

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beech Lodge Care Facility
Centre ID:	OSV-0000408
Centre address:	Bruree, Limerick.
Telephone number:	063 90522
Email address:	info@beechlodgcarefacility.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beech Lodge Care Facility Limited
Provider Nominee:	Anne Maria Moore
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Paul Dunbar
Type of inspection	Announced
Number of residents on the date of inspection:	62
Number of vacancies on the date of inspection:	4

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 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 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 renewal 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:
20 January 2015 09:00	20 January 2015 17:30
21 January 2015 07:40	21 January 2015 17:15

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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 a two day announced inspection to inform a decision for the renewal of registration.

Beech Lodge Care Facility is a purpose built centre, on well maintained grounds, that can cater for 66 residents. It is located within walking distance of the town of Bruree, Co. Limerick. It is divided into two units, one of which is home to residents with dementia.

As part of the inspection process, inspectors met with residents, staff members, the person in charge, the assistant director of care and the clinical nurse manager 2. Inspectors observed practices and reviewed documentation such as policies and

procedures, care plans, medication management, staff records and accident/incident logs.

On the day of inspection, there were 60 residents in the centre and two residents were in hospital.

Overall, the inspectors were satisfied that the needs of residents were met by a high standard of nursing care, delivered by staff who were well trained and interested in their role. Clinical care was evidence based and subject to regular quality review to monitor and improve practices where required. There was evidence of good governance in the centre. Residents who spoke with inspectors voiced satisfaction with the care they received and told inspectors that they felt safe in the centre.

Inspectors concluded that the centre demonstrated compliance across 14 outcomes, there were moderate non-compliances in: records & documentation; health & safety; medication management and food & nutrition. These are discussed throughout the report and in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose available in a prominent place in the centre. The statement of purpose accurately described the services provided in the centre. It contained all of the relevant information required by Schedule 1 of the Regulations. The document was last reviewed in July 2014 and the next review was scheduled for July 2015. Staff were familiar with the statement of purpose and the inspector was satisfied that it was implemented throughout the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care, as described in the centre's statement of purpose. There was a clearly defined management structure that identified who was in charge and accountable. Staff demonstrated very good awareness of the reporting structure.

There were management systems in place to ensure that the service provided was safe and met the residents' needs. The inspector saw that a range of audits had been undertaken including: a menu audit; food and nutrition; physical restraint; medication and audits of the environmental hygiene standards. It was evident that the person in charge was committed to improving the quality and safety of the service. The inspector found that that management could clearly discuss learnings and subsequent actions following audits, however, documentation required improvement to identify same. This was discussed with the assistant director of care and the person in charge and they told the inspector they planned to improve upon this going forward.

There was evidence of regular meetings whereby management met with heads of each department in the centre and a resident representative attended regularly also. These meetings reviewed incidences occurring in the centre, such as falls. The assistant director of care said that heads of each department, including the senior care assistant imparted this information back to the team. The inspector found that the minutes for these meetings could be developed further to ensure that those who weren't in attendance would fully benefit from the learnings made at each meeting.

An annual review of the quality and safety of care delivered to residents as required by the Regulations had not been completed in advance of the inspection. The person in charge and the assistant director of care said that they planned on amalgamating the results of their audit programme to produce the report and it would be completed by the end of the first quarter of 2015.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a resident's guide available at the main entrance of the centre and also in each resident's bedroom. The guide contained all of the information required by the Regulations.

The inspector reviewed a sample of the written contracts between residents and the centre. Each contract set out the terms and conditions of residency and the responsibilities of both the resident and the service provider. Contracts were signed by the resident or their next of kin and also by a representative of the centre. Each contract

had set out the fee payable by residents for accommodation at the centre. Any additional fees (e.g. chiropody, activities, hairdressing) were listed separately.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was also the person in charge of the centre and she was working in the centre on a full time basis. She had the required experience in the area of nursing of the older person and demonstrated sufficient clinical and legislative knowledge. She provided the inspector with evidence of her continuing professional development via certificates of attendance at different study days/courses. Residents could identify her as the person in charge. Staff said they would have no issue in going to her if they had a concern.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had most of the records and documents available as required by Schedules

2, 3, 4 and 5 of the Regulations. However, there were some gaps in documentation and also an instance where a specific policy, required by the Regulations, was not available for review on the day of inspection.

