Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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<thead>
<tr>
<th>Name of designated centre:</th>
<th>Beach Hill Manor Private Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>The Brindley Manor Federation of Nursing Homes Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Lisfannon, Fahan, Donegal</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>07 October 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000320</td>
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<td>Fieldwork ID:</td>
<td>MON-0022781</td>
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About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is a 48 bedded purpose built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 48 |
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>07 October 2019</td>
<td>13:00hrs to 18:00hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
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<tr>
<td>08 October 2019</td>
<td>09:00hrs to 16:30hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
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What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily and evening routines, activity plans and interactions with the community. Residents expressed satisfaction regarding these matters and were happy with food and mealtimes and the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Some residents invited the inspector to see their private bedroom accommodation and they confirmed that the layout of their bedroom space provided them with sufficient personal space for their clothing and personal items. They acknowledged that the staff kept the bedrooms neat, tidy and clean.

The inspector saw that residents enjoyed group and one-to-one activities organised by the activity coordinator. There were close links between the designated centre and the local community with local musicians entertaining residents, relatives and friends.

Relatives were complimentary of the provision and delivery of services and care to their relatives and support to themselves. They told the inspector that staff always had time to listen to them and provide information and or advice.

Capacity and capability

Leadership and management was effective in ensuring that a good quality and safe service was being provided. There was a good atmosphere in the centre as relatives were welcomed and the inspector observed good interactions between staff, residents and visitors.

Matters arising from the previous dementia thematic inspection carried out on the 7 August 2018 which related to the premises, social activities and health and safety were satisfactorily actioned.

There was a clear organisational structure and reporting relationships in place. The inspector saw records of regular meetings at which operational and staffing issues were discussed. The registered provider representative and all the persons participating in management were available and facilitated the inspection process.
From an examination of the staff duty rota, communication with residents and staff it was the found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The recruitment processes and a sample of documents in respect of persons working at the designated centre were reviewed and these were found to meet the requirements of the legislation.

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling and safeguarding vulnerable persons. The staff had access to a range of education appropriate to their roles and responsibilities, including dementia care, end of life and restrictive practices. Staff confirmed that they were supported to carry out their work by the registered provider representative and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

Staff confirmed that there were good supports available to them and there was good staff morale. Staff and residents said the person in charge was approachable and available whenever they need to talk to him or to relay information.

Prior to the inspection the registered provider representative submitted the required documentation. The application for the renewal of registration was received on the 27 September 2019 seeking approval to accommodate 48 residents. An examination of the information showed that the floor plan and the statement of purpose outlining the facilities and services corresponded to the findings on inspection. The statement of purpose highlighted that the bedroom accommodation consists of 34 single and seven twin rooms with shower ensuite facilities and a variety of communal rooms for residents’ use.

The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Appropriate notifications were received by the Authority. An allegation of abuse was managed in accordance with the policy and procedures.

Information governance arrangements ensured that secure record-keeping and file management systems were in place.

### Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration was received on the 27 September
2019 seeking approval to accommodate 48 residents.

The application form (including statement of purpose and floor plans), application fee and prescribed information were valid.

Judgment: Compliant

**Regulation 14: Persons in charge**

The centre was being managed by a suitably qualified and experienced nurse who has authority and in consultation with the registered provider representative and person participating in management is accountable and responsible for the provision of the service.

Judgment: Compliant

**Regulation 15: Staffing**

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures.

The levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There were two nurses on duty daily and this included the person in charge Monday to Friday. There were six carers on duty from 08:00 hours to 20:00 hours and to complement this staff group 3 carers were rostered to work from 08:00 hours to noon, to 14:00 hours and 13:00 hours. This number included a senior healthcare assistant who allocated workloads and provided guidance to the care staff team.

An additional carer was on duty during the evening and early night from 17:00 hours to 22.00 hours to support the night duty complement of one nurse and two carers. In addition there was catering, household, administration, an activity staff member, maintenance and laundry staff on duty.

Judgment: Compliant

**Regulation 16: Training and staff development**

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Staff were
appropriately supervised.

Judgment: Compliant

**Regulation 19: Directory of residents**

A directory of residents had been established and maintained in accordance with the schedule.

Judgment: Compliant

**Regulation 21: Records**

Records were maintained safely and were accessible.

Judgment: Compliant

**Regulation 22: Insurance**

The insurance against injury to residents and damage to residents’ property was up-to-date.

Judgment: Compliant

**Regulation 23: Governance and management**

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they work accountable.

Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

The leadership and management ensured that the service fulfilled its statement of purpose and achieved its objectives.

The deployment of necessary resources through informed decisions and actions facilitated the delivery of good quality, effective and safe residential services to
residents.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided, the fees and room occupancy.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose contained the information set out in schedule 1. The facilities and services corresponded with the findings on inspection.

Judgment: Compliant

**Regulation 34: Complaints procedure**

An accessible and effective complaints procedure was in place. Residents’ complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

**Quality and safety**

The inspector found that the care and support residents received was of a good quality and ensured that they were safe. Their health and social care needs were met and residents felt safe in the centre. The design and layout of the premises was suitable for its stated purpose. Residents’ lived experience reflected their lifestyles
and they were afforded privacy and dignity in their private accommodation.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a range of matters. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents’ lives. They had access to information about events and their health care needs. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate which was advertised. Residents’ consent was obtained in accordance with current evidence-based guidelines.

Residents had a care plan which was based on an ongoing comprehensive assessment of their needs. This was implemented, evaluated and reviewed. It reflected their changing needs and outlined the supports required to maximise their quality of life in accordance with their wishes.

Staff liaised with the community services regarding appropriate admission and discharge arrangements. Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the psychiatry service. The administration of medicines was satisfactory.

