

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beneavin Lodge Nursing Home
<b>Centre ID:</b>	OSV-0000117
<b>Centre address:</b>	Beneavin Road, Glasnevin, Dublin 11.
<b>Telephone number:</b>	01 864 8577
<b>Email address:</b>	evelinesheeran@firstcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Beneavin Lodge Limited
<b>Provider Nominee:</b>	John O'Donnell
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	Shane Walsh
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	60
<b>Number of vacancies on the date of inspection:</b>	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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 08 February 2017 09:30 To: 08 February 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection. The inspection took place in response to the provider submitting an application to vary condition 7 of the certificate of registration; to increase the maximum bed capacity from 68 to 118 beds. The provider's application was received on the 25 November 2016.

As part of the inspection, two inspectors reviewed the 50 new beds, 48 of which were located in the new three storey extension while a newly developed twin room was located in the existing ground floor of the centre. Two action plans from the previous inspection in relation to medication management were followed up on and found to be in compliance. Inspectors found that the layout and design of the extension were suitable to meet the needs of 50 additional residents as outlined in the statement of purpose. A small number of issues required completion; however, the provider was already aware of the majority of these and had plans in place for their completion.

The action plan at the end of the report identifies where completion of the premises was required in order to comply with the regulations.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***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:**  
All reasonable measures had been taken by the provider to ensure residents were protected in the event of a fire. Emergency fire fighting equipment was located throughout the new extension. Emergency lighting was installed in all areas and over all emergency exit doors. All beds had ski sheets in place to enable the safe evacuation of residents in the event of a fire. Inspectors were informed that the provider would forward a fire compliance certificate to the Authority after the inspection and this was duly received. A floor plan identifying the nearest emergency exit was not displayed throughout the floors at the time of inspection. However, inspectors were sent copies of such plans which they were informed were now on display on corridors throughout the centre.

The provider informed inspectors that fire drills would be practiced with staff prior to residents being transferred into the new extension.

**Judgment:**  
Compliant

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

**Findings:**

Inspectors reviewed a sample of prescription sheets for residents who required their medications to be crushed. The prescriber had signed to state that crushing was authorised for each individual medication to be administered in a crushed format.

Inspectors reviewed a sample of medication error record sheets. Each recorded error stated what measures were taken to prevent a repeat of the error and/or improve outcomes for residents. The record of each error had been signed off by a clinical nurse manager.

**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 newly built three storey extension was bright, heated and fully furnished. All areas of the extension had non-slip floor covering. The wide corridors had handrails on either side and were well lit. There was a lift in place large enough to fit at least two staff and a patient transport trolley. The lift serviced all three floors of the extension. All doors were self closing and connected to the fire alarm system. Each of the three floors of the new extension had 16 single en-suite bedrooms. There was an additional meeting room on the ground floor of the existing registered part of the centre which had been converted into a twin ensuite bedroom. There was a large treatment room on both the first and the second floor, a large activities room located on the first floor and a training room for staff on the second floor. There was a small enclosed contemplation garden accessible to residents from the ground floor of this new extension. This was in the process of being furnished. Residents' also had access to the large enclosed courtyard which was accessible from the main reception area. Staff had access to changing areas in the main part of the existing registered part of the centre accessed via the main reception area. There were additional rooms on the ground floor, including a office, a hairdresser's room, a therapy room and, an oratory. The oratory which had a connecting door into an en-suite family room containing a sofa bed for the use of residents' relatives; - the plan was to use this as an end-of-life room.

Each bedroom contained all the required fixture and fittings to meet the needs of the

resident. For example, each room contained an electric operated low-low bed with a pressure relieving mattress and had an evacuation blanket in place. Each bed had a call-bell and over bed light in place. Adequate storage for personal belongings was provided as each bedroom contained a bed side locker (with a lockable drawer), a chest of drawers and a wardrobe. There was also a large chair for residents use and a bedside table in each bedroom. Each bedroom window had curtains in place which ensured residents' privacy could be maintained. The interior of each bedroom had been designed using matching colour tones to give a relaxed, calm and homely feel the bedrooms. The wallpaper, painted walls and soft furnishings used were colour coordinated. This palate of colour tones extended into the en-suites bedrooms, where the colour was reflected on ensuite walls. The en-suite doors had privacy locks but the bedroom doors did not have any privacy lock in-situ at the time of inspection. The twin room had no privacy screening installed between the two beds; however, inspectors were informed that these had been ordered.