The centre maintained records in respect of staff, residents, medical care, medication, maintenance checks, fire drills and fire safety, amongst others. The inspector found that these records were well maintained and easily retrievable. There were centre-specific policies in place as required in Schedule 5 of the Regulations. On the days of inspection, the centre's communication policy was not available for review, however, after the inspection, the provider submitted four communication policies for review by the inspector.

There were gaps in the directory of residents as it did not include all of the information required by the Regulations. For example, the gender of the resident was not recorded. In addition, some records did not contain the full name, address and phone number of the residents' next of kin or general practitioner.

Documentation to indicate that care was implemented as per the residents' care plans was not always complete. For example, there were gaps in the documentation of routine blood pressure monitoring for some residents. A care plan for a resident with diabetes stated that their blood sugar levels should be checked twice weekly. However, records indicated that there were gaps of up to ten days since the last check. The care plan of another resident, whilst it gave some guidance, required additional development to ensure that it fully guided staff interventions when the resident became over-stimulated. The care plan did not fully reflect the interventions as explained to the inspector by member of staff.

Other care plans did not fully guide the level of assistance that a resident required to have their meal. It was observed that a resident was assisted to eat their main course, however the same resident was observed eating their dessert independently. On review of the care plan, there was no specific guidance to adequately show what level of assistance the resident actually required and thus ensuring staff interventions were appropriate and consistent and supported the resident to maintain their independence.

Judgment:

Non Compliant - Moderate

Outcome 06: 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no instances whereby the person in charge had been absent for 28 days or more. The assistant director of care had been nominated to deputise for the person in charge in her absence. She had the relevant experience required and demonstrated knowledge of her legislative obligations if she were to deputise for the person in charge.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to protect residents being harmed or suffering abuse. The inspector found that a restraint free environment was promoted within the centre.

There was a policy on and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures and demonstrated sound knowledge of same and were clear on what to do in the event of witnessing or suspecting abuse. There were systems in place to protect residents and staff told inspectors that they would report any issues if they so arose. Residents in the centre told the inspector that they felt safe and well looked after.

There were robust arrangements in place to safeguard residents' finances. The system was easy to follow and was clearly explained to the inspector. Clear records were maintained and were easily retrievable on the days of inspection.

There was a policy and procedures in place for the management of behaviour that is challenging. A calm environment was observed over the course of the inspection and staff had training in behaviour that challenges. A restraint free environment was promoted, for example, low-low beds were used to remove the need for bed rails, crash mats and chair alarms were also utilised. Documentation of two hourly checks of those who did require restraint, such as bed rails, was maintained electronically. Where the decision to use restraint was made, documentation evidenced that the residents' general practitioner (GP) was involved and that the family were informed.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures relating to health and safety. The risk management policy included the items set out in the Regulations and there was an emergency plan in place which included information such as alternative accommodation in the event of an evacuation and contact numbers for trades such as plumbing.

There were robust infection control procedures in place and housekeeping staff demonstrated excellent knowledge of their role. There was clear colour coded systems in place for effective cleaning procedures and an easy-to-follow laundry management system to segregate linen, of which staff were able to demonstrate good knowledge. Housekeeping staff told the inspector that they reported to the nurse at the start of every shift to ascertain if there was any issues pertinent to their role and this was confirmed by nursing staff. The centre was very clean on the days of inspection.

There were arrangements in place for investigating and learning from serious incidents involving residents. An electronic record was kept of incidents and this included actions required to minimise future recurrences. Minutes of management meetings indicated that all incidents were reviewed on a monthly basis and staff confirmed that information following review of incidents was discussed at the mid-morning handover meeting.

The inspector found that improvements were required to the hazard identification process. Hazards were identified by the inspector such as an unguarded water boiler in the main dining room, uncovered radiators in circulation areas and a raised manhole at a fire assembly point at the rear of the centre causing the ground surface to be uneven. The person in charge and members of the management team discussed the control measures that were in place for some of these hazards. However, no formal risk assessment had been carried out to ensure that the controls in place were sufficient, proportionate and implemented and there was no formal routine hazard identification process. Whilst environmental audits were carried out, these had a focus on the hygiene in the centre and did not include hazard identification. This was discussed in detail with the person in charge at the time of the inspection.

