

**Health Information and Quality Authority
Regulation Directorate**

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



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 Unlimited Company
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	7

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 November 2016 10:00 To: 08 November 2016 20:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

Beach Hill Manor nursing home is a purpose built one storey residential care facility that can accommodate 48 residents who need long-term, respite, convalescent or end of life care. It is situated between Fahan and Buncrana and is a short distance

from Lisfannon beach. Accommodation for residents is provided in seven double and 34 single rooms. The communal sitting areas and dining room are centrally located. There is space where residents can meet visitors in private. The way communal areas were used had been revised since the last inspection. An additional sitting/library area had been provided and this had addressed an action plan in the last report where inadequate communal space for residents had been identified for attention. The premises were noted to be clean, warm and were maintained in a satisfactory decorative condition. There was a large garden area mainly laid to lawn surrounding the centre and residents told an inspector that they went out when the weather was fine.

There had been three changes of person in charge during 2016. The required notifications had been provided to HIQA. The changes in person in charge and unsolicited information that described concerns about the operation of the centre prompted a triggered inspection that took place on 5 August 2016. At this time nine outcomes were inspected. The inspectors found that six areas required improvement to meet legislative requirements. These included improvements to the way staff were deployed as appropriate supervision arrangements for all residents were not in place, improvements to care plans so that documentation reflected changes in health or circumstances and improvements to the premises to ensure residents had adequate communal and garden space. The responses to these actions were assessed during this inspection and four areas had been satisfactorily addressed. The remaining actions related to staff deployment and the garden space were in progress.

The person in charge who had taken up post in October fulfils the criteria required by the regulations in terms of qualifications and experience. He had previously been the person in charge of one of the organisation's other designated centres. He demonstrated that he was familiar with residents, their care requirements, and he was overseeing the introduction of a specialist dementia care approach- the GEMs mode to enhance the care provided to residents with dementia.

The inspectors found that there was a good emphasis on personal care and that residents could exercise choice about aspects of life that included when they got up and went to bed. Staff could describe residents' preferred daily routines, their likes and dislikes to inspectors. Residents and the majority of relatives said that staff were accessible and that any matters brought to their attention were addressed promptly. Some family members felt that the turnover of senior staff had created some communication problems. The inspectors found that the person in charge had arranged to meet with any relatives and residents who wished to discuss their care in the centre. This had been welcomed and records confirmed that varied discussions had taken place with relatives.

Residents had good access to general practitioner (GP) and primary care services. Access to allied health professionals that included speech and language therapists and dieticians was facilitated and services were accessible. The organization employed a physiotherapist and an occupational therapist who provided group and individual therapy sessions one to two days a week based on need and as outlined on the activity schedule. There was good evidence of pharmacy input to support medication management practice.

The action plan at the end of this report identifies the non compliances and where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas where improvements are required include the deployment of qualified nurses so that appropriate support is available for the person in charge and to ensure effective governance of the service, improvements to fire drill practices so that staff learn from each of these exercises and the development of risk management procedures that meet all the legislative requirements.

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 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:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised annually. The inspection evidenced the service provided reflected the ethos of care and the aims and objectives described within the Statement of Purpose.

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:

The governance arrangements in place reflected the information supplied in the Statement of Purpose. The registered provider has an established structure for the

management of the centre and the five other centres owned by the company. The lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and how to report through the senior management structure. The provider had an established communication system with persons in charge and the inspectors observed good communication between the provider and person in charge.

Systems were in place to ensure that the service provided could meet residents' needs, was safe, effectively managed and monitored. For example while there had been changes in persons in charge appropriately qualified and suitable appointments had been made to this role however the inspectors found that there was an inadequate support system for the person in charge. There was a nurse on duty each day and night as required to meet residents' care needs. The high level of personal and clinical care required by residents due to medical or dementia care needs meant that nurses did not have capacity for management duties and the inspectors concluded that the staff deployment model required review to ensure that adequate support was available to ensure the effective governance and management of the centre. At the time of the inspection the staff nurse team covered the absence of the person in charge and there was an on call service provided by the person in charge outside of regular office hours. There was no designated deputy to fulfil the role of the person in charge and this was discussed with the provider as a resource issue that required resolution to ensure that stability in the staff /management team was sustained following a series of significant changes.

