**Centre name:** Beach Hill Manor

**Centre ID:** OSV-0000320

**Centre address:** Lisfannon, Fahan, Co. Donegal.

**Telephone number:** 074 93 20300

**Email address:** beachhillmanor@brindleyhealthcare.ie

**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990

**Registered provider:** The Brindley Manor Federation of Nursing Homes

**Provider Nominee:** Amanda Torrens

**Lead inspector:** Geraldine Jolley

**Support inspector(s):** Damien Woods;

**Type of inspection** Unannounced

**Number of residents on the date of inspection:** 35

**Number of vacancies on the date of inspection:** 13
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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From:</th>
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<td>08 October 2014 11:00</td>
<td>08 October 2014 18:30</td>
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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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<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused mainly on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for thematic inspections providers and persons in charge had the opportunity to attend an information seminar and had completed self-assessments that indicated compliance in relation to both outcomes. The inspector reviewed the policies relevant to the two outcomes and analysed surveys that relatives had submitted to the Authority. During the inspection the inspector talked to residents, visitors and staff. The delivery of care and the service of two meals, the midday lunch and tea time were observed. Documents such as care plans, training records and staff duty rotas were reviewed to determine compliance with the two outcomes.

Residents expressed satisfaction with the care they experienced in Beach Hill Manor and were positive about how staff consulted with them in relation to their personal care, menus, food preferences, their day to day care and future care needs. Residents described the food as “very tasty and the staff will offer you something else if you don't like what is on the menu”, “there is a variety” and two residents said they were particular about the size of portions and staff always remembered this preference when serving food. They also said the catering and care staff were helpful and ensured that they were assisted to the dining room and made comfortable before meals.
There were systems in place to assess, manage and monitor risks which in the context of the outcomes examined included the assessment and management of residents with low weights and unintentional weight loss, swallowing problems, pressure area risks, respiratory problems and changing health care conditions. Specialist dietary needs were accommodated and catering and care staff could describe these in detail when interviewed by the inspector. Factors such weight changes were identified and monitored and the inspector noted that specialist referrals were made to allied health professionals for advice and guidance. The person in charge and provider were ensuring that staff had appropriate training in nutrition management and end-of-life care and there was an ongoing training schedule in place. The inspector noted that staff were appropriately supervised and that there was discussion on day to day issues relevant to residents’ care at handovers and at other times during the day. There was evidence of ongoing quality improvements to the service and facilities and there was an audit programme in place. Residents said they were consulted and gave examples of this which included changes to the dining room and to the activity programme which they said was reviewed periodically.

Care at end of life and ensuring that residents’ wishes were determined in respect of their care at this time was a high priority and overall was found to be addressed to a satisfactory standard. The inspector found that staff were knowledgeable about end of life care. They said that comfort and support to the resident and family was a priority and other factors that contributed to quality care and comfort at this time included appropriate pain relief, knowing residents’ choices and wishes, being vigilant and monitoring closely changes in health and ensuring that relatives were informed and included in decisions. Their comments reflected that care was delivered in a holistic way that included meeting spiritual care needs, providing empathy, personal contact and knowledge of resident’s wishes. Relatives who returned information to the Authority prior to the inspection confirmed that the care provided at this time was appropriate and they were welcomed and facilitated to remain with their relative for as long as they wished. A number of staff had relevant training in end-of-life care.

The inspector found that the centre was well organised with an appropriate skill mix of staff available to provide care to residents and ensure the smooth operation of the service. Residents told the inspector that they were well cared for and that staff encouraged them to be as independent as possible. There were many positive interactions between staff and residents noted during this inspection and the inspector observed staff caring for residents in a respectful manner that ensured their dignity.