Outdated and unsafe people moving and handling practices were observed on a number of occasions over the course of the inspection, despite staff being up to date with the relevant training, it was not evident that these moving and handling practices were

appropriately identified as a hazard. This was discussed with the person in charge.

Suitable fire fighting equipment was provided and fire exits were seen to be unobstructed. However there were gaps in the documentation of daily exit checks and there were inconsistencies regarding the number of times daily checks were implemented. Records showed that on some days, two daily checks were completed, on other days there was one check carried out and occasionally there were no checks recorded.

The inspector found that some internal fire doors were propped open with bedside lockers or door wedges which prevented the doors from closing and containing a fire should it so occur. It was discussed with the person in charge that more appropriate measures were required to hold doors open if that was a resident's preference.

The inspector found that fire evacuation procedures were not displayed in a prominent location as required by the Regulations. Notices by fire exit doors were either missing relevant information such as where to assemble and the emergency services contact number or if the information was in place it was faded and difficult to read. This was pointed out to the person in charge who took immediate action and put in place new notices in suitable locations prior to the close of the inspection.

Records showed that fire drills were carried out monthly and staff were up to date with mandatory training. The inspector found that the recording of learnings after a drill varied and staff spoken with were not familiar with issues that had occurred during previous drills such as problems with evacuation sheets not being on beds correctly. The inspector found that a more robust recording procedure would enhance learnings.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents, however, the policy lacked guidance for the management of PRN (as required) medication.

There were process in place for the handling of medicines in the centre and medicine trolleys were seen to be securely stored over the course of the inspection.

The inspector accompanied a number of nurses on their medication round and found that improvements were required to ensure full adherence to appropriate medication management practices. For example, on one occasion a capsule containing medication for a specific resident was left, unattended, on top of the locked medication trolley whilst the nurse attended to a resident in another room.

Nurses were seen to administer medication using the medication administration record only and did not cross reference the administration sheet against the prescription to ensure it was correct, therefore not implementing the centre's policy in practice nor adhering to professional guidelines for nurses. It was also noted by the inspector that a previous medication audit carried out in the centre had found that the medication administration record did not match the prescription sheet.

The inspector also observed the medication administration record being signed prior to the administration of the medication to the resident. The person in charge, the assistant director of care and the clinical nurse manager 2, told the inspector that this was a grey area and that there was no clear guidance from professional bodies to support that medication should not be signed for before administration. The inspector found that signing the administration record prior to administration was not safe practice and was not in line with the centre's own policy nor was it in line with An Bord Altranais' Recording Clinical Practice Guidelines.

It was also noted that the processes for receiving MDA medications (medication that requires special controls under law) was not always in line with the centre's policy. For example, the policy stated that the nurse and the pharmacist should sign the centre's record book. However, it was seen that there was occasion whereby there was only one nurse's signature or another occasion whereby two nurses had signed. A random check of MDA medication was carried out and numbers tallied with the centre's records. Nursing staff told the inspector that the pharmacist delivered regular medication training updates.

There were some residents self administering medication in the centre and appropriate assessments had been completed for same. Medication refrigerator temperatures were recorded daily.

There was evidence that pharmacists were facilitated to meet their obligations to residents and the resident information board displayed the time and date of impending pharmacist visits. The pharmacist also kept records of her meetings with residents and these were available in the centre.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained on a computerised system. The quarterly report as required by the Regulations had been submitted to the Authority as required.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11: Health and Social Care Needs <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Overall, the inspector was satisfied that the health care needs of the residents were met, however there were some gaps identified in the documentation of care, these were discussed and actioned in outcome 5.</p> <p>Records showed that residents' health care needs were met through timely access to medical treatment. There was a range of GPs visiting the centre and there was an out-of-hours service available also. Resident files showed that they had access to allied health professionals such as dietitians, occupational therapists, speech and language therapists, opticians and chiropodists. The centre had a physiotherapist in the centre Monday to Friday and they were available to conduct moving and handling assessments.</p> <p>There were systems in place to encourage early detection of ill health such as routine blood pressure monitoring and monthly weights. However as discussed and actioned in outcome 5, there were gaps in the documentation of such records. The inspector was advised that it could have been that the resident had refused the intervention, however there was no refusal documented in the resident's file.</p> <p>Residents underwent a range of assessments on a four monthly basis and records</p>

examined showed that these were up to date. These assessments informed the development of the residents' care plans, which were reviewed monthly and records showed that residents signed to confirm they had been consulted regarding these reviews. Some residents who spoke with the inspector were familiar with their care plans and told the inspector they had been consulted.

