

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Beach Hill Manor |
| Centre ID: | OSV-0000320 |
| Centre address: | Lisfannon, Fahan, Donegal. |
| Telephone number: | 074 932 0300 |
| Email address: | beachhillmanor@brindleyhealthcare.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | The Brindley Manor Federation of Nursing Homes |
| Provider Nominee: | Amanda Torrens |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | Damien Woods |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 40 |
| Number of vacancies on the date of inspection: | 8 |

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 August 2016 10:00 To: 05 August 2016 14:30

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 02: Governance and Management | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises | Non Compliant - Moderate |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 18: Suitable Staffing | Non Compliant - Moderate |

Summary of findings from this inspection

This was an unannounced triggered inspection. Unsolicited information that described adverse impacts for residents following changes in the operation of the centre had been received by HIQA. This information and aspects of the service that included care practice, the premises and documentation such as care plans and accident records were reviewed during the inspection.

The inspectors found that the care and welfare of residents was generally well protected and also found that there was adequate staff on duty to meet the assessed needs of residents. Staff had procedures in place to assess residents' care needs prior to and following admission, assessments to determine their health and social care needs and care plans that described the care to be delivered. Overall the standard of care planning was good particularly in relation to the management of fluctuating behaviours related to mental health problems, wound care and nutrition. A review of care needs following events such as falls required attention to ensure that care requirements were reassessed and care interventions adjusted to prevent further incidents.

Beach Hill Manor is registered with the Health Information and Quality Authority

(HIQA) to provide care to 48 residents. The centre is located between Fahan and Buncranna in north Donegal. The premises are purpose built over one floor. Residents are accommodated in 34 single and seven double rooms. There had been changes to the way communal sitting areas were used and the provider and person in charge were reviewing how communal areas overall could be used most effectively. One sitting area in regular use was found to lack adequate ventilation and space for the number of residents who regularly used this room and this was described as an area of concern in the information received.

There had been two changes to the person in charge role during 2016. The current post holder was an experienced nurse who had this role for a number of years in another centre operated by the company. The inspectors found that there were support structures in place to ensure appropriate governance and management of the service. There were adequate numbers and an appropriate skill mix based on the rota of staff provided to inspectors. The inspectors noted that the person in charge and staff had good knowledge of adult protection procedures and measures were in place to ensure residents' welfare and well being were safeguarded. The previous inspection was conducted in October 2014 and was an unannounced thematic inspection that focused on end of life and nutrition.

Inspection findings including non-compliances are discussed in the body of the report and are the areas that require attention are outlined in the action plan at the end of the report. In addition to the areas outlined above the inspectors found that while the centre was located in spacious grounds that a small scale outdoor space that was secure was required to meet the needs of residents presently accommodated and the staff rota needed review to outline the hours worked by all staff.

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 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:

The person notified to HIQA as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and standards that apply to designated centres. She was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis and also retained a senior management role within the organisation for compliance and enforcement matters. There was a clear organisational structure in place with lines of authority and accountability described. There was a good support system in place for the person in charge and an experienced manager was identified as an additional person to participate in the management of the service.

The inspectors found that complaints were welcomed and were addressed expediently. There were appropriate records and the arrangements in place to address complaints met the requirements of regulation 34-Complaints procedures. The inspectors also found that there were appropriate systems in place to protect residents. Training was provided for staff at regular intervals. Appropriate protection measures were noted to be in place to safeguard residents and were of a high standard.

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:

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| Governance, Leadership and Management |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge was present during this inspection. She is an experienced nurse and manager and is actively involved on a day to day basis in the organisation and management of the service as required by regulation 14-Persons in charge.</p> <p>The person in charge demonstrated good knowledge of the legislation and standards throughout the inspection. She demonstrated that procedures were in place to ensure the effective provision of clinical care and that the general welfare and protection of residents was a priority for staff.</p> |
| <p>Judgment: Compliant</p> |

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| <p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p> |
| <p>Theme: Governance, Leadership and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a good standard of record keeping and records were stored securely and information was readily accessible.</p> <p>In the staff records maintained, the hours worked by the person in charge were not described for each day of duty and this detail is required as part of the records for staff outlined in regulation 21-Records-Schedule 4.</p> |
| <p>Judgment: Substantially Compliant</p> |

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:
The inspectors found that staff had good knowledge on adult protection and the prevention of abuse. Staff had regular training on this topic and there was a system in place to identify when refresher training was required. Senior staff were aware of how to conduct an investigation, how to prepare and implement a protection plan and knew what records had to be maintained if there was a suspicion or allegation of abuse.

