The centre was visibly clean. Inspectors observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand cleaning products were present throughout the centre however they were not wall mounted. Inspectors observed cleaning products being left unattended in the corridor. There was the potential for these products to be swallowed by a resident.

The inspectors observed only one entrance/exit into the laundry and soiled linen was brought to the laundry past the clean linen which was not safeguarding control of infection in the management of laundry.

The arrangements for the disposal of domestic and clinical waste management were appropriate.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the last inspection there was evidence of substantial non compliance with regulatory requirements in relation to medication management practices.

On this inspection a number of these issues had been completed including updating of policies and procedures to include pro re nata or as required (PRN) medications and transcription of medications. Residents medications were now reviewed on a regular basis and the administration record had been updated to reflect the current prescription.

However there remained some outstanding issues around the prescription of PRN medications. Generic lists of PRN medications were prescribed for all residents which contained numerous different types of laxatives, pain relief and other medications. These were supplied from the pharmacy as a typed generic document and the nurse in the centre was inputting the residents' names and details onto same. The nurse did not take into account residents' regular prescription. Inspectors saw examples of records where the resident was prescribed paracetamol on a regular basis and was then prescribed again on the PRN chart which could lead to excessive medication being administered and medication errors.

Proper precautions were not taken in the transcribing of medications by the nurse as there was not a nurse's signature on the transcribed sheet as is required by regulatory body guidelines and local policy. Although the GP had dated and initialled the medication prescriptions he had not signed them as required by legislation. A number of the PRN prescriptions also did not state the maximum dose to be given in a 24-hour period which could lead to excess medications being administered.

Authorisation for residents to have their medication administered in an altered format, crushed was written on the PRN sheet and not on the regular medication prescription as required.

The medication management policies had been reviewed since the last inspection however further review and updating was required to include a policy on medication disposal to be compliant with the centres practice and best practice guidelines.

The inspectors observed a nurse administering the medications, and this was carried out in line with An Bord Altranais Guidelines 2007. Medications are prescribed and disposed of appropriately in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007).

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses spoken to displayed a good knowledge of medications and the procedure outlined for administration.

Inspectors saw evidence that a pharmacist was involved in the reviewing of residents' medications on a regular basis and provided advice and support to the GP and staff. Residents' medications were reviewed regularly resulting in changes to prevent contraindications and over prescribing of medications. Regular audits of medication management were ongoing by the pharmacist and staff.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found that all incidents and adverse events were followed up appropriately.

Inspectors saw evidence that following an incident a record of any immediate nursing or medical treatment was maintained in the individual resident's medical records. The nursing care plan was updated as required and any follow up treatment was recorded in the resident's medical notes.

A separate incident reporting system was maintained this reporting system recorded and categorised all incidents and also documented any action plan to be put in place to prevent an incident recurring. A summary of all recorded incidents from this system was made available to the inspectors who were satisfied that all incidents were managed appropriately.

It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and the centre was compliant with this provision. The centre provided the Authority with a summary of all recorded incidents every three months as set out in the

regulations.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection it was found the centre did not have a system for reviewing the quality and safety of care provided to residents. It was also observed there was little consultation with residents and their representatives in relation to the system of review quality and safety of care.

Since the last inspection a system of quality assurance internal reviews has been implemented. Inspectors saw evidence of a comprehensive system of quality assurance reviews which included both direct care issues and non-care issues. Audits undertaken included review of pressure sores, nutrition, kitchen diet plan compliance, weight of resident, meals and mealtimes, infection prevention and control, cleaning, wound care, patient falls and supervision of care audit.

Inspectors saw evidence that the results of these audits were used to improve practice in the centre. The supervision of care audit compared personal care to residents in August 2013 and again in December 2013. It reviewed the personal care of each resident in relation to clean finger nails, hair brushed, teeth cleaned/dentures in place, glasses were cleaned. It was found that all residents personal care had improved.