The inspector found that overall, care plans were comprehensive and adequately guided care. It was found however, that in some instances, they were not fully implemented or that they required further information to fully reflect the practice in the centre. For example, a care plan for a resident with diabetes stated that their blood sugar levels should be checked twice weekly. However records indicated that there were gaps of up to ten days since the last check. (This was discussed and actioned under outcome 5).

The care plan of another resident, whilst it gave some guidance, required additional development to ensure that it fully guided staff interventions when the resident became over-stimulated. The care plan did not fully reflect the knowledge of the staff, this was discussed with the clinical nurse manager and the assistant director of care. (This is discussed and actioned under outcome 5).

A resident who had been admitted with significant skin wounds told the inspector of the high standard of care s/he had received and how it had promoted the healing process of a difficult wound care challenge.

Written consent was obtained from residents for the development of their care plans and the centre had recently included consent for photographs on this form. These records were available for review. The clinical nurse manager stated that a copy of the care plan could be printed for a resident at their request, however, to date, no resident had requested a copy of their care plan.

Residents had the right to refuse care, for example, it was documented in a resident's file that they had refused the flu vaccine.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the statement of purpose. The inspector found that the premises met the needs of the residents and promoted their dignity, independence and wellbeing. The premises and grounds were very well maintained and there was suitable lighting, heating and ventilation.

The centre was decorated in a homely way, with tasteful soft furnishings, paintings and photographs. The wing for residents with dementia had recently undergone some decorative upgrade and a new library corner had been introduced as well as an electric stove with an old style kettle on the top. There were some interesting features such as decorative wall decals and the activities co-ordinator told the inspector that these changes had had a positive impact on the residents.

The centre was very clean and there was adequate private and communal space, with seating in the reception area which residents were seen to use and a large sitting room and an additional quieter, smaller sitting room which residents were seen to use to read the paper in the morning. A large, tastefully decorated visitors' room was also available.

The size of the bedrooms were suitable to meet the needs of the residents and each had a full ensuite, toilet, wash-hand basin and shower. A resident showed the inspector his/her room and it was seen to be in good decorative repair and included many of the resident's personal touches to give it a homely feel. Each bedroom had the required furniture and shared rooms and privacy screening. There was suitable storage for residents' belongings with some lockable storage available.

There were two enclosed gardens and residents told the inspector of how they enjoyed the space in the summer and spoke of previous summer barbecues. The enclosed garden in the wing for residents with dementia was well maintained, however, it lacked points of interest. The person in charge told the inspector that this had already been identified and plans were in place for a significant upgrade in the coming months. Some of the plans were shown to the inspector by the activities co-ordinator.

A functioning call bell was in place, and over the course of the inspection, bells were answered in a timely fashion.

There was a separate kitchen with appropriate and sufficient cooking facilities.

Residents had access to appropriate equipment to promote independence and comfort such as lifting equipment, specialised seating and electronic beds. Service records were available for lifting equipment and machinery was seen to be stored safely and in good repair. Handrails were provided in circulation areas and grab rails were in shower and toilet areas.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a policy in place for handling complaints. There was a notice in a prominent place in the centre outlining how a complaint can be made. The procedure for complaints was also stated in residents' contracts. The person who received the complaint was responsible for recording it on the centre's computer system. These records were made available for the inspector to review. The records detailed the complainant's name, the time, date and nature of the complaint. The resolution of the complaint was recorded along with the complainant's views on the outcome. Residents stated that they were satisfied with the manner in which complaints were handled and felt comfortable making complaints.

