Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Centre address:	Dunmurry East, Kildare Town, Kildare.
Telephone number:	045 534 000
Email address:	beechpark02@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Quesada Developments Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	5

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 August 2016 10:30	24 August 2016 17:30
25 August 2016 08:30	25 August 2016 16:30

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

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application made by the provider for renewal of registration. At the time of the last inspection the centre was in full compliance.

As part of the application for renewal of registration, the provider was requested to

submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory.

The fitness of the provider, the person in charge and general manager was assessed through an ongoing fit person process. All of the management team demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended), and the National Standards for Residential Care Settings for Older People in Ireland (2016) throughout the inspection process.

As part of the inspection practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought. Information in the form of notifications and other information brought to the attention of HIQA was also considered as part of the inspection process.

A number of