There were 35 residents accommodated during this inspection and the inspector noted that the majority were in the high dependent care categories and had complex care needs. Twenty nine were assessed as having maximum or high dependency care needs, 60% had problems associated with dementia and all had a minimum of three medical conditions or a combination of medical and mental health problems.
The inspector found that staff were working towards full 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 in relation to both outcomes. The last inspection of the centre was conducted on 22 October 2013 and this was an announced inspection for the purposes of registration renewal. Some of the action plans outlined in the report of that inspection were reviewed. These included actions in relation to the statement of purpose, medication management, end of life care and food and nutrition. The majority of these actions had been addressed. There were some minor non-compliances identified during this inspection in relation to the policy that outlined end-of-life care procedures. This would benefit from information to guide staff on the indicators for referral to the palliative care team to ensure best practice standards were adhered to and to provide effective guidance for staff. The inspector noted that there was one main dish prepared at meal times and while the menu was displayed and residents were offered choice if they did not like the option on offer many residents who had had dementia care needs may be unable to express their views. The inspector concluded that communication supports in accordance with evidence based dementia care practice would offer residents more meaningful choices.
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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
An action plan in the last report required that the statement of purpose should describe the arrangements in place to fulfil the role of person in charge and the maximum number of persons that could be accommodated for day care. This action had been addressed and the revised statement of purpose had been submitted to the Authority prior to registration.

**Judgment:**
Compliant

### Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
At the last inspection the directory of residents did not include information on any authority that was responsible for the admission of residents. This action was found to have been addressed and this information was now included where applicable.
Some records were not appropriately secure as they were maintained in a loose leaf system. This matter had also been addressed and the records examined during this inspection were secure and stored in an appropriately secure manner.

**Judgment:**
Compliant

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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 designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The absence of one of the directors of nursing (who shared the role of person in charge) at the end of 2013 and beginning of 2014 was notified as required to the Authority. The interim management arrangements were outlined and since then the remaining director of nursing has taken over this role and a new deputy to support the management structure had been recruited.

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

**Findings:**
The inspector found that the centre was visibly clean, well organised and free from hazards. Areas of risk associated with care practice such as moving and handling, falls, the use of restraint and nutrition were identified in the clinical risk register with the measures in place to control risks outlined in care records. All staff were up to date with moving and handling training and residents moving and handling assessments reflected their current needs, were reviewed at three month intervals or more frequently if their...
The inspector reviewed the actions taken to remedy deficits in the fire safety signage identified during the last inspection. The presence of steep ramps at fire exit doors was highlighted by caution notices near the exits to prevent accidents should an evacuation be necessary.

The fire safety arrangements included regular fire training and fire drills in accordance with legislation. Training was conducted in July, August and September and all except one staff who had been employed the week prior to the inspection had received training according to the records presented. There was a system for regular fire drills and the times of the drill, number of staff available and the time taken to respond to the alarm were recorded however there was no detail on what staff actually did, if residents were involved or if any problems were encountered. The inspector concluded that the system for recording fire drills could be improved to include the process of the fire drill and any problems encountered to ensure the drills provide appropriate learning for staff. The fire alarm was tested weekly and this was recorded. Fire exits were noted to be free of obstructions, were checked daily and the fire assembly point in the grounds was known to staff.

**Judgment:**
Non Compliant - Minor

### Outcome 09: Medication Management

> Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
The medication management systems were reviewed. Residents who required nutrition supplements had these prescribed and the inspector noted that administration reflected the prescriber’s instructions.

An action plan in the last report described improvements that were required to ensure compliance with regulatory requirements. These included improvements to transcribing practices, controlled drug prescriptions and reviews of medication. These actions had been addressed. Transcribed medication was now signed by two nurses and there was a doctor’s signature for each individual medication. Medication that had to be administered crushed was prescribed in this format and there was a list of items not appropriate for crushing available for nurses. A system had been put in place to ensure the three month required review of medication took place and staff reported that the pharmacy service provided advice and guidance on medication management.
The inspector noted that a new staff nurse who was on induction had been provided with photographs and names of residents separate to the photos on medication charts and had plenty of time allocated to become familiar with residents during medication administration rounds.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that the arrangements in place for end of life care ensured that residents were appropriately cared for and their needs were effectively met. There was an action plan in the last report in respect of the information available to guide staff. The end-of-life care policy in place addressed the deficits and was readily accessible for staff to consult. The policy included information on a range of topics relevant to the management of life care and included care planning, the inclusion of resident's wishes and choices concerning their end-of-life care and how this information was to be recorded, implemented and reviewed on a regular basis with the resident. The policy was comprehensive and included information to guide staff through phases of end of life care including when end of life care became care of the dying. The support of the palliative care team was described however clinical factors that would prompt a referral to this service were not outlined to guide staff effectively.