Staff informed inspectors that residents were offered the assistance of a named advocate if they needed support in making a complaint. Staff were also aware of the procedure to follow should they be in receipt of a complaint from a resident. There was an independent appeals mechanism in place. Staff informed inspectors that any learning from complaints would be noted in the resident's care plans and also communicated at staff meetings.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident received care at the end of his/her life that met his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy. The centre's end of life care had been previously assessed as part of the thematic inspections carried out by the Authority and it had been found that they were in compliance with their obligations.

There were written operational policies in place. Care practices and plans were in place to ensure that residents received care in a way that met their needs and wishes. A specific questionnaire was used to elicit residents' end of life preferences and the clinical nurse manager told the inspector that a lot of work had been undertaken regarding end of life care. A sample of care plans were reviewed and these were found to be comprehensive and reflective of the residents' wishes.

Cultural and religious practices were facilitated in the centre. An oratory was available in the centre and a remembrance tree for residents who had passed away was kept there as well as blessed candles with the residents' name. Staff and residents confirmed that they were able to attend funerals of friends who had passed away and the centre's mini bus facilitated the transport to these occasions. Some residents attended mass in the locality.

Family and friends were facilitated to be with residents at the end of their life and there was accommodation available for them. Staff spoke of links with the local hospice team.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy in place for the monitoring and recording of nutritional intake. There was access in sitting rooms to fresh drinking water/fluids and staff were observed offering and encouraging residents to have a drink. A water dispenser was located in the reception area.

A 'special care room' was available to residents who required some additional assistance at meal times. The inspector observed a lunchtime meal in this area over the course of the inspection. Overall, it was found to be relaxed and at the residents' pace, and staff sat beside the residents in a discreet manner. However, it was observed that one resident was not assisted to have fluids with his/her meal and there was no clear rationale for this when the inspector discussed it with nursing and management staff and reviewed the resident's care plan. The inspector noted that there was a drinks trolley in the room, on one table however, there were no drinks should the resident so wish to have one. There were drinks placed on the other dining table in the room.

Food was properly prepared and was wholesome and nutritious. The chef spoke of how almost all dishes and baking were homemade and records showed that the dietician had reviewed the menu to ensure it was suitable. The chef and kitchen assistant demonstrated very good knowledge of the residents' likes/dislikes and special dietary requirements. There was a folder for the kitchen staff to refer to for further information of dietary requirements and all residents spoken with, confirmed that the meals were of a high standard, with some saying the food was 'too good'. Meals for residents with special dietary requirements were clearly labelled for the specific resident before leaving the kitchen.

A snacks menu was displayed in the centre and a selection of baked goods and sandwiches were available outside of mealtimes.

Judgment:

Non Compliant - Minor

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted about the running of the centre. Feedback was sought from residents and relatives via surveys and these were analysed and summarised with a breakdown of the feedback for both parts of the centre individually. Overall, the response was very positive and a high percentage was seen for those satisfied with the service. The centre kept a record of positive feedback from residents and relatives, this was shown to the inspector over the course of the inspection.

Residents had the capacity to exercise personal freedom and choice, be it going out to meet family or what time they chose to get up in the morning. Residents were facilitated to exercise their civil, political and religious rights. For example, residents could vote in-house or return to their own parish if they so wished and members of different clergy visited the centre on a regular basis.

A resident had been nominated as the residents' representative and this resident spoke with the inspector and said that they checked with residents prior to attending meetings

for any issues they would like addressed. She said that overall, residents appeared to be very happy in the centre. Residents meetings were held monthly and minutes showed that there was good attendance. For those who didn't attend, minutes were displayed on a notice board and were seen to be distributed to residents' bedrooms. One resident confirmed that this was standard practice and s/he enjoyed reading the minutes of the meetings even though s/he chose not to attend. Items on the agenda for the residents' meetings included food and activities amongst others.

The provider was asked by the inspector to review the centre's use of CCTV (closed circuit television) to ensure that it complied with data protection guidelines. This was due to the fact that CCTV was seen in operation in areas such as the sitting room, dining room and visitor's room which are areas where there is an expectation of privacy.