Residents’ nutritional and hydration needs were met and residents confirmed that meals and meal times were satisfactory.

Staff were aware of the needs of those residents who were cognitively impaired in order that they achieved the best physical, psychological social and spiritual well-being.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

The design and layout of the residential service was suitable for its stated purpose. The residential service was homely and accessible and met the privacy, dignity and well-being of each resident’s assessed needs.

Residents were informed and encouraged to bring in personal mementos, souvenirs and photographs.

Policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspector was informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told the inspector that they felt safe in the centre. There were systems in place to safeguard residents’ property. The inspector was told by management they had responsibilities associated with being a pension agent for five residents. A separate residents’ account was set up to manage these monies.
Effective arrangements in place to manage risk and protect residents from the risk of harm were not fully operational but were satisfactorily addressed during the inspection. These included fire safety arrangements. Records in relation to residents' personal emergency evacuation plans, fire drills and fire safety checks were well maintained.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the resident service. All staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.

Residents were protected through the implementation of policies and procedures regarding the management of medicines. This covered the safe at appropriate prescribing, supplying, dispensing, administration, monitoring, review, storage, disposal, and medicine reconciliation in order to comply with the appropriate guidance. Residents’ medication was monitored and reviewed.

Management and staff team were committed to implementing the national policy ‘towards a restraint free environment’, and only one resident was using bed rails. There were procedures and assessments in use for this restriction. Residents were debating whether the front door should be secured at all times.

The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. A weekly activity programme was scheduled in advance and advertised in prominent places. External groups were incorporated into the activity programme such as musicians and other entertainers. The inspector saw residents participate in a quiz and a lively sing song.

**Regulation 11: Visits**

There were adequate arrangements for residents to receive their visitors. The inspector saw that there was suitable communal facilities available for a resident to receive a visitor or their own private bedroom accommodation.

Judgment: Compliant

**Regulation 12: Personal possessions**

Resident had access to and retained control over their personal property, possessions and finances. They had adequate space to store and maintain their clothes and other personal
possessions.

Judgment: Compliant

**Regulation 13: End of life**

From discussion with staff and relatives it was found that end of life care was person centred and respected the values and preferences of individual residents and their families.

Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents’ resuscitation status.

Judgment: Compliant

**Regulation 17: Premises**

The matter arising from the previous inspection identified that there was no external safe garden space for residents’ use. This matter had been satisfactorily actioned.

The centre was a purpose built single storey residential care facility.

There was adequate private and communal accommodation. Two separate sittings are accommodated at each meal time in the centrally located dining room. Other facilitates include a visitors' room, office space, a catering kitchen and a quiet area for reflection or prayer.

Bedroom accommodation comprises of thirty 34 bedrooms and seven twin bedrooms, all with shower en suite facilities. Bedrooms were 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 en suite areas. Suitable lighting was provided and switches were within residents' reach. Residents confirmed that their rooms were comfortable.

Handrails in hallways were available to assist residents to mobilise independently. There were a sufficient number of toilets and showers provided for residents, located close to communal rooms for residents’ convenience. A bath was available so residents had a choice to have a bath if they wished. Staff facilitates were provided.

The flooring in the en suite of a bedroom was split and a carpet had scorch marks, however these matters were addressed following the inspection.
Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

**Regulation 26: Risk management**

The risk policy contained the requirements set out under the regulation.

Risks identified during the inspection were immediately addressed.

There was good emphasis on promoting residents’ independence while trying to minimise accidental injury.

There was equipment to support physiotherapy treatments including low entry beds, foam floor mats and hip protectors. Some residents had walking aids which had been assessed as suitable for their needs. Up to date moving and handling assessments were available for residents with mobility problems.

Judgment: Compliant

**Regulation 27: Infection control**

Infection control practices were safe. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections. The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity. Hand washing signs were available at each hand washing facility. Staff were observed to handle laundry safely.

Judgment: Compliant
### Regulation 28: Fire precautions

Records showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of an emergency situation.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that staff had safe procedures in place to guide their practice in relation to medicines management. The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected safe appropriate standards.

The medicine administration records were clear and the required information including a photograph of the resident was available. Safe storage arrangements were in place and medicine trolleys were locked and stored securely. The centre was using a prepacked medicine system.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were regular audits of medicine management both by staff and the pharmacists. The results indicated that over a range of aspects which included reviews, disposal of medicines and storage good practice was consistent.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents’ needs and treatment plans were described in individual care plans which were formerly reviewed. Care plans prepared based on assessment within 48 hours. Reviews were carried out every four months, and where necessary revised in consultation with resident and family.
Judgment: Compliant

**Regulation 6: Health care**

Residents had appropriate, timely access to nursing, medical and community allied health care based on their assessed needs.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive.

A culture of promoting a restraint free environment was in place.

Judgment: Compliant

**Regulation 8: Protection**

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented.

There was evidence that the person participating in management had investigated any incident or allegation of abuse and notification to the Chief Inspector was submitted.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were consulted with and had opportunities to participate in the organisation of the centre.

The majority of residents were encouraged to participate in the social and recreational programme and were seen to be engaged in group or individual activities. There was evidence that various local community groups visited the centre.
to entertain residents.

The inspector heard that residents have the opportunity to exercise their civil and religious rights.

Opportunities were made available for residents to participate in meetings so that they could share their views of the organisation of the centre and there was evidence in the care planning process of residents and or their families being consulted.

An independent advocacy service was available to residents.

Questionnaires completed by residents (10) were positive and complimentary of the service. Relatives praised the whole service provision.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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<tr>
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<tr>
<td>Registration Regulation 4: Application for registration or renewal of registration</td>
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