

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechwood Nursing Home
Centre ID:	ORG-0000199
Centre address:	Rathvindon, Leighlinbridge, Carlow.
Telephone number:	059 972 2366
Email address:	info@beechwoodnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maisonbeech Limited
Provider Nominee:	Eileen Stapleton
Person in charge:	Eileen Stapleton
Lead inspector:	Kieran Murphy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	0

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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 June 2014 10:00 To: 20 June 2014 15:00

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

Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to vary the conditions of registration to increase the number of beds from 36 to 57. The inspection also reviewed the actions required following the registration inspection of 22 January 2014 and found that all actions had been satisfactorily completed.

Since the last inspection the premises had been extended with the addition of three distinct areas. The first was the provision of additional dining space to the existing dining room; the second was the provision of four additional single en suite bedrooms, a day room and an activities room; and the principal extension included 20 single en suite bedrooms, a central lounge area, a bathroom and the extension of the nurse station. In general the inspector was satisfied with the premises and noted that the centre had received a disability access certificate from the County Council in relation to the extension.

The inspector was satisfied that there was evidence of good governance structures with clearly defined roles and responsibilities of the registered provider and senior nurse management. Based on the review of the proposed additional staff the inspector was satisfied that there would sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Some actions were required following this inspection and these are outlined at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been no change to the person in charge who remained suitably qualified and experienced since the inspection of January 2014. She was also the nominated registered provider and was engaged full-time in the management of the centre.

There was a clearly defined management structure with responsibilities outlined and devolved to include an assistant director of nursing and a clinical nurse manager with specific responsibility for quality improvement. There were sufficient administrative systems in place to support the person in charge.

Judgement:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector reviewed the insurance policy and saw that the centre was adequately

insured against accidents or injury to residents, staff and visitors. The insurance policy included the building extension to accommodate up to 57 residents.

There was one action required following the last inspection as the directory of residents did not include the time and cause of death. On this inspection the directory of residents was found to contain comprehensive details in relation to each resident including name, contact details for relatives and contact details for general practitioner (GP). It also included the time and cause of death.

As on the previous inspection the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

As on the previous inspection there was an up-to-date policy on the protection of residents from abuse. There had not been any incident or allegation in relation to abuse in the intervening period. The inspector reviewed training records and saw evidence that all staff had received mandatory training on elder abuse.

Judgement:

Compliant

Outcome 07: 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:

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

Findings:

There were a number of areas for improvement identified at the last inspection which

had all been rectified:

- suitable fire precautions
- the emergency plan
- infection control.

There was a valid fire certificate for the building, dated 31 March 2014, to include the additional rooms. The fire alarm system had been expanded to include the extension and was fully addressable as every location in the building was identified on the fire alarm panel. During the inspection fire extinguishers were not available in the new build but the provider outlined that these had been purchased and intended to have them installed within a week. There was no smoking room available in the centre but smoking was facilitated in an external area. Since the last inspection fire precautions, to include a fire extinguisher and fire blanket, had been made available in the smoking area. The inspector saw a smoking risk assessment and care plan was available for each resident who smoked.

The fire register had been amended to include the new extension and recorded a daily visual check of fire resisting door sets and means of escape. Final fire exit doors were on automatic release mechanisms and self closing fire doors had been introduced into all areas of the extension. In the older part a number of existing fire doors in residents' rooms were observed to be held open with wedges. The person in charge outlined plans for self closing fire doors to be installed throughout the premises.

Since the last inspection the emergency plan had been updated and it adequately addressed the centre's response to fire and other emergencies like loss of power, loss of heating or water supply. It also included arrangements for transfer to another centre in the event of an evacuation. A personal emergency evacuation plan was available for each resident which reflected, where relevant, the new fire exit locations. Emergency lighting was available throughout the extension including each bedroom, en suite bathroom, day room and all corridors. However, the signage for the emergency exits was partially obscured by light shades in some parts of the corridors and the exit signs were not clearly visible. All staff had been orientated to the new extension to include location of each bedroom, fire panel training and location of all fire exit doors.

Facilities and procedures were in place to prevent and control the risk of infection which had required improvement since the last inspection. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout. The cleaning trolley had sealed containers which ensured that chemicals and other cleaning items were not accessible to residents. With the increased bedroom capacity and larger area the provider outlined plans to increase the cleaning staff complement from two to three per day and also to increase the number of hours worked per day.