Judgment:
Compliant

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.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The required notifications were supplied to Hiqa with follow up information supplied where necessary.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
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.

Theme:

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

No actions were required from the previous inspection.

Findings:

The inspectors found that there were appropriate systems in place to ensure that residents received a good quality health care service. Residents had access to general practitioner (GP) services and access to specialists such as old age mental health services and allied health care services. Residents were noted to have diverse care needs including mental health problems, dementia and complex medical conditions. The majority 75% had been assessed as having maximum or high dependency care needs.

The inspectors reviewed a sample of care records and noted assessments prior to admission had been completed and further assessments of care needs were completed within 48 hours following admission. The arrangements to meet residents' needs were set out in individual care plans which were based on a variety of assessment tools that informed care interventions. For example assessments for vulnerability to falls, mobility levels, nutrition needs, the potential for pressure related skin damage and moving and handling needs were among the areas assessed. The inspectors noted that where an assessment prompted an intervention there was a corresponding care plan to guide staff actions. For example, where a continence problem had caused deterioration in skin condition this had been assessed and the care plan outlined how care was to be delivered to ensure that skin recovered and further problems did not arise.

Residents who had fluctuating behaviour patterns were noted to be appropriately assessed and to have care plans in place that outlined the problems that could arise. Trigger factors that could result in a deterioration in health such as dehydration and the commencement of infection were described by staff however the possible connection between these factors and changes in behaviour was not included in care plans to guide staff and prevent further episodes. The inspectors found that episodes of significant behaviour changes were managed well according to the records examined. Additional staff supervision had been provided and recommendations from specialist mental health services had been put in place with a good outcome for residents.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. The arrangements complied with regulation 25-Temporary absence or discharge of residents.

Access to physiotherapy, occupational therapy, speech and language therapy, and a dietician were available. Recommendations made by these professionals had been included in care plans and were noted to be followed by staff. There was one leg ulcer wound in receipt of attention. This was noted to be appropriately graded and had a care plan in place that described the dressings to be used and the schedule for changing dressings. The recommendations from a tissue viability specialist had been incorporated into the care plan.

Social care interests were described and residents and their relatives were encouraged to provide details of past interests, hobbies and lifestyles to inform individual social care programmes. The centre was due to introduce a new model of dementia care practice to ensure residents with dementia had their care needs met more effectively and staff training on the new model was scheduled the inspectors were told by staff. The inspectors noted that residents with dementia had access to activity materials and staff were available to provide supervision and social contact throughout the day however other residents were noted to have an inadequate level of staff support to provide social care and supervision particularly in the early part of the day. The inspectors concluded that a review of the activity provided weekly should be undertaken as part of the audit of the quality and safety of care delivered to residents to ensure that all areas provided an appropriate level of social care to meet the assessed needs of residents. Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents told the inspectors that staff responded to call bells quickly and provided personal care in accordance with their wishes.

The record of residents' health condition and treatment provided each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals however some care plans were not updated following a change in circumstance or a significant event. For example where a resident had sustained an injury the assessment for bedrails which were in place to prevent falls had not been reviewed. The resident was noted to have a bed at a low level however the ongoing suitability of the bedrail required review to prevent further injury.

Residents had ready access to drinks during the day and staff were observed to offer drinks and snacks regularly. There was a system in place to assess that nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and weight changes upwards and downwards were highlighted and referred for opinion to a dietician. The inspector saw that there were complete records of fluid and food intake where these were required. Staff had recorded portion sizes and exact quantities of liquids consumed. However where these records indicated that residents had unpredictable eating patterns or the diet over a period of days was nutritionally unbalanced there was no information in nursing records to indicate that this was reviewed or that a judgement was made on adequacy of the diet for that period.

Judgment:

Non Compliant - Moderate

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 centre is purpose built and residents are accommodated mainly in single rooms. There are several communal sitting areas including the reception area that is furnished with armchairs and sofas and a dining room.