The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There was an annual review of the quality and safety of care delivered to residents, and there was evidence that this had been completed in consultation with residents as required by regulation 23. The report described improvements made as a result of this review. Two initiatives were introduced in 2016 as a result of the feedback and findings from the 2015 review. There had been improvements to the dining experience which had included a refurbishment of the dining room and a three month audit to ensure residents were satisfied with the menus and refreshments provided. A dementia care approach- the GEMs model which is focused on residents' abilities rather than problems or loss of capacity had been introduced. This had resulted in a more organised approach to meeting the needs of people with dementia according to staff and better emphasis on ensuring that they had meaningful occupation throughout the day.

There were adequate resources available to meet the needs of residents in relation to staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan of ongoing refurbishment for the year July 2016 to June 2017 which had been devised by the person in charge and the provider. This included redecoration of the exterior, the replacement of flooring in some areas, and the development of a safe dementia friendly garden area.

Judgment:

Non Compliant - Moderate

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:

There was a residents' guide available and this contained all the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed to the inspectors that they had received a copy of the guide at the time of admission and one resident said that this had been helpful to her when selecting to move to the centre.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents.

Services and provisions not covered by the overall fee that may be incurred by residents for example, chiropody, hairdressing and toiletries were identified with the associated costs.

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:

There had been a change of person in charge in October 2016 consequent to the illness of the previous post holder. The required notification had been supplied to HIQA. The new person in charge is a registered nurse and was recorded on the rota as working in the role full-time. He fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has seven years experience of older

persons' care and has a degree in management. He previously had a person in charge role in another centre owned by the company and also had a role in staff training as a member of the training team. He has maintained his professional development by acquiring training qualifications and he has attended the mandatory training required by the regulations.

The person in charge told inspectors he had spent the previous month getting to know residents, their relatives and the staff team. There was a staff support system in place and he visited the centre when he had on call responsibility or was off duty to ensure that he had met all staff and was familiar with workloads across the working day. He demonstrated that he had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents.

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):

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

Findings:

There were systems in place to ensure that the records, policies and procedures required by the regulations and associated schedules were in place. Medical records and other records, relating to residents and staff, were maintained in a secure manner and information was accessible and easily retrievable.

The required operational policies were in place. Records required by Schedule 4 of the regulations were maintained and included a record of visitors, staff records, fire safety documents, details of complaints, food records and charges incurred by residents. The directory of residents' contained all information required by schedule three of the regulations and was up to date.

An action plan in the last report required that the staff rota described the hours worked by the person in charge and this had been addressed. The inspectors saw that the duty rotas available on the inspection day described the hours worked by all staff in the

centre and included the time worked by sessional staff employed by the company such as the physiotherapist and occupational therapist.

Inspectors examined the documents to be held in respect of four persons working at the centre and found that all documents as required by current legislation were in place. The person in charge and provider confirmed that vetting disclosures were in place for all staff.

Appropriate public and employers liability insurance cover was in place.

Judgment:

Compliant

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:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge and had adhered to this when the person in charge was absent for a continuous period of 28 days. However, as discussed in outcome 2, the deputising arrangement in place could not be addressed effectively by the staff nurse on duty daily as they were involved full time meeting the clinical care needs of residents the majority of whom had maximum or high level care needs.

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:

Measures were in place to protect residents from harm and from abuse. The inspectors found that all staff had been provided with training on the prevention and detection of abuse. All staff that the inspectors talked to were confident that they would recognise an abuse situation and were clear about their role and responsibility in relation to reports of abuse or suspected abuse. Staff could also describe possible signs and symptoms of abuse such as unexplained bruising or anxiety. Risks to individuals were managed to ensure that people had their freedom and rights supported and respected. There was one adult protection incident reported to HIQA during 2016. This was reviewed during the last inspection. It had been notified to the safeguarding team and the plan was regularly reviewed with them. There was another safeguarding plan in place and this related to events described by a resident which were external to the centre and the local social work team provided support to the resident.

The person in charge and provider were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspectors viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

The inspectors discussed the needs of the current residents with staff. Staff told the inspectors that very few residents displayed responsive behaviours and said that this was only an occasional problem. Staff confirmed that they had attended training in dementia care and were aware of ways to manage behaviours associated with dementia. Records confirmed that changing behaviour patterns were described in care records.