There was a broad range of activities in the centre and an activities co-ordinator was on duty Monday to Saturday from 10.30am to 4.30pm. On the first day of inspection, there was a music session in the afternoon in both the wing for residents with a dementia and the main house and residents appeared to enjoy the event very much. Residents were seen to be dancing with staff and some residents joined in with a song of their own. On the day of the inspection, some residents were accompanied to the local shopping centre and staff confirmed this was a regular occurrence, along with other outings such as trips to museums and local places of interest. The activities co-ordinator told the inspector of how she had set up a link with an activities co-ordinator from another centre and a meet up of residents from both centres had been arranged in a local hotel. This had been such a success that the activities co-ordinator spoke of plans to make it a monthly event and maybe start a knitting circle.

Resident/relative feedback had indicated that more outings were desired and staff who spoke with the inspector said that space was limited on the centre's mini bus but that outings had increased in recent times. The centre's December newsletter which was distributed to residents contained an upcoming events plan that included trips to a local abbey, shopping centres and any outing/trips requested by residents.

There was a collection of photo albums in the reception areas that showed residents trips to different museums and manor houses and also included photographs of residents enjoying activities such as bowling, chatting with family using an internet calling service, visits from local theatre companies arts and crafts and walks in the sunshine. Residents were seen to be accompanied by staff for walks on the centre grounds. The wing for residents with dementia housed different options for ensuring residents were occupied such as the library corner and sensory boxes.

Feedback to the inspector from staff and residents was that residents had requested an activity free day on Sundays as they were often busy with family visiting or watching the matches on TV.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were adequate systems in place to ensure residents' property and possessions were secure. There was a centre-specific policy on residents' personal property and possessions and the inspector found that this was implemented in practice.

Staff stated that all residents availed of the laundry service provided by the centre. All items of clothing were labelled to ensure their return to the resident. Residents and their families were advised that if new clothing items were purchased that they should be labelled. On admission, every item brought into the centre by a resident was catalogued on the computer system. Any items that were subsequently purchased or acquired were then added to this list. When a resident was discharged or passed away the family were offered the opportunity to remove the resident's personal belongings. If they did not wish to do this, staff would gather all of the items and make them available for collection. A record was kept on the computer system of who collected the resident's items and on what date.

Residents were facilitated to retain control over their own possessions. There was adequate space in each bedroom to store clothing and personal items. There was also a locked drawer made available in each room should a resident wish to secure valuables.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre had a suitable number and mix of staff on duty at all times to meet the needs of the residents. The staffing numbers also took the size and layout of the centre into account. The person in charge informed the inspector of the number of staff available at different times of the day and night, including their role and responsibilities. In general, there were three nurses on duty in the centre from 8am to 8pm. Two nurses were on duty at night. There were nine care staff on duty on the day of inspection and this number reduced to seven in the afternoon. Three carers were on duty for the night shift. There were also two full-time cleaners, two full-time maintenance staff, two full-time administrative staff, one full-time physiotherapist and one full-time activities coordinator.

The inspector reviewed the rota records for the preceding three months. The number of staff on duty according to the records was reflective of the number on duty on the day of inspection. Staff stated that they felt there were adequate numbers of staff available at all times in the main house and the wing for residents with dementia to fully meet the health and social care needs of the residents. There was a system in place to replace staff who had reported sick/ needed to go home sick and all staff spoken with confirmed that this operated well.

The centre provided opportunities for staff to attend training and education outside of the centre. All staff had up-to-date mandatory training as required by the regulations i.e. elder abuse, manual handling, behaviour that challenges and fire safety. However, as discussed in outcome eight, manual handling practices in the centre were outdated and unsafe.

Staff also received training on topics relevant to their roles i.e. phlebotomy for nurses, HACCP for kitchen staff, nutrition for care staff. Staff appraisals were carried out annually and staff reported receiving helpful feedback through this process. Staff demonstrated knowledge of the management structure in the centre and said they felt supported in their work.

The inspector reviewed a random sample of staff files to ensure the centre maintained adequate records in accordance with Schedule 2 of the regulations. All files were found to have the required information including up-to-date professional registration where applicable. The centre had two volunteers who commenced their roles in November 2014. The centre had obtained Garda vetting for both volunteers and the records available demonstrated that management had measures in place to supervise volunteers.

