<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Beechtree Nursing Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000116</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Murragh, Oldtown, Co. Dublin.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 843 3634</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@beechtree.ie">info@beechtree.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Beechtree Healthcare Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Nuala Walsh</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Leone Ewings</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>50</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>3</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 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: 03 July 2014 10:00  
To: 03 July 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This was an announced inspection which took place over one day and was for the purpose of monitoring and informing an application to renew the registration of Beechtree Nursing Home. The provider had applied for registration for 53 places. This report sets out the findings of the inspection and areas for improvements. The provider had also submitted self assessment documentation and information relating to Outcomes 14 end of life care, and Outcome 15 food and nutrition which was reviewed and considered as part of the overall inspection.

The inspector found that the provider met the requirements of 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 to a high standard.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place. The inspector acknowledged a substantial amount of preparation and ongoing work has taken place in preparation for renewal of registration.

The centre was purpose built in 2004 as a designated centre for older persons. There are two directors, one of whom works full-time at the centre. Nuala Walsh is the nominated person on behalf of the provider. The person in charge is Claire Reynolds and she was in charge at the time of the last registration. They are supported in their role by a catering, nursing, care, administrative, maintenance, household and laundry staff.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day with activity and diversional therapies available.

Residents were consulted about the operation of the centre and there was an active residents’ committee. Residents and relatives knew the management on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety and quality of life of residents. A robust risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse and other relevant areas. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations.

Areas for improvement identified included the documentation of the risk assessment of any restraint, and updating of the policy informing and guiding staff in the use of any form of restraint at the centre.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
**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 provider was found to be in full compliance with this outcome. The inspector reviewed the statement of purpose dated July 2014 (version 6) and found the detailed document was informative and easy to follow and clear in how it was presented. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Compliant

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**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 inspector found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge worked closely with the provider nominee who also worked at the centre on a full time basis. Management systems were in place to ensure that the
service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned. For example, the provider informed the inspector that additional fire blankets had been provided in April 2014 to the two outdoor smoking areas in the courtyard. The management roles and responsibilities were clearly defined, the inspector saw ongoing evidence of audit and review of practice, evident from this inspection and previous monitoring events. During the inspection the management team demonstrated effective communication and provision of information and records requested.

There was a robust system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from the monitoring review and any feedback received. There was evidence of consultation with residents and their representatives and actively working on any feedback received from residents and relatives. For example, some clothing had been mislaid and systems had been reviewed to ensure that clothing is appropriately marked and returned by the laundry staff.

Relatives and residents confirmed that they could easily identify with the management team, and both the provider nominee and person in charge or her deputy were visible at the centre on a daily basis.

A high standard of audit and review of service provision and a commitment to quality service was seen being delivered in a person centred manner. The inspector reviewed three monthly quality assurance audits and found that all aspects of care were reviewed including quality of life, environment, information and involvement, medication, the lived experience, staffing and training and quality management. For example, the catering manager undertook individual audit on satisfaction with the catering service and acted on individual requirements to promote satisfaction with food service provision. The standard of clinical audit was found to be detailed. The medication safety as outlined in Outcome 9 was reviewed by the person in charge and found to be monitored to a high standard. The provider and person in charge had sufficient resources, and competent staff in place for 53 residents at the centre in line with the application to renew the registration of the Designated Centre.

**Judgment:**
Compliant

### 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:**
The inspector found that the provider and person in charge had in place adequate provision of information for residents at the centre, and were compliant with this Outcome. The resident’s guide was detailed and contained a copy of the last inspection report and a summary of the statement of purpose. Additionally a resident newsletter, notice boards and information leaflets were available for residents and relatives.

Each resident had in place a detailed contract of care dealing with the care and welfare of the resident at the centre which provided detail on the services to be provided and associated fees. The inspector reviewed a sample of the signed contracts of care and a copy of the current contract. Written contracts were agreed on admission. Additional fees were clearly stated, for example, hairdressing, physiotherapy, newspapers and dry cleaning. Laundry was charged for if the resident was not funded by the Nursing Homes Support Scheme.

**Judgment:**
Compliant

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**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

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

**Findings:**
There was an experienced person in charge of the designated centre. Claire Reynolds is qualified in the care of the older person having worked in this area for fifteen years. She has a degree in nursing, and additional qualifications in health and safety, management, gerontology and mental health. The person in charge demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and her statutory responsibilities. She was supported by a clinical nurse manager and has line management responsibilities for the nursing and care staff, catering and activity staff.

The person in charge was engaged in the governance, operational management of the designated centre on a full time basis, and reports to the provider. Residents identified the person in charge, as someone who they could speak to on a daily basis and if there were any issues or feedback which needed to be addressed. Staff were provided with adequate leadership and guidance on a consistent basis.