The en-suite bathrooms were designed as wet rooms and each contained a large shower area, a wash-hand basin and toilet, all with handrails and a call bell in close proximity. Hand-wash and dry facilities were installed over each of the wash-hand basins, but over sink lights had yet to be fitted. There was a fully fitted kitchen on each of the three floors. Each kitchen was directly accessible from the main open plan sitting/living/dining/kitchenette room, one of which was located on each floor. These open plan rooms were known as "The Homestead", and they were designed with warm, homely colour tones and matching fabrics, furniture coverings, wall paper and paint, which gave these rooms a homely feel. They contained all the required furnishings to meet the needs of 16 residents. These furnishings included a mixture of four square and circular dining tables with four dining chairs at each, up to 10 comfortable high back armchairs and a twin sofa in the sitting room area with a large wall mounted television. The area also contained a fully equipped domestic type kitchen accessible to residents and staff. There was an area of the kitchen which was partitioned off from the rest of the room. Inspectors were told it was a food service area for serving food from a bain marie by staff. This area took from the domestic design/planning evident elsewhere in that it contained a hatch where residents could communicate with the person serving the food. However, residents would not be able to view the food on offer to them.

Inspectors found that there were still works on-going in the building. There was an assisted bathroom on each of the three floors. However, a bath had been installed on the ground floor only. Each floor had two sluice rooms and two assisted toilets. A number of the assisted toilets were having handrails installed at the time of the inspection. Each floor had a clinical room where the medication trolley, medications and clinical items could be stored safely. None of the three clinical rooms had a wash-hand basin in place. There was a linen room and an adequate amount of storage space for equipment located on each floor. The hairdresser's room had no sinks fitted.

**Judgment:**  
Substantially 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:**

No staff were currently working in the new 48 bed extension other than household staff who were cleaning rooms following completion of by the builders.

Inspectors were informed that the centre had recruited an additional clinical nurse manager, staff nurses and healthcare assistants. The new staff had completed an induction programme and were ready to work on the ground floor of the new extension. An additional 35 potential staff nurses had been recruited as pre registration nurses. Inspectors were informed that they were currently completing an induction programme and were not working on the floor of the centre. It was planned that these nurses would care for residents' on the second and third floor of the new extension.

A draft roster was provided to inspectors, and this was discussed with the person in charge. According to the draft roster, there would be a staff nurse allocated to work 24/7, four healthcare assistants were allocated for the period 08:00hrs to 14:00hrs and three healthcare assistants were allocated for the period 14:00hrs to 20:00hrs. One healthcare assistant was allocated for the period 20:00hrs to 08:00hrs with the staff nurse caring for 16 residents. A clinical nurse manager would be allocated to the new extension on a full-time basis once the 48 beds were filled. In the interim, a CNM would be covering the floor while managing other areas of the centre. The roster showed there would be a member of the household team located on each floor from 07:30hrs to 16:00hrs and a member of the catering team on each floor from 08:00hrs to 17:00hrs.

Samples of personnel files of staff who inspectors were informed were on induction and were not working on the floors of the centre were reviewed. These staff had all the required documents in place as outlined in schedule two, with the exception of their Garda Síochána vetting, which had been applied for. The staff rosters reflecting the staff currently on duty and caring for the 60 residents in the centre were reviewed by inspectors. None of the new staff's names appeared on the rosters provided.

**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:***

Sheila McKeivitt  
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 report<sup>1</sup>

Centre name:	Beneavin Lodge Nursing Home
Centre ID:	OSV-0000117
Date of inspection:	08/02/2017
Date of response:	25/02/2017

### 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 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:

The bedroom doors had no privacy locks in place.

The assisted bathrooms on the first and second floors were not fitted with an assisted bath.

There were no wash hand basins in the clinical room situated in each clinical room.

The hairdresser's room had not had the appropriate sinks fitted.

Lights were not fitted over wash hand basins in a large number of ensembles.

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

The partitioned area in the kitchen did not enable residents' see their food prior to service.

Privacy screening was not in place around the two beds in the twin room.

**1. 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:**

1. Privacy locks have been fitted on all bedroom doors. These works were completed on February 16th, 2017.
2. The assisted hydrotherapy baths in the assisted bathrooms on the first and second floors were fitted and commissioned on February 22nd 2017.
3. Hand basins were fitted in the three medication rooms on February 23rd, 2017.
4. The hairdressing room will not be commissioned in the medium term. Residents within the new wing of Beneavin Lodge will use the current and existing hairdressing salon. This is to encourage socialisation of residents in the new Beneavin Lodge wing. The current hairdressing salon is located close to the reception area and can facilitate numerous residents at any given time. All residents in Beneavin Lodge will have access to this salon.
5. The lights over the wash hand basins have been fitted in all ensembles. These works were completed on February 21st, 2017.
6. The small area partitioned in the three Homesteads, is not going to be used as a food service area, just as a storage area for the bain-marie when not in use. During mealtimes the bain-marie will be brought out onto the floor of the dining area so that residents can access and see the food prior to service.
7. Privacy screening between the beds in the twin room was fitted on February 23rd, 2017.

**Proposed Timescale: 23/02/2017**