Prior to the inspection, the Authority received questionnaires regarding care and care planning. One family response indicated that representatives were consulted in relation to care planning. Inspectors saw the results of a resident satisfaction survey undertaken in the centre in May 2013. All issues identified in the survey were followed up by the provider.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There were a number of outstanding actions required following the last inspection in relation to:

- Facilitating access to allied health care services.
- Undertaking assessments of residents prior to the use of restraint.
- Setting out each resident's needs, including nutritional requirements, in an individual care plan developed and agreed with the resident.
- Ensuring that all members of staff including catering staff had access to relevant information in order to provide care based on residents' identified needs and providing opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

On this inspection all of these actions had been addressed. A computerised system of care planning had been introduced and the care plans were the subject of a regular audit to ensure full and comprehensive documentation and regular reassessments and reviews were undertaken as required by legislation.

There was evidence that residents' health care needs were being met through timely access to GP services and appropriate allied healthcare services. Inspectors reviewed resident medical records and tracked a referral from the GP to allied health professionals. The residents' care plans were altered to reflect this referral and subsequent treatment.

The inspectors saw evidence that each resident had received an initial nutrition screening using the Malnutrition Universal Screening Tool (MUST). Based on this screening an action plan was implemented which included referral to dietician or speech and language therapist if required. Inspectors reviewed a number of resident care plans which had been updated to reflect the screening and referral. After a dietetic review the resident's care plan had been updated to reflect changed nutritional requirements.

Residents had other assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, and mental test score examination. These assessments were repeated on a three-monthly basis or sooner if the residents' condition had required it.

Inspectors reviewed the restraint policy in the centre. Two residents required the use of bedrails, one of whom had requested bedrails to be used. In the progress notes for these residents inspectors saw a documented risk assessment for the use of bedrails. Further documentation in relation to the use of bedrails included a risk assessment for falls from bed and an assessment of bed rails to ensure the bed rail was correctly fitted. Gaps found were secured by the use of specialised infill mattresses to prevent entrapment and ensure the safety of the residents.

The person in charge and staff demonstrated an in-depth knowledge of the residents' physical, social and psychological needs and this was reflected in the person-centred care plans seen by the inspectors. Detailed life histories were completed on some residents and further life stories were being completed. Residents who exhibited behaviour that challenged had appropriate assessments and plans in place to minimise this behaviour which was documented in their care plans.

The person in charge said they usually obtained verbal consent from their residents but did not have a system for obtaining written consent or for the documentation of consent or refusal of treatment as is required by legislation.

The inspectors saw evidence that there were improved facilities for recreation including an activities programme each afternoon. There was a variety of activities like art, games and bingo, fit for life physiotherapy programme to help people with movement, live music sessions, one to one sessions for residents who spent time in their rooms and flexible visiting arrangements were in place. The person in charge told the inspectors she planned to further develop the activity programme and there will be a room specifically for activities in the new building.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

In relation to equipment the previous inspection found that some equipment had not undergone routine maintenance. During this inspection there was evidence of a service agreement contract for twice yearly service and maintenance of all equipment and the inspectors were satisfied that all equipment was serviced within specified times.

The centre was observed to be bright with appropriate pictures, furnishings and colour schemes. Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

Inspectors found the premises to be well maintained with suitable heating, lighting and ventilation. There was a full-time maintenance officer on site and up-to-date service records were in place for the boiler, plumbing and electrical installation.

The provider is currently completing an extension to the centre with the addition of 24 new en suite bedrooms, living, dining and activity space. There is an expectation that this will be completed during the summer 2014. Enclosed landscaped gardens are included within the new build but they are due for completion in the next number of weeks and will be available for residents use then.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the previous inspection it was found that the centre was not compliant with the regulations as the complaints procedure was not displayed in a prominent position in the designated centre. In addition the procedure did not identify an independent person to ensure that complaints were appropriately responded to.