In relation to the laundry room at the last inspection the arrangements in place to prevent cross infection were not suitable. A partition had since been built which divided the laundry between items for washing and clean items. A work flow system had been introduced to ensure that soiled items did not pass through the area containing clean items. With the proposed increased number of residents and consequent increased flow of items through the laundry the provider outlined plans to increase the operational

hours from six hours to nine hours per day, seven days per week. She proposed to review the adequacy of the laundry arrangements once a full complement of residents was accommodated.

Judgement:

Non Compliant - Major

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

At the last inspection a number of items required improvement which had all been rectified:

- generic lists of pro re nata (PRN or as required) medications
- nurses were transcribing prescriptions but not signing same
- medication policy required updating to reflect arrangements for disposal of medication.

A new monitored dosage system had been adopted since the last inspection. The medication was dispensed and delivered by the pharmacist each week. A designated nurse ensured that the medicines supplied in the monitored dosage system were checked against the prescription sheet before use.

Nurses were no longer transcribing medications. Each medication was signed and dated by the general practitioner (GP). The medication administration record contained a brief description of the details of each medication to ensure that the correct drug was being given to the correct patient at the correct time. The PRN medications were prescribed on an individual basis with the prescription outlining the maximum dose, route and maximum frequency for each medication. In the sample of medication records reviewed the inspector saw evidence that the prescription for each resident was reviewed by their GP on a three monthly basis.

The medication management policies had been reviewed since the last inspection and included a policy on medication disposal. Medications that were no longer required, or which were past their expiry date, were returned to the pharmacy for disposal.

The auditing of medication management practice was ongoing with the assistant director of nursing overseeing the audit process. Recent audits included a medication administration record audit in February 2014 and an audit of controlled medications in April 2014.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Since the last inspection a system had been introduced for the documentation of consent to treatment. There was also provision for the resident to refuse specific treatments.

In relation to the admission of new residents the person in charge confirmed that this would be undertaken in accordance with the current policy on admissions. This schedule would ensure that no more than two residents would be admitted in any one week and never on the same day. The person in charge and the clinical nurse manager assessed all applications for admission and undertook these assessments either in the prospective resident's home or in the acute general hospital as appropriate. Once accepted for admission all potential residents and their families were invited to visit and view the centre.

Each resident's needs were set out in a care plan that had been communicated to and agreed with the resident and/or their family. Residents had assessments completed on admission which included, nutritional status, dependency level, moving and handling, falls risk, pressure sore risk assessment, and mental test score examination. As with current residents all newly admitted residents would have the option of care from their own GP.

The building extension included a new activities room measuring adjacent to the main day room. Currently there was a part-time activities coordinator. However the provider outlined that this position was to be a full time position once new residents were admitted. One of the nursing staff had developed an individual programme for residents in relation to imagination, memory and emotional intelligence.

Judgement:

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The existing bedroom facilities consisted of:

- 10 single bedrooms that were en suite with shower, toilet and wash-hand basin
- 6 single bedrooms that were en suite with toilet and wash-hand basin
- 16 single bedrooms, each with a wash-hand basin
- 2 twin-bedrooms, each with a wash-hand basin.

The new build provided an additional 24 single en suite bedrooms. Each room included sufficient space for storage of personal belongings in fitted wardrobes and lockable storage for valuable items. An enhanced call bell system was in each bedroom with coded external lighting to show if the call bell had been answered. Each en suite facility included a "wet room" consisting of shower, toilet and wash-hand basin, emergency lighting and two call bells. In relation to the admission of new residents it was proposed to convert the existing two twin bedrooms into single rooms, and bring the capacity to 57 residents.

The existing premises consisted of four bathrooms, three of which had a shower, toilet and wash-hand basin and the fourth had a shower, bath, toilet and wash-hand basin. There were three toilets for use by residents. The extension added one large bathroom which contained a shower, toilet and hand wash basin. All new bathroom/en suite facilities included grab rails which were of a different colour to the toilet suites to aid residents with cognitive impairment. All hot water fittings throughout the premises had anti-scald measures in place.