During conversations residents told inspectors that they felt safe in the centre and described staff as "caring and helpful". One resident said that she had no hesitation in alerting staff if she had a concern or a complaint. Another said that "there is always someone around if we need help and we can talk to any of the staff".

There was emphasis on promoting a restraint free environment with an increase in the use of alternative safety measures to prevent falls such as sensor alarms and low level beds. Evidence of the alternative measures considered or trialled was available and there was a rationale for the use of bed rails which was usually to prevent falls or for enhanced security at the request of residents. Some bedrails in use were used as enablers and were in place for the purpose of positioning or enhancing the residents' function. The person in charge said that a weekly review of bedrails is undertaken to ensure that the measures are required and appropriate.

The financial controls in place to ensure that residents' finances were managed appropriately and accounted for were examined by an inspector. The arrangements to administer any money held on behalf of residents were clear and there was a record of all transactions. Some residents had ward of court arrangements in place. Contact was made with this office through the resident's representative when money was required for the resident's needs.

There was a visitors' record located at the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be complete and was signed by all visitors to the centre on arrival. Residents confirmed that they felt safe in the centre and contributed this to the presence and availability of staff and to the general security in place.

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 health and safety of residents, visitors and staff was generally promoted well in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations including evacuation of the centre. There were contact details for staff who lived locally who could be available within a short time if needed and there were contact numbers for the emergency services and for other essential services such as electricity and gas providers. Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change following falls as neurological observations were completed to monitor neurological function.

The inspectors reviewed the health and safety procedures, the organisation of the service and how staff managed practice in relation to infection control and moving and handling situations to determine how health and safety was addressed in practice. The inspectors noted good practice in relation to infection control. Staff were observed to handle laundry safely and to use hand gels regularly as they moved around the centre. All staff had attended training in infection control and hand hygiene. There was good emphasis on promoting independence and staff used equipment such as walking belts and walking aids to support residents as they encouraged them to walk from one area to another. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists.

The risk management procedures were noted to require review as although a range of risk situations were outlined the procedures did not include all the areas outlined for risk assessment in regulation 26- Risk Management such as aggression and violence, self harm and the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

The inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire. There were fire safety action signs on display with route maps to indicate the nearest fire exit. Fire drills were completed regularly. The procedures to follow when fire drills were conducted required improvement as drills had not been undertaken in the zone where the largest number of residents were accommodated and while some had been conducted with the least number of staff on duty none of the drills included a rehearsal of an evacuation to the exterior or the use of ski sheets for evacuation. An evaluation of all fire drills completed was required to help staff understand what worked well and to identify where improvements were required. The person in charge had commenced this practice and the inspectors saw that a review of the last fire drill undertaken had been completed.

Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly as required and emergency lights and extinguishers were serviced on a contract basis. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes.

Accidents and incidents were recorded and were reviewed to prevent further episodes. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Evidence of risk prevention strategies for example a review of moving and handling needs and the provision of additional equipment such as sensor alarms was available.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records that confirmed that equipment was serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

There were a sufficient number of cleaning staff available each day to ensure adequate cleaning of rooms and communal areas. A housekeeping supervisor spent a day each week reviewing standards of cleanliness and maintenance. A separate sluice and cleaning room is provided and staff were knowledgeable about the use of hazardous substances and the inspectors observed that they had safe working practices in place to ensure that cleaning products and materials were not left unattended.

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:

The medication management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurse on duty was familiar with all residents' medication needs and any specialist requirements in relation to administration. One of the inspectors observed that medication was administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

The medication administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The General Practitioner's signature was present for all medication prescribed and where nurses transcribed medication there were two signatures to indicate that a check of the prescription had been undertaken. Maximum does of PRN (as required medication) was recorded. The inspector saw that this was in place for critical medication such as medicines used in end of life care.

There was good evidence of pharmacy input to support medication management practice. Audits of the supply were undertaken including audits of controlled drugs. Some residents had retained the services of their own pharmacist and regularly went to the pharmacy. There was regular blood screening undertaken for residents on particular medicines long term to ensure that prescriptions and dosages were at appropriate therapeutic levels.