Whilst there was a formal induction process in place for new care staff, it was not clear what processes were in place to fully assess the competency of new nursing staff. The clinical nurse manager spoke of informal practices such as a new nurse shadowing a senior staff member, there was no completed documentation available on the inspection to evidence this. The assistant director of care did show the inspector a template

framework for assessing nurse competency at the close of the inspection feedback session, however completed framework assessments for nurse induction were not available for review.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
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Action Plan



Provider's response to inspection report¹

Centre name:	Beech Lodge Care Facility
Centre ID:	OSV-0000408
Date of inspection:	20/01/2015 and 21/01/2015
Date of response:	26/02/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The directory of residents did not record the sex of the resident. There were instances where the name, address and telephone number of the resident's next of kin and general practitioner were not recorded.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

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

The above now complies with regulatory requirements.

Proposed Timescale: 27/01/2015

Theme:

Governance, Leadership and Management

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

Documentation to indicate that care was implemented as per the residents' care plans was not always complete, for example, there were gaps in the documentation of routine blood pressure monitoring for some residents. There was gaps in the documentation of routine blood sugar checks.

Care plans to manage a specific behaviour and the assistance required to appropriately assist a resident with their nutritional needs required further development to fully reflect practice and guide care.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

We have changed our twice daily Nursing handover and all reports are given from Epic to include BP and blood sugar records. Care plans of residents in question have been updated to reflect the resident's specific needs.

Proposed Timescale: 06/02/2015

Outcome 08: 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:

The hazard identification process was not robust as not all hazards in the centre had been identified, such as the water boiler in the main dining room, uncovered radiators and uneven ground surfaces at an external fire assembly location.

The measures and actions in place to control the risks identified were not formally assessed in the centre's risk register.

Outdated and unsafe people moving and handling practices were observed on a

number of occasions. It was not evident that these moving and handling practices were adequately supervised and subsequently identified as a hazard.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Radiators are kept controlled at a temperature of 43 degrees Celsius or less.

The uneven ground surface has been made level.

With regard to the water boiler – presently there is a sign saying hot water by the boiler and risk assessment will be completed by 30th April 2015.

Risk consultants have been employed to review processes for hazard identification.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Fire doors were held open with bedside lockers and door wedges, thus preventing them from closing and containing a fire should it so occur.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Work has commenced in making all residents room doors automatic open/close fire doors. The residents that request their doors open will be addressed by the 31st March 2015 and in the meantime these residents have agreed to having their room doors closed until this safety work is attended to. All other bedroom doors will be completed by 30th June 2015.

Proposed Timescale: 31st March 2015 (residents who like their doors open)

30th June 2015 (all remaining bedroom doors)

Proposed Timescale: 30/06/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

A capsule containing medication for a specific resident was left on top of the locked medication trolley whilst the nurse attended to a resident in another room.

The processes for receiving MDA medications (medication that requires special controls under law) was not always in line with the centre's policy. For example, the policy stated that the nurse and the pharmacist should sign the centre's record book, however, it was seen that there was occasion whereby there was only one nurse's signature or another occasion whereby two nurses had signed.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Ongoing Medication Management training for all Nursing staff. Nursing staff will now have to complete the HSE land Medication Management as part of their ongoing professional development and a copy of their certificate will be held in Beech Lodge. To be completed by May 31st 2015 by all Nurses.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Nurses were seen to administer medication using the medication administration record only and did not cross reference the administration sheet against the prescription to ensure it was correct.

The medication administration record was signed prior to the administration of the medication to the resident.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products 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.

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

As above Nursing staff will now complete the HSE land Medication Management training online by May 31st 2015. In addition to monthly pharmacy training by supporting pharmacy. Audits will be conducted to ensure compliance.

Proposed Timescale: 31/05/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

It was observed that one resident was not assisted to have fluids with his/her meal and there was no clear rationale for this.

There was a drinks trolley in the room but there were no drinks on the table, should the resident so wish to have one.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

All HCA & Nursing staff have Nutrition training. This training is every 3-4 months. Strict supervision of residents in Special Care by Senior Carer(s) and/or Nursing staff daily. The importance of food and nutrition are spoken about at daily handover. The last training date was 30th Oct 2015.

Proposed Timescale: 30/04/2015