The inspectors noted that one sitting room was not appropriate for the number of residents who used the area throughout the day. It noted to be cramped as many residents had specialist chairs or walking aids and it did not provide appropriate space for staff to work effectively with residents did not allow residents to move around freely. Ventilation was also a problem as the room was an internal room and did not have access to external fresh air although a fan was available to keep the areas cool. The inspectors were told that the way communal areas were used had been revised and residents were grouped together according to their care needs in order to provide more effective interventions and social care specific to residents who had dementia. The use of space within the centre was under ongoing review as staff had become aware that the arrangements did not meet the needs of residents or provide appropriate space. Other areas that were noted to require attention included:

- A toilet with a wooden wash hand basin surround showed signs of wear and the surface could present an infection control risk
- Residents did not have access to a safe, secure garden space. The centre is located in large grounds but thirty of the forty residents accommodated were assessed as having maximum to high care needs and many would be unable to use the current grounds safely.

Judgment:

Non Compliant - Moderate

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:

Staff were aware of how to respond to complaints and residents interviewed said they

would raise a concern with any of the staff or the person in charge. The complaints procedure was provided with other documentation at the time of admission.

Complaints were recorded and the way complaints were addressed overall met the requirements of regulation 34- Complaints procedures.

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 inspectors reviewed staffing levels in the context of the layout of the centre and residents identified dependency levels. The rota available indicated that there was a nurse on duty each day and night as required and six carers including a senior carer were also scheduled for duty daily. In addition there were housekeeping, catering and administration staff available daily. At night the nurse had the support of two carers. The inspectors found that the way staff were deployed required revision as there was one sitting area where some residents had a high level of care needs which did not have a staff presence for long periods during the morning.

The inspectors spoke with staff and found that they were enthusiastic about their work and the care of older people. They could describe where some residents had specific needs and additional care requirements. Residents and staff were observed to have good relationships and residents said they valued staff for "their care and attention" and the prompt way they "attended to their personal needs". The inspectors observed that call-bells were answered promptly.

Staff had access to training and a training schedule that included a range of topics had been provided including adult protection and the prevention of elder abuse, fire safety, hand hygiene and infection control and moving and handling. The schedule and training records provided to inspectors indicated that staff had completed their mandatory training requirements and also indicated when refresher training was due.

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| <p>Judgment: Non Compliant - Moderate</p> |
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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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | Beach Hill Manor |
| Centre ID: | OSV-0000320 |
| Date of inspection: | 05/08/2016 |
| Date of response: | 26/09/2016 |

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 record of staff working in the centre did not convey all the hours worked by the person in charge.

1. 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

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

the Chief Inspector.

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

As noted at inspection, the P.I.C.'s rostered hours are now documented on the off duty.

Proposed Timescale: 08/08/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans were not updated following a change in circumstance or a significant event. For example: where a resident had sustained an injury a reassessment of the use of bedrails in place at the time of the event had not been undertaken.

Triggers for the development of certain conditions were outlined in care plans but the probable impact of such conditions on behaviour changes were not described.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

The need to update risk assessments and care plans as per policy following changing circumstances has been discussed with all personnel.

Proposed Timescale: 08/08/2016

Theme:

Effective care and support

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

Some residents did not have appropriate staff supervision or social care particularly in the early part of the day.

3. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Following your inspection observations, allocation of staff has been redeployed.

Proposed Timescale: 08/08/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

A sitting area in regular use did not provide adequate space for residents and was poorly ventilated.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The allocation of seating areas has been reviewed and allocated appropriately. An engineer has reviewed the ventilation as documented in your findings and the Provider is satisfied that same is satisfactory.

Proposed Timescale: 16/09/2016

Theme:

Effective care and support

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

Premises areas that were noted to require attention included:

- A toilet with a wooden wash hand basin surround showed signs of wear and the surface could present an infection control risk
- Residents did not have access to a safe, secure garden space. The centre is located in large grounds but thirty of the forty residents accommodated were assessed as having maximum to high care needs and many would be unable to use the current grounds safely.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- As part of maintenance programme, this has been addressed.
- A bespoke dementia designed garden is currently in design stage and estimated construction to be completed by next Spring.

Proposed Timescale: 9th August 2016 / 30th April 2017

Proposed Timescale: 30/04/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

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

The deployment of staff required review as some communal areas did not have staff supervision or activity appropriate to the needs of residents.

6. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

As answered in Outcome 11, staff allocation has been redeployed.

Proposed Timescale: 08/08/2016