On this inspection a summary of the complaints procedure was displayed at the front door to the centre. The summary outlined the complaints procedure, the person to whom a complaint was to be made and the identity of the independent reviewer of complaints. When the inspectors reviewed the complaints policy it did not correspond with the summary of the complaints procedure displayed at the front door. In particular the policy did not outline the name of the independent reviewer as required under article 39(5) of the regulations.

The inspectors spoke with residents regarding the complaints process. Prior to the inspection residents and families completed 25 questionnaires. It was clear that all residents were aware of the complaints process and who to make the complaint to.

The inspectors reviewed the complaints register and viewed the details of nine complaints received in 2013. They found that all complaints were dealt with appropriately. There was evidence of learning from complaints in relation to recruitment and selection of staff and in relation to supervision of staff.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found the centre to be compliant with the regulations in relation to provision of end of life care.

There was a written end-of-life policy which staff were familiar with. The inspectors saw evidence of an audit undertaken in August 2013. Following this audit three nurses completed an end-of-life care training course.

The inspectors saw evidence that all religious and cultural practices were facilitated including a weekly celebration of Mass, a Minister of the Eucharist visited every Tuesday, rosary was said daily on request of the residents and a Church of Ireland Minister provided service on a weekly basis.

There was access via referral from the GP to specialist palliative care services and a pain specialist.

Family and friends were facilitated to be with the resident when they are dying. A designated quiet room was made available for use exclusively by family and friends of the resident. If the resident wished, the centre facilitated a prayer and removal service with the quiet room being used as an Oratory. This enabled other residents and staff to pay their respects and say goodbye to the deceased resident.

Outcome 15: Food and Nutrition

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 discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On the last inspection it was found that a large number of residents were on modified diets that had not been prescribed by a dietician, speech therapist or GP. On this inspection only three residents in total were on modified diets. The inspectors found there was a comprehensive policy for the monitoring and documenting of nutritional intake which was implemented in practice.

Inspectors also found evidence of a systematic record of residents' nutrition status which was undertaken by means of a documented three day eating review. This record was sent to a dietician for review. Inspectors also found that a monthly weight record for all residents was maintained. This monthly record documented any weight loss and referral to a dietician was arranged if necessary.

Each resident's nutritional requirements were communicated to kitchen staff via a resident nutritional profile which was printed off and available in the kitchen. This profile included the individual resident meal plans, swallow assessments and food preferences.

Inspectors saw evidence that food was nutritious varied and available in sufficient quantities. The larder was adequately stocked with food. A menu was available and displayed outside the dining room on both days of the inspection. Inspectors saw a weekly menu plan in the kitchen with different dishes for each day.

The inspectors saw documentation that all cooks, kitchen assistants, housekeeping and laundry staff had received food hygiene training. Inspectors reviewed the internal kitchen communication book for January 2014 and saw that training on dysphagia (or swallowing difficulties) was scheduled for all kitchen staff.

Residents outlined to inspectors that they could request a different option to the menu if they so desired. Inspectors observed assistance with eating and drinking being offered to residents in the dining room in a discrete and sensitive manner. Residents were facilitated to eat in their own rooms or a quieter area if they wished.

Inspectors saw the results of a resident satisfaction survey undertaken in May 2013. Three residents said the tea was not hot enough. This issue was dealt with by the

person in charge and fresh tea was made more regularly at mealtimes.

The most recent Environmental Health Office report (dated 4 November 2011) was seen by the inspectors. It stated that the centre was in full compliance with the Food Safety Authority of Ireland Act 1998.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

On the previous inspection the issues that needed to be rectified related to:

- residents' consultation and participation in the organisation of the designated centre
- facilitating each resident to communicate
- providing a call system with an accessible alarm facility to be provided in every room normally used by residents
- putting in place a policy for the use of CCTV and review the current location of each camera to ensure that it does not infringe on residents' right to privacy.

On this inspection evidence was found that residents were consulted about the operation of the centre. Inspectors saw the results of a resident satisfaction survey undertaken in May 2013. 30 questionnaires were given to residents and relatives with 21 completed surveys returned. All issues identified in the survey were followed up by the provider and all staff were informed of the survey results.