The inspector reviewed a sample of care records and found that end of life care plans were available and outlined in good detail residents’ wishes or where they were unable to contribute to the care plan the views of family members were included in some instances. The person in charge told the inspector that staff were committed to ensuring this information is recorded for all residents as recent experience had demonstrated that residents and relatives welcomed the opportunity to talk about their needs and wishes at end of life however it was sometimes difficult to approach this topic when residents had severe cognitive impairments or mental health problems. Some end of life care plans had not been fully completed for this reason. Training was being provided to ensure that staff had the skills and confidence to approach this topic with residents and three nurses had a substantive qualification in end of life care. Training for other staff on this topic had been identified as necessary following the self assessment and was ongoing according to the person in charge.
There were no residents in receipt of active end of life care when this inspection was undertaken.

The inspector noted in care records that where residents had conditions that were progressive the potential for deterioration had been discussed with family members and in some cases resuscitation status had been established based on medical opinion and residents’ own views of how they wished to be cared for should a deterioration become evident. In other records the inspector noted that residents had indicated that they wished to have all appropriate medical interventions should their health deteriorate.

Guidelines to staff on how to care for a deceased resident including the procedures for supporting the family, referral to the coroner and bereavement supports were outlined in a clear manner. However, the policy did not include guidance for nurses on the verification of death in accordance with An Bord Altranais guidelines. The policy was supplemented by a check-list that outlined additional actions that outlined how staff and residents are informed about a death and how they are enabled to pay their respects and supported at this time. All staff spoken to by the inspector were knowledgeable about how to physically care for a resident at end of life and were aware of the procedures in place for the care of the body and removal to the undertakers. A number of good practices were described by staff and these included a review and reflection on the end of life care that had been provided, what went well, what could have been improved and what could be done differently. This was done according to staff to ensure learning for the future and to improve practice. Staff also said that they informally supported one another and ensured that other residents had time to talk and reflect particularly when they had a close relationship with the resident.

The centre had good facilities for end of life care. There are 34 single and 7 double bedrooms all with full en suite facilities of shower, toilet and wash hand basins. All rooms meet the minimum size requirement outlined in the National Quality Standards for Residential Care Settings for Older People. Staff said that providing a single room for end of life care had not presented a problem as the majority of rooms are used for single occupancy at present. Overnight accommodation for relatives was available and there was a designated visitor’s room that was comfortably furnished. Relatives were encouraged to remain with relatives approaching death. They are always offered meals and refreshments. Families are informed that they can choose to pack personal possessions themselves or have staff do this for them. Staff said they do not put pressure on family members to remove belongings but wait until they feel they can undertake this task.

Eight questionnaires forwarded to the Authority by relatives were very complementary of the support from nursing and care staff and indicated that the care and attention that they and their relative received at the time of death was of a very high standard and met their needs appropriately. One relative commented that “Staff balanced the care needs of the resident and the family need for emotional support very well”. Another said that “they could spend as much time as they wished” in the centre and also said that “everyone was treated with dignity and respect”. The self assessment forwarded to the Authority by the person in charge indicated that fourteen residents were transferred to the acute services within the last two years and all transfers were made to address acute care problems. Nineteen deaths took place and fourteen of these occurred in the
Residents had choice as to their place of death including the option of returning home and the person in charge said that supports would be explored and put in place to facilitate this if this was the residents wish. Staff were aware of residents’ rights to refuse treatment and where relevant this was recorded.