All medication was dispensed from a blister pack system. These were delivered to the centre and the prescription sheets and the blister packs were checked to ensure all medication orders were correct for each resident.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.

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.

<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: The inspectors reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.</p> <p>The quarterly notifications had been submitted to HIQA as required.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Effective care and support</p>

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: There were 41 residents in the centre during the inspection. There were twenty eight residents assessed as maximum or high dependency. Ten residents had medium level care needs and two were assessed as low dependency. Many residents were noted to have a range of healthcare issues and almost a third of residents had a diagnosis of dementia, cognitive impairment or Alzheimer's disease.</p> <p>All residents had a care plan and these were maintained on a computer programme. This was well understood by the staff that used it and the staff nurse demonstrated to the inspector how assessments, care plans, reviews, accidents and incidents were recorded. The inspectors found that residents had an assessment prior to admission and residents confirmed that they had met staff from the centre who explained varied aspects of the service and provided information to them and their families. Comprehensive nursing assessments were carried out following admission and a range</p>

of evidenced based assessment tools were used to determine risk in relation to areas that included falls, vulnerability to the development of pressure sores and malnutrition.

The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspectors found that there was good information that reflected a person-centred approach had been adopted. Care plans were updated at the required four monthly intervals and there was evidence of consultation with residents in the majority of care plans reviewed. Relatives feedback indicated that they had been informed about care plans at the time of admission and at intervals throughout the year. The person in charge confirmed that there are arrangements in place to meet with relatives to discuss care plans and residents' well being and since his appointment had met with several relatives. An action plan in the last report required that care plans were reviewed following changes in circumstances or when a significant event occurred had been addressed. The inspectors found that care plans had been updated following periods of illness and when respiratory or other infections were present.

There were three residents with wound care problems. Two related to circulatory and venous ulcers and the third was a recurrent pressure area problem that had originally started at home. There were appropriate care plans in place. The wound care charts, measurements and evaluations indicated that there was a gradual reduction in wound size. The advice of a tissue viability nurse had been sought and a dietician had also advised on diet and supplements to support the healing process. Both had conducted on site reviews. There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and the staff nurse was confident that a referral for specialist advice would be made if weight loss persisted over two months and was greater than 3 kilogram's.

A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort and the inspectors saw that air mattress were set at appropriate pressures for the weight of the residents and that suitable cushions were available for residents' chairs during the day. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable about residents likes and dislikes in relation to when they had showers and where they preferred to spend their time. Residents with dementia were assessed and supported in accordance with the principles of the GEMs model which places emphasis on residents' abilities and capacity rather than problem areas. The introduction of this model was at an early stage but the inspectors noted that there were positive outcomes for residents as many were fully engaged with what was going on and appeared relaxed and content. There was a full daily schedule of activity for residents and this was conducted by care staff in one of the communal areas known as the "Ruby room". Activity was noted to be meaningful and absorbing and included engaging residents in flower arranging, making snacks, folding laundry, sorting items and exercise. There were other leisure activities such as singing,

reminiscence using memory boxes and games. While this initiative supported a good standard of care there were other residents who had high level care needs who the inspectors found did not have this standard of intervention and who did not have meaningful activity or consistent supervision particularly during the morning period. This was highlighted for attention during the last inspection conducted in August 2016 and is described for action under outcome 18- Suitable staffing.

Residents had access to GP and primary care services. There was information that conveyed that medical reviews were completed shortly after admission, to review medication and health needs. There was timely access when a resident became unwell. Allied health professionals that included speech and language therapists and dieticians were available and the centre employed a physiotherapist and occupational therapist on a sessional basis to undertake group and individual work with residents.

Where residents had specialist care needs such as mental health problems or learning disabilities the staff had established good working relationships with the mental health services for older people. The team for old age psychiatry visit the centre as required to review residents. Medication was reviewed to ensure optimum therapeutic levels to promote residents' well being.

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

Findings:
The location, design and layout of the centre was largely suitable for its stated purpose and the facilities met residents' individual and collective needs in a comfortable and home like manner. The premises had a number of features that takes account of residents' needs and abilities. Hallways had handrails that were visible, there were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment available.

There were a number of communal sitting areas available for residents during the day.