In relation to consultation inspectors reviewed the Beechwood Nursing Home Newsletter which was launched in December 2013. This was an innovative publication that outlined the ethos of the centre and various issues of interest for residents. Also in relation to consultation inspectors reviewed minutes of the residents meeting for December 2013 which was attended by 22 residents, four visitors and chaired by the clinical nurse manager. The meeting discussed the launch of the newsletter, an update on the new extension to the nursing home and a satisfaction survey with service provided.

The inspectors were satisfied that the residents' communication needs were met. Each resident's care plan had details of their communication needs. Inspectors reviewed staff training records and found that all staff members had received training on care of the

person with dementia and care of the person presenting with challenging behaviour. The centre had also introduced a programme called Imagination Gym to help people with their recall and memory.

The inspectors reviewed the nursing home policy on CCTV where it was acknowledged that CCTV cameras were only to be used as a security tool. Since the last inspection CCTV cameras had been removed from the residents' sitting room, sun lounge area and all open sitting areas. Inspectors found that CCTV cameras were only operational at all external doors and internal corridors.

At the last inspection it was found that an accessible alarm facility was not provided in every room normally used by residents with due regard to the residents' safety. The provider has introduced an accessible alarm in each of these rooms.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors found the centre to be compliant with the regulations in relation to clothing, personal property and possessions.

The inspectors reviewed a policy on handling of residents' belongings and finances which satisfactorily outlined the arrangements in place for residents to retain control over their own possessions and clothing.

Inspectors saw personalised living arrangements in each of the resident's rooms. There was a wardrobe and/or chest of drawers a bedside locker with a locked drawer in each room. A number of residents had brought in their own furniture and storage units.

Inspectors saw adequate arrangements for the identification and return of residents clothing. Clothes were marked with a button system to ensure that residents' own clothes were returned to them.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the previous inspection a number of actions were required in relation to references, qualifications of staff, supervision of staff, staffing levels and access to education/training.

On this inspection the inspectors were satisfied with the arrangements in place to ensure that all staff members were recruited in accordance with the regulations. The inspectors reviewed a sample of staff files which were found to be compliant with the requirements of the regulations to include reference checks, Garda Síochána clearance and relevant professional qualifications. Inspectors checked the registration details of each nurse in the centre and all were found to be up-to-date.

Inspectors reviewed the staffing levels in the centre. There was an actual and planned staff rota which matched the staff on duty. There was 24 hours nursing cover provided with two nurses in the centre Monday to Friday until 17.00hrs or 18.00hrs. There was only one nurse on duty from 18:00 hrs Monday to Friday and at the weekend there was generally only one nurse on duty at all times. The person in charge outlined that changes had been made to the roster following the last inspection with an increase in care staffing levels. One care staff worked until 21:00 hrs and a second care staff worked until 21:30hrs. However, bearing in mind the skill mix and care needs of the residents inspectors were not satisfied with nursing staffing levels particularly at weekends and at night. Following this inspection a relative in a completed HIQA questionnaire highlighted nursing staffing levels at night as an issue that needed to be reviewed.

The inspectors reviewed records that showed appropriate staff supervision. There was an annual appraisal audit for each staff member with a training plan for 2014 documented. Inspectors saw minutes of a three-monthly review meetings for all grades of staff with an agenda, minutes and action included. Care provided by each staff member to residents was subject to an unannounced review of care audit.

The inspectors were satisfied that the education and training available to staff enabled them to provide care that reflected contemporary evidence based practice. Each staff member had a training plan in place which included evidence of additional completed courses relevant to their practice. All staff had completed mandatory fire prevention training, prevention and responding to elder abuse training and manual handling training.