The inspector found that the person in charge was competent to take charge of the
service, well supported by the provider and demonstrated a high standard of governance during the inspection. She was friendly and knowledgeable in relation to each resident and their relatives. She had completed the appropriate notifications since the last inspection and was aware of the changes in the legislation and kept herself up to date.

**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):**
No actions were required from the previous inspection.

**Findings:**
Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Nursing and clinical records were maintained on an electronic record keeping system and records reviewed were found to be person centred and accurate. Overall nursing and care records were found to be completed to a high standard. However, some improvements were required in relation to the record in place informing the decision-making process to implement any form of restraint, and the policy which guided practice. The inspector found that documentation was maintained to a high standard and the risk register had been completed by the person in charge with regard to restraint.

Of the records reviewed the inspector noted that one resident did not have a restraint risk assessment in place which was required by the centre’s own policy on the use of restraint. However, the inspector was satisfied that the resident had not been adversely affected by the decision to use this form of restraint and the person in charge confirmed it was a short term/time limited measure whilst specialist review was sought by the person in charge. The person in charge undertook to address this matter at the time of the inspection.

The inspector reviewed the policy on the use of restraint, and found overall it supported
and guided staff on the appropriate and safe use of restraint at the centre. However, the policy required updating to be fully in accordance with the national policy on restraint as published by the Department of Health.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors. The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres) 2013.

**Judgment:**
Non Compliant - Minor

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**Outcome 06: Absence of the Person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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 inspector formed the view that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. The provider also a registered nurse took charge of the centre when the person in charge was absent or on leave, she was supported by the clinical nurse manager.

The clinical nurse manager had been in her current post since January 2014 and has the relevant information, experience and references were confirmed during an interview with her during the inspection. She was appropriately qualified as a general nurse and had evidence of professional development and had worked at the centre since 2005. She demonstrated a person centred approach and had detailed knowledge of each resident at the centre and was also involved in audit and review practices.

At the time of the inspection the person in charge had not been absent for more than 28 days which required notification to the Authority.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that...
challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Notifications to the Authority were reviewed and followed up at the time of the inspection and the provider and person in charge had addressed and documented allegations in a full and robust manner to safeguard all residents.

Residents spoken to and those who had completed the Authority’s questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells. The inspector found that in practice the provider was not involved with acting as an agent for pensions, and only small sums of money were placed with the provider for safe keeping. There adequate were systems in place to safe guard resident’s personal property. The policy in place guided the practice of staff in relation to resident's property.

There was a policy on and procedures for managing behaviours that challenge. Staff had appropriate skills to respond to and manage this behaviour. The inspector reviewed the records of residents and found that each episode of behaviour was documented, including the antecedent, behaviour and consequence. Residents care plans would guide care delivery. There was evidence that the General Practitioner (GP) and Psychiatric services were involved in the care as required. The use of restraint was in line with the national policy on restraint. The rationale for use of any form of restraint was documented, and the restraint register was reviewed monthly by the person in charge. There was a system in place to monitor all residents using restraint and this was well supervised in practice. However, the inspector found that with regard to the use of a physical and chemical restraint this was not found to be fully documented with regard to completion of the risk assessment required by the centre's own policy. The inspector was satisfied that the temporary measure in place was being kept under close review and specialist referral for review had taken place. There were no adverse effects to any resident at the centre. The person in charge confirmed she would take action following the inspection to address the outstanding written risk assessment, and update the policy on the use of restraint to maintain a closer alignment of practices to the National policy. The use of any specialist techniques planned for further to any training should also be included in the policy to clearly inform and guide staff in this area.
The action plan associated with the improvements required to record keeping is found in Outcome 5.

**Judgment:**
Compliant

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**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 inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector reviewed the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. Details of the emergency plan were reviewed and discussed with the provider and staff. The emergency plan provided sufficient guidance to staff on the procedures to follow in the event of any emergency.

A health and safety meeting took place every 4-6 weeks and the minutes of the last meeting were reviewed by the inspector. All environmental issues which were identified on a daily basis were recorded and discussed at the management meeting. There was a health and safety statement in place which had been reviewed in January 2014 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. Measures were in place to prevent accidents and facilitate residents’ mobility, including suitable flooring bathrooms and toilets. The last health and safety audit was completed in February 2014.

Written confirmation from a competent person that of all requirements of the statutory fire authority was submitted to the Authority prior to the inspection. The inspector found that overall fire safety was well managed. The inspector 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 to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

The inspector viewed the fire records which showed that fire equipment had also been regularly serviced. The monitored fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection.
There was a robust system whereby staff checked fire exits daily and this was documented. Records of all fire practices were well maintained.

All staff had been trained in moving and handling and appropriate practices were observed by the inspector. Sufficient equipment was in place to meet the assessed needs of all the residents relating to moving and handling requirements.