An action plan in the last report that required that communal space was reviewed as one area was not adequately spacious for the number of residents who used the room had been addressed. An additional sitting space known as "the library" had been created and this had remedied the congestion in the "Ruby room" evident during the last inspection. The inspectors noted that while there were some good "dementia friendly" features and some residents' doors had symbols to help them identify their rooms there was scope to improve the overall signage and colour scheme to assist people to find their way around and to help them orientate themselves to locate strategic areas such as sitting and dining areas easily.

The building was well maintained, warm, decorated in a comfortable home like style and was visually clean. The dining room is suitable in size to meet residents' needs and is located centrally. It was noted to be well used at all three main meal times including breakfast. Two separate sittings are accommodated at each meal time. Other facilities include a visitors' room, office space, a large catering kitchen and a quiet area for reflection or prayer.

Bedroom accommodation comprises of thirty four single ensuite bedrooms and seven double ensuite bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed and in the ensuite areas. Suitable lighting was provided and switches were within residents reach. Residents that inspectors talked to said that their rooms were comfortable and that they liked the changes that had been made to the sitting areas particularly the new library.

There were a sufficient number of toilets and showers provided for residents. There are toilets located close to day rooms for residents' convenience. There is a bath available so residents have a choice to have a bath if they wish.

Staff facilities were provided. Separate toilet facilities were provided for care and kitchen staff in the interest of infection control.

The centre does not have any safe garden space that residents can use independently. This was described in the last inspection report for attention. Many of the resident group are assessed as highly dependent and a significant number have dementia or problems associated with confusion and they would be unable to use the outdoor space in safety. In the schedule of work developed by the provider and person in charge this is identified for completion early in 2017

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a complaints process in place and a complaints record that contained the all relevant information about complaints was maintained. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.</p> <p>The person in charge said that he had addressed any issues of concern brought to his attention immediately and the record confirmed this. There was one concern being addressed and the person in charge had set up a meeting to discuss the concern and to ensure it was appropriately addressed. The feedback from relatives provided to HIQA indicated that some family members had been concerned about the turnover in senior staff and the person in charge said that he was addressing this through regular meetings with relatives.</p> <p>The procedure identified the nominated person to investigate a complaint and the appeals process. Residents and relatives that inspectors talked to said they were aware of the process and identified the person in charge as the person they would approach whom they had an issue of concern. There was a designated person in the company with the role of ensuring that all complaints were addressed according to the procedure and to legislative requirements. The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was an end-of-life care policy that described the procedures related to end of life care. The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were</p>

documented. However the inspectors noted that some decisions required review as they had been made some time ago and were based on the information available at that time. Residents' views or perspectives may have changed in the interim due to improved health or a deterioration in health circumstances and resuscitation status should reflect the present situation..

Resident's end-of-life care preferences, personal or spiritual wishes were recorded in the sample of care records reviewed. The staff nurse gave a good account of how end of life care was addressed, the supports provided to residents and their families at this time and the spiritual care provided. There was good evidence that frail residents received appropriate care. Pain relief needs were well managed and interventions were described in care records.

There was good access to the palliative care team who provided advice on monitoring symptoms and pain relief to ensure appropriate comfort measures. There were one resident in receipt of care from the palliative team at the time of this inspection.

Judgment:
Substantially 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:
The inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents' food preferences were identified, catering staff were informed about specialist needs and the menu choices and food were discussed at residents' meetings.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of fluids and hydration, medication management and the care of residents with conditions such as diabetes. The catering manager who is responsible for catering services across the six designated centres owned by the company had developed a manual for good nutrition management. This described the menus and the seasonal variations that were made, the dishes offered and the associated recipes with calorie and nutrition content as

well as the preparation and presentation guidelines for specialist diets. There were photographs of all dishes and these were used to help residents with communication problems to help them make decisions about food choices.

Residents expressed very positive views about the food served. They described the catering staff as helpful and concerned that they enjoyed their food. Two residents said that they were offered alternatives if they wished to have smaller meals or did not like the main dishes. The different choices available were observed tea time. Catering staff were very familiar with each resident's food likes and dislikes.