Religious and cultural practices were identified and facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a range of religious denominations visited to provide spiritual care. Information to guide staff on the care of residents of different denominations was not included in the centre's policy however the beliefs, faiths and religious practices of residents were included in care records and adhered to by staff. The inspector saw how the specific wishes of residents of different faiths had been documented and was well known to staff. This included the arrangements immediately following death and for memorial services.

Documentation of deceased and current residents indicated that residents had timely access to the general practitioner (GP) and out of hours medical services. There was evidence of ongoing medical and nursing review and assessment and evidence of family/next of kin involvement in decisions that were made. There was information that each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. The specialist palliative care team, where appropriate, was involved in residents' end-of-life care and it was evident that advice provided regarding medication, pain relief and comfort was followed. The discussions that took place with family members when residents were critically ill or near end of life and the emotional support provided by staff was documented clearly in daily nursing records.

**Judgment:**
Non Compliant - Minor

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**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):**

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

**Findings:**

The centre had a range of procedures and measures in place to ensure that the nutrition needs of residents were met and to ensure that residents who were vulnerable received appropriate nutrition to maintain their well being. There was a food and nutrition policy in place to guide practice. The policy provided detailed guidance to staff on nutrition assessment and management and prompted staff to take action when residents were
assessed as vulnerable. Staff members that the inspector talked to were aware of the policy and guidance on nutrition. They were aware of indicators of risk such as nutrition screening scores and unintentional weight loss and could describe measures such as food fortification and food supplements put in place to alleviate such risks. Residents who required food in a particular consistency to address swallowing problems had this information outlined in care plans and this information was shared among the staff team carers told the inspector. Training on nutrition and related aspects such as dysphasia management had been provided for staff in 2012, 2013 and 2014 and all nurses, care and catering staff had been included.

Residents and visitors told the inspector that the quality of food provided was good and that there was a variety of food and meal options available each day. The catering staff described the planned menu which rotated seasonally and which was altered based on particular preferences expressed by the resident group. The inspector was told that food was cooked on the premises and there was an emphasis on home cooking and home baking.

The inspector reviewed the menu with catering staff and discussed the options available to residents including residents who required special diets. There were four residents on low fat diets, eight on diabetic regimes, seven required food to be fortified and a further four had fortified foods and additional food supplements. Care plans reviewed provided information on nutrition needs and described residents’ responses to the treatment plans in place. For example the inspector saw that two care records described the assistance required at meal times, how the residents had responded to the enriched diets and the weight monitoring records that reflected improvement in nutrition status. Assessments were noted to inform care plans and reviews outlined the care and monitoring arrangements in place. There was good access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was ongoing monitoring of residents nutrition and hydration needs, skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at three-monthly intervals and more frequently if health problems arose. Care needs identified had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed and care recommendations from visiting allied health professionals. Staff monitored the food and fluid intake of residents who required assistance with their meals and where risk such as unintentional weight loss was identified there was a monitoring system put in place for three days and the records of food and fluid intake was used to inform referrals to dietician and speech and language therapy services in accordance with the centre’s policy on nutrition.

The inspector observed the service of the midday and evening meals and afternoon tea. At midday there were two sittings to enable residents to sit together in comfort and the inspector noted that there was plenty of time allowed for each sitting. Staff said that this arrangement had been put in place to ensure that adequate time was allowed to provide the assistance that some needed and to enable them to prompt and support residents who could manage independently but who needed longer time to do this. The food served was attractively presented and portions were varied according to residents’ personal choices. Residents were reminded of the main dish and shown this by carers and were offered a choice if they did not like what was on offer. The menu was displayed at the entrance to the dining room. Residents’ food likes and dislikes were
recorded for catering staff and meals served reflected their preferences and any dietary restrictions. The inspector noted that food that was served in alternative formats such as pureed was attractively presented and reflected the menu of the day.