The inspector found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**
Compliant

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**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 inspector was satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a high standard.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and review in the centre. Competency assessments were also completed with new nursing staff and on an ongoing basis by the person in charge. The inspector observed a medication round and found that medication was administered in line with the policy and best practice.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The stock balance was checked and signed by two nurses at the change of each shift.

Detailed medication audits were completed by the person in charge or her deputy to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to
minimise the risk of future incidents. Findings were discussed at nurses meetings. For example, one issue raised regarding a respite admission was investigated and practice reviewed relating to how medication was accounted for and recorded for short term admissions to the centre. Medication administration times were co-ordinated to protect the mealtime experience for residents.

There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training, further to a review of records.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
The inspector was satisfied that residents' healthcare needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available as required. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and reviews were written up in the residents’ notes.

The inspector reviewed a sample of residents’ files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector. A small number of residents were exhibiting behaviours that challenge and detailed care plans were in place to assist staff and the person in charge had an in depth knowledge of each residents behaviours and any potential triggers for behaviour and diversional therapies which worked well for each resident.

Falls Management
The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was a policy in place on falls prevention to guide staff which was reflective of practice observed. Neurological observations were completed when residents sustained an unwitnessed fall.

Restraint Management
Overall the inspector found that there was an emphasis on reducing the use of restraint. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives tried and measures available to reduce any requirement. However, improvements in the documentation around the policy and the documentation on use of restrictive practices required improvements as outlined in Outcome 5 of this report.

Wound
There were no pressure ulcers in the centre. The inspector read the care plans of a resident with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was this used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Nutrition
There were policies on nutrition and hydration which were being adhered to and
| supported good practices. This is further referenced under Outcome 15. |
| Judgment: |
| Compliant |

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The premises were purpose built in 2004 and resident accommodation for 53 people is on the ground floor. The designated centre is located in a rural setting in Oldtown, proximal to Ballyboughal village. The main building is accessed from the road down an avenue and electric gates are in place for security. Access to the building is controlled and all visitors are asked to sign in and undertake hand hygiene. The design and layout of the premises is suitable for the stated purpose as outlined in the Statement of Purpose. There were adequate toilet, shower and bathroom facilities for resident use.

The rooms are as follows and were extensively reviewed on the last registration inspection:

- 11 single bedrooms with full en-suite shower facility
- 4 twin bedrooms with wash hand basin
- 17 twin bedrooms with full en-suite facilities

The inspector noted that the standard of maintenance, painting and decorating was good and there was an ongoing maintenance programme in place. There was adequate lighting, ventilation and heating in place throughout the building.

The laundry facilities were reviewed and found to be adequate and located in a separate service corridor and well equipped with appropriate washing and drying machines and facilities to iron linens and clothing. Hot water was thermostatically controlled to wash hand basins and shower/bath facilities, and the hairdressing room.

Storage facilities were adequate and corridors opened out to a large outdoor courtyard space which residents were seen enjoying activity, and using the outdoor smoking shelters in place. Seating and raised beds were in place for planting and garden activities.
The kitchen was adequate size in relation to numbers of residents at the centre. The inspector reviewed the last environmental health inspection report and the response from the provider which was satisfactory.

The premises were found to be in compliance with the requirements of the Health Act (2007).

**Judgment:**
Compliant

### Outcome 13: Complaints procedures

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

**Theme:**
Person-centred care and support

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

**Findings:**

Complaints were well managed, and the person in charge was the nominated complaints officer. The complaint’s policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display at the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. There were no written complaints since the previous inspection. The provider and person in charge had dealt with four issues raised verbally since the last inspection and a record of the resolution had been maintained and reviewed by the independent reviewer at management meetings. Residents and relatives were aware of the name of provider and person in charge and spoke about how they were so approachable.

**Judgment:**
Compliant

### Outcome 14: End of Life Care

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.

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. The provider and person in charge had attended meetings held by the Authority relating to self assessment and thematic inspection of end-of-life-care. The self assessment submitted formed part of the pre-inspection review and informed the registration inspection.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by the inspector. The person in charge had not identified any area for improvement in the self assessment. The person in charge informed the inspector that care plans were in place and reviewed to ensure they met the changing needs of residents.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. The majority of residents resided in twin rooms, but access to a single room could be facilitated should the need arise.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that staff had received training in end-of-life care in 2013 and 2014 and further training was planned.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family.

Mass and service from other religious denominations took place weekly. The oratory space was utilised as a quiet space and also used for relaxation and one to one activity.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. Residents were invited to sit and pray if appropriate.

Appropriate bags were used to handover personal possessions. All returned property was documented and signed in the property checklist.
Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process. Residents' wishes were facilitated.

Judgment:
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:
Overall food was provided in quantities adequate for residents needs. Menus were reviewed and food options gave choice and were based on feedback from residents and inputs and review from the dietician. The self assessment for nutrition was submitted prior to the inspection and reviewed by the inspector. There were no areas for improvement identified.