The inspectors spoke to a recently recruited health care attendant who had a three day induction on a supernumerary basis and had received the mandatory staff training. The staff member was satisfied with the induction training provided and the opportunities for further training. An appraisal of this staff member's performance was due in February 2014.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	Beechwood Nursing Home
Centre ID:	ORG-0000199
Date of inspection:	21/01/2014
Date of response:	16/02/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not include the time and cause of death as required by the Regulations.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

Please state the actions you have taken or are planning to take:

Following the inspection, the residents directory will now include the time and cause of death where applicable.

Proposed Timescale: 16/02/2014

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors observed cleaning products being left unattended in the corridor. There was the potential for these products to be swallowed by a resident.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

Housekeeping staff have been instructed not to leave cleaning trolleys unattended on the corridors. Cleaning products are now kept in a closed container on each housekeeping trolley.

Proposed Timescale: 16/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Hand cleaning products were present throughout the centre, however, they were not wall mounted. There was potential for these products to be swallowed by residents.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

All hand cleaning products are now wall mounted.

Proposed Timescale: 16/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency plan, while adequately addressing the centre's response to fire, did not contain provision to deal with other emergencies like loss of power, loss of lighting or flooding.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

Please state the actions you have taken or are planning to take:

The Emergency Response Plan has been revised to include provisions for dealing with loss of power, loss of lighting and flooding.

Proposed Timescale: 16/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspectors observed only one entrance/exit into the laundry and soiled linen was brought to the laundry past the clean linen which was not safeguarding control of infection in the management of laundry.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

It is proposed to install a partition in the laundry to ensure that soiled linen does not pass the clean linen area when being brought into the laundry.

Proposed Timescale: 31/03/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no fire precautions available in the smoking area.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

Please state the actions you have taken or are planning to take:

A fire extinguisher and a fire blanket are now available in the smoking area in case of emergency.

Proposed Timescale: 16/02/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Generic lists of PRN (as required) medications were prescribed for all residents which contained numerous different types of laxatives, pain relief and other medications. These were supplied from the pharmacy as a typed generic document but the nurse in the centre was inputting the residents' names and details onto same. The nurse did not take into account residents' regular prescription.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

The use of generic lists of PRN medications for residents has been discontinued. Only medication deemed necessary for PRN administration by the GP is now prescribed. PRN administration charts are supplied by the pharmacy following prescription by the GP, for named residents only and signed by the GP.

Proposed Timescale: 16/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Proper precautions were not taken in the transcribing of medications by the nurse as there was not a nurse's signature on the transcribed sheet as is required by regulatory body guidelines and local policy.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

Where a nurse transcribes a medication, the nurse will sign the transcribed medication

Proposed Timescale: 16/02/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Further review and updating was required to include a policy on medication disposal to be compliant with the centres practice and best practice guidelines.

Action Required:

Under Regulation 33 (2) you are required to: 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.

Please state the actions you have taken or are planning to take:

The nursing homes medication management policy has been reviewed and includes instruction on the safe and correct method for handling and disposing of unused and out of date medicines as per the regulations.

Proposed Timescale: 16/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There wasn't a system for obtaining written consent or for the documentation of consent or refusal of treatment.

Action Required:

Under Regulation 9 (2) (a) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:

A document has been put in place for residents to indicate and record in writing the giving or withholding of consent by them for treatments and interventions as required or recommended by the multidisciplinary team.

Proposed Timescale: 31/03/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy did not outline the name of the independent reviewer as required under the Regulations.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

Please state the actions you have taken or are planning to take:

The complaints policy now contains the name of the independent appeals person.

Proposed Timescale: 16/02/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The skill mix and staffing levels must be kept under review to ensure they meet the needs of the residents particularly in relation to qualified nursing staff.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Staffing levels are constantly being reviewed by management in consultation with the nursing staff.

To improve the skill mix of the staff it is planned to double the nursing cover, 24/7 when the extension, currently under construction is completed and registered.

Proposed Timescale: On registration of the extension currently being completed.

Completion date: Mid June 2014

Proposed Timescale: 15/06/2014