In relation to communal areas the premises already had a sitting room with an adjoining smaller sun room and a dining room adjacent to the kitchen. The new build added a large communal sitting room, which led to the activities room. The dining room was extended and it was proposed to use the current sun lounge as a dining area for residents who required assistance at meal times. There were two "quiet" areas, one adjacent to room number 40 and the other adjacent to room number 54, where it was planned to install suitable furniture including seating and tables. A risk assessment had not been undertaken in relation to the provision of a call bell in either of these areas, in

the event of a resident requiring assistance. Handrails were available throughout the premises and all windows had been fitted with restrictors. The temperature throughout the building was controlled centrally.

The existing nurse station was extended and overlooked the central lounge area ("the blue room") A clinical room measuring was also added to the nurse station. Other additions were:

- Two staff toilets with wash-hand basin,
- linen and storage press
- sluice room which was not fitted out on the day of inspection.

Residents had already access to an enclosed garden that had adequate seating and was pleasantly decorated with shrubs. The new extension facilitated the formation of a further two inner gardens. Access to these gardens had not been risk assessed in relation the hazard of residents falling in the absence of handrails.

The inspector found the premises to be well maintained with suitable heating, lighting and ventilation. There was a full time maintenance officer on site. Once full resident capacity was reached it was proposed that the maintenance officer would be provided with additional support.

Judgement:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a complaints policy which had been updated since the last inspection to include a nominated independent appeals person available to ensure that complaints were appropriately responded to.

The inspector reviewed the complaints log and there had three recorded complaints since the previous inspection which had been managed in accordance with the policy.

Judgement:

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector reviewed the staffing levels. Currently there was 24 hour nursing cover with one nurse and at least one nurse manager Monday to Friday from 08:00hrs until 18.00hrs. There was generally only one nurse on day duty at the weekend with nurse managers on call at all times. Nursing staff were supported by seven healthcare assistants from 08:00hrs until 15:00hrs and then by five healthcare assistants from 15:00 to 21:30 hrs. Night duty consisted of one nurse and two healthcare assistants from 21:30hrs to 08:00 hrs.

When the resident numbers increase between 36 to 40 it was proposed to have two nurses from 08:00 hrs and 23:00hrs. Nursing levels would increase to two registered nurses 24 hours per day once the resident numbers were at 40. It was proposed also to increase the numbers of healthcare assistants and maintain the current ratio of 1 healthcare assistant to five residents up from 08:00hrs to 14:00hrs and a ratio 1 healthcare assistant to seven residents up from 14:00hrs to 23:00hrs.

As mentioned in more detail throughout this report further additional staff were to be recruited in cleaning, laundry, activities and maintenance. In addition the centre was in the process of recruiting an accommodation manager who would supervise these clinical support services.

Newly recruited staff outlined to the inspector that the induction process was robust, with good support and supervision. All staff had completed mandatory fire prevention training, prevention and responding to elder abuse training and manual handling training.

Judgement:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beechwood Nursing Home
Centre ID:	ORG-0000199
Date of inspection:	20/06/2014
Date of response:	02/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:

Fire doors in residents' rooms were observed to be held open with wedges.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

All doors in the older section of the home are now being fitted with new automatic release mechanisms similar to the ones in the new extension which will close when the fire alarm activates. This system allows doors to be left open on the automatic restrainers at different stages if necessary. All staff have been instructed never to use a

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

door wedge.

Proposed Timescale: 04/07/2014

Theme:

Safe Care and Support

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

The signage for the emergency exits was partially obscured by light shades.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

The hanging lights in all corridors have been raised to allow clear views of the emergency signage.

Proposed Timescale: 02/07/2014

Theme:

Safe Care and Support

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

Fire extinguishers were not available in the newer part of the building.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The new extension has been fully fitted out with the required fire extinguishers.

Proposed Timescale: 24/06/2014

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:

Sluice room was not fitted out on the day of inspection.

Action Required:

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

Awaiting delivery of a new bedpan washer & associated equipment.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

Access to these gardens had not been risk assessed in relation the hazard of residents falling in the absence of handrails.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Hand rails will be provided in the inner garden areas to ensure the safety of residents.

Proposed Timescale: 31/07/2014

Theme:

Effective Care and Support

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

A risk assessment had not been undertaken in relation to the provision of a call bell in two sitting areas.

Action Required:

Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

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

The two small sitting areas on the new corridor have been fitted with call bells.

Proposed Timescale: 02/07/2014