The main dining space was attractively decorated, and well ventilated, with space to move wheelchairs and mobility aids between the tables. The inspector observed the lunch time main meal and tea time and found that food was attractively presented and very much a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was moulded and presently separately on the plate. Regular fluids were provided during the day and with meals. Portion sizes were appropriate and second helpings were offered. All residents expressed satisfaction with their meals to the inspector on the day of the inspection.

The inspector spent time in the dining room and visited residents who also chose to eat the main meal in their bedrooms and found that the dining experience was dignified, pleasant and relaxed for the residents. A small group of resident ate their meals in the communal day space where a table was also appropriately set for use. The inspector observed staff seated beside residents assisting them with a meal and assisting one resident at a time with their meal. The meal time provided opportunity for social interaction between staff, residents and relatives.

Relevant information pertinent to the meal time was in place and was reviewed monthly by the catering manager and person in charge. The inspector met with the chef who
demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, a variety of snacks, such as smoothies, scones and fruit were available.

Inspectors found that weight records showed that residents’ weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and speech and language (SALT) review. The treatment plans for residents was recorded in the residents’ records. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However staff provided fortified meals as a first choice as individually required.

**Judgment:**
Compliant

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**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:**
The inspector was satisfied that staff treated residents with respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged.

There was a residents’ forum within the centre, the last minutes reviewed by the inspector indicated it had been chaired by the activities co-ordinator. Many residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, provider or any staff member. The person in charge and all staff were seen to interact well with residents during the inspection. The person in charge told the inspector that any issues raised by residents for example, in relation to food were addressed by the catering manager.
Residents had access to independent advocacy services, the volunteer advocate met with residents regularly and any issues raised were discussed with the person in charge.

 Relatives said if they had any query it was addressed immediately. They also said they were kept up to date on their family status and any changes.

 The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the time they got up. Residents had voted in the recent election.

 The inspector noted that televisions and telephone phone had been provided in residents’ bedrooms. Residents had access to newspapers daily and the activity staff read sections of the paper to residents relating to current affairs.

 Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences every day at the centre with a colourful programme on view. There were two activity staff employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were being provided throughout the centre. The hairdresser visited weekly. Residents commented they enjoyed the experience. There was evidence that residents engaged in activities such as music, SONAS (a therapeutic programme specifically for residents with dementia), exercises, quizzes and hand massage. Social care assessments were in place in respect of all residents and residents had care plans to guide the social care services delivered.

 **Judgment:**
 Compliant

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<thead>
<tr>
<th>Outcome 17: Residents' clothing and personal property and possessions</th>
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<tbody>
<tr>
<td>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.</td>
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<td>Person-centred care and support</td>
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<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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<th>Findings:</th>
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<tr>
<td>Residents could have their laundry attended to within the centre. The inspector spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines. Additional charges were in place for those not resident</td>
</tr>
</tbody>
</table>
under the Nursing Homes Support Scheme and this was outlined in the contract of care. A small number of resident’s relatives took the laundry home to complete and were happy with the current arrangements.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents’ property in line with the Regulations and a list of residents’ property was maintained.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
The inspector found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by the person in charge and provider.

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector found that there were procedures in place for constant supervision of residents in the communal areas.

Staffing and recruitment were closely reviewed on the last monitoring event, and a sample of staff files were examined, including a newly appointed member of staff on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Administrative supports were in place to assist the provider and person in charge.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, infection control, pain management, dysphagia, and
the use of the malnutrition universal screening tool.

A training plan for 2014 was shown to the inspector, the plan included training in managing residents with challenging behaviour. All care assistants except one had completed Fetac Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents. Training was provided for staff in areas such as medication management, fire safety and managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

The provider had ensured that volunteers were vetted appropriate to their role.

Staff told the inspector there were open informal and formal communication within the centre. The inspector found that there were formal arrangements to discuss issues and residents needs as they arose, at nurses meetings and staff meetings held regularly. Clinical governance meetings were taking place on a regular basis, and fed into the management meetings.

While nurses provided adequate supervision of staff and residents on a daily basis. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre.

The provider and person in charge had an established appraisal system in place for all staff. Staff were formally supervised on a six monthly basis.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

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

**Report Compiled by:**

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on the use of restraint required update and review to fully reflect practice at the designated centre, and in accordance with national policy.

Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Policy on the use of Restraint has been revised and updated in accordance with the national policy. A copy of this revised Policy is being included along with the Action

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

**Proposed Timescale:** 28/07/2014

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Schedule 3 records relating to risk assessment for the use of restraint were not completed in full relating to the actions taken further to a statutory notification.

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Physical and chemical restraint risk assessments for the resident mentioned are now completed in full.

**Proposed Timescale:** 28/07/2014