The centre had an attractive dining room that was used by the majority of residents at meal times. There was sufficient space between tables for residents to get around in comfort if using walking frames or other mobility aids. Tables were laid appealingly with tablecloths and flower arrangements which contributed to the dining experience. Small groups of four sat at each table which supported social interaction. The inspector saw that there was several staff available to assist at mealtimes. They were observed to sit with residents who required assistance, talked to them and reminded them what food they were eating and engaged in general conversation. Drinks were offered regularly throughout the meal and extra helpings were also offered by staff. Regular and protective napkins, plate guards and specialised cutlery were provided and occupational therapy advice and assessment to inform the use of such equipment was readily accessible. There was an emphasis on providing the support required and on promoting independence by encouraging residents to do as much as they could for themselves.

The inspector was told that there were foods to prepare snacks available when needed and these were offered between meals to some residents to ensure adequate calorie intake particularly where residents required fortified diets, where they could not eat a full meal and to eliminate long periods between meals. The choices available included yoghurt’s, a variety of home-made breads, scones and fruit. Staff had access to food supplies to prepare snacks for residents during the evening and night. Drinks, including water, juices and soft drinks were readily available. The catering staff could provide an informed overview of residents’ requirements and were present for the service of all main meals.

In consultation with nursing staff, family members were encouraged to come in and assist their relative at meal times and there was a regular arrangement for some relatives and residents to have meals together. Residents who chose to have their meals in bed or at their bedside were appropriately assisted and received their meal in a timely manner. Two residents told the inspector that they “could arrange to have their meals in their rooms and could change their mind, staff were always accommodating to their requests”. The inspector found that the dining experiences met the needs of residents, contributed to overall quality of life and ensured the nutrition need of residents were met appropriately.

An action plan in the last report highlighted that there was one main dish prepared at meal times which did not offer residents a meaningful choice and required that a choice was offered at meal times. The inspector found that while there continued to be one main dish offered that choices were made available as catering and care staff were familiar with residents’ preferences and ensured that they were offered dishes of their choice. The chef described the options she made available and that choice was offered, but the options offered on the menu required improvement to ensure that residents knew they could request alternatives.

**Judgment:**

Non Compliant - Minor
**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):**

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

**Findings:**

An action plan in the last report required that night staffing levels were kept under regular review as comments from residents and relatives had indicated that staff were very busy at night. The inspector reviewed the staff allocation through discussion with two residents, a relative, staff and an examination of the staff rota. There were no concerns expressed in relation to the availability of staff and while the numbers on duty at night were unchanged the person in charge and staff felt the allocation was appropriate for the number of residents currently accommodated. The person in charge said she reviewed staff deployment in the context of dependency, changes in health and the occupancy level.

**Judgment:**

Compliant

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**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:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Beach Hill Manor</th>
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<td>Centre ID:</td>
<td>OSV-0000320</td>
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<td>Date of inspection:</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

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<th>Safe care and support</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The system for recording fire drills required improvement to include the process of the fire drill and any problems encountered to ensure the drills provide appropriate learning for staff.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
A new system has been introduced and implemented to address the required improvements

Proposed Timescale: 14/11/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The role and support of the palliative care team was described in the end of life policy and procedures but clinical factors that would prompt a referral to this service were not outlined to guide staff effectively.

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

Please state the actions you have taken or are planning to take:
[1] A palliative care needs assessment guide has been added, as an appendix to our end of life policy (14/11/2014)  
[2] Staff training has been scheduled to assist clarity around the new guidelines (31/12/2014)

Proposed Timescale: 31/12/2014

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Choice was offered of main course but the options offered on the menu required improvement to ensure that residents knew they could request alternatives.
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<tr>
<td>Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.</td>
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**Please state the actions you have taken or are planning to take:**
Our Catering Manager’s Autumn menu displays photographs of meals on offer and reminders of alternatives available

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