The inspectors observed two meal times and found that food was attractively presented and served in variable portion sizes to meet residents' choices. Staff said that they encouraged residents to be independent at meal times. The inspectors noted that plenty of time was devoted to main meals and residents who wished to take more time were encouraged to remain in the dining room through both sittings. This had been a positive outcome for some residents the inspectors were told as dietary intake had improved. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for residents who required fortified diets.

During breakfast time, staff were allocated to the dining room to facilitate the "breakfast club". This had resulted in breakfast time having more focus and staff said using the dining room at this time provided an opportunity for social contact at the beginning of the day.

During lunch and tea time staff were observed to consult with residents and to remind them what was on the menu and what options they had selected. Residents who needed assistance were supported by staff who sat by them and chatted as they prompted them to manage independently or actively assisted where needed. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis. Records of fluids and food were noted to be fully complete and provided an accurate overview of the diet consumed. Portion sizes and quantities of liquids were recorded and the completion of food records was reviewed by nurses and the senior carer on duty.

Judgment:
Compliant

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 the person in charge encouraged good communication among residents, the staff team and relatives. Information supplied to the inspectors from relatives and from feedback questionnaires conveyed that the changes in person in charge had hindered communication at times but the efforts made by the newly appointed person in charge had alleviated some of the concerns of relatives. There was a relaxed atmosphere in the centre and the additional communal area created since the last inspection provided not only much needed space but a quiet area where residents were observed to sit and relax while reading the paper or listening to the radio. Some residents told inspectors about the choices they had about how they spent their day and how they could choose whether to join in an activity or to spend time quietly in their rooms.

There was a range of activities available to residents. Activity staff and carers on duty daily facilitated the activity programme. The activity schedule was noted to be well developed for residents with dementia who spent their time in the "Ruby" room. The inspectors observed that the activities that took place here were well organised and there was a full programme for each day. Activities were based on residents' interests and focused on engagement and occupation. Staff had completed life stories and "key to me" documents to inform the activity schedule. There were group and individual sessions and the inspectors saw that there was also scope for spontaneous activity where residents initiated singing or saying prayers. A range of reminiscence material was available to prompt conversation and participation. Activities in other areas took place during the afternoon and early evening however as described in outcome 11 there were times when some residents had no supervision or stimulation.. Residents told the inspectors that they enjoyed talking together and chatted to staff and their visitors. Inspectors observed that staff interacted positively with residents, greeted them when they entered rooms and were at all times cheerful and pleasant. The inspectors observed that staff respected residents' privacy at appropriate times.

Residents had access to television, radio and local and national newspapers. There was wi fi access and some residents used assistive and new technologies to listen to music and others to communicate with relatives and friends.

The person in charge said the contact details for independent advocacy services were available. No residents were presently accessing this service.

Inspectors were satisfied that residents were consulted about the organisation of the

centre. Regular meetings for residents were organised. The inspectors viewed the meeting records for the September and October meetings and found that there was good participation from residents. Residents had commented that they liked being able to lock their door and that staff knocked before they entered rooms. Other residents said that they liked that staff checked them regularly at night. Some residents commented on the transition from home to residential care and said that they were happier than they thought they would be having made the move.

There were satisfaction surveys completed and comments made about the service were positive in nature. However, while the overall findings were described, a judgment on the adequacy of the service and where improvements were needed was not evident and the process did not inform an improvement plan for future developments or the annual review.

Judgment:
Substantially 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:
Residents had adequate storage space for their belongings and many had a range of personal possessions displayed in their rooms. A property record was completed by care staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss.

The centre provides a laundry service and except in situations where family members wished to do personal laundry all clothing was laundered on site. There were staff assigned to the laundry each day of the week and there was appropriate equipment available to ensure that laundry was washed at appropriate temperatures and ironed effectively.

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):

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

Findings:

The inspectors found that while there was an adequate complement of care staff on duty each day however there was a deficit in the deployment of nurses. The nurse on duty with the person in charge was fully engaged in care practice and in addressing the medical and nursing needs of residents and did not have time available to support the role of the person in charge. There was also a deficit in the continuity of nursing staff as the majority of nurses worked part time. Seven nurses were employed however only two were full time and the remainder had part time roles with some working just one shift each week. All rotated from day to night duty and while this meant that they had a good understanding of residents' needs over 24 hours the inspectors concluded that the arrangements in place did not provide adequate support for the person in charge and did not facilitate a consistent approach to care practice, the supervision of carers or to the introduction of the new dementia practice model. An action plan that required a review of the staff deployment model to ensure appropriate supervision and social care for all residents outlined in the last report is repeated in this report as the arrangements in place did not address this action effectively. The inspectors were told that two nurses had recently been recruited to improve this situation and commencement dates were due to be scheduled.

The person in charge and nurses were supported by a team of eight carers in the morning one of whom was a senior carer who had responsibility for allocating and supervising workloads. Carers were noted to be deployed effectively and were available in adequate numbers during the early morning and evening when residents were getting up and going to bed. There was one nurse and two carers on duty during the night. The staff team included an "intern nurse" who was waiting for registration with Bord Altranais agus Cnaimhseachais na HEireann. Care and nursing staff were supported by an administrator who worked full-time and by catering, household and maintenance staff. There was also an activity therapist on duty during the afternoon and early evening and the physiotherapist and occupational therapist were available as described previously as part of the B- Fit team.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated

centre. The staff nurse on duty was competent, well informed about residents personal and health care needs and carried out her duties efficiently. She was knowledgeable about the regulations and standards that govern designated centres.

There was a policy for the recruitment, selection and vetting of staff. This was reflected in practice and evidence was provided in the staff files reviewed. Interviews were conducted for all posts, there was a formal process that underpinned interviews and references and full employment records were available for all staff. There was a training matrix available which conveyed that staff had access to ongoing mandatory training and refresher training as required by the regulations. Staff had also attended training on infection control, nutrition and end of life care.

Judgment:

Non Compliant - Moderate

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
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beach Hill Manor
Centre ID:	OSV-0000320
Date of inspection:	08/11/2016
Date of response:	13/01/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no designated deputy to fulfil the role of the person in charge.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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:

Since inspection, a designated deputy has been appointed to support the role of the Person In Charge.

Proposed Timescale: 23/01/2017

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 risk management procedures were noted to require review as although a range of risk situations were outlined the procedures did not include all the areas outlined for risk assessment in regulation 26- Risk Management such as aggression and violence , self harm and the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The areas identified around risk management procedures were addressed albeit in separate policies, however in light of the inspectors findings a review of these procedures are currently being undertaken to amalgamate same.

Proposed Timescale: 28/02/2017

Theme:

Safe care and support

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

An evaluation of the fire drills completed was required to help staff understand what worked well or identify where improvements were required. The procedures to follow when fire drills were conducted required improvement as drills had not been undertaken in the zone where the largest number of residents were accommodated and while some had been conducted with the least number of staff on duty none of the drills included a rehearsal of an evacuation to the exterior or the use of ski sheets for evacuation.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire evacuations are conducted on a regular basis. However on note of the inspectors' comments, the next evacuation will be conducted in the zone with the largest number of residents.

Proposed Timescale: 30/01/2017

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 centre does not have any safe garden space that residents can use independently.

4. 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:

Garden space is available to residents, however, a bespoke dementia designed garden is currently in design stage and with an estimated construction completion by spring 2017.

Proposed Timescale: 30/04/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

The inspectors noted that some decisions in relation to end of life care required review as they had been made some years ago and were based on the information available at that time. Residents' views or perspectives may have changed in the interim due to improved health or a deterioration in health circumstances and the resuscitation status recorded required review in a number of instances.

5. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social,

psychological and spiritual needs of the resident concerned.

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

In light of the inspectors comments, the Person In Charge has initiated an End of Year, End of Life review of all residents

Proposed Timescale: 26/02/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

While a range of stimulating and creative activities were available for some residents, activities were not provided consistently for all residents and there were times when some residents had no supervision or stimulation.

6. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Through our B-Fit team, a wide and varied tool of scheduled activities are available, yet mindful of each resident's decision to participate

Proposed Timescale: Complete – 8th November 2016

Proposed Timescale: 08/11/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspectors found that the availability of nurses did not provide adequate support for the person in charge and did not facilitate a consistent approach to care practice, the supervision of carers or to the introduction of the new dementia practice model.

7. 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:
Additional nursing staff have been selected and recruited. An ADON has also been appointed to support the person in charge.

Proposed Timescale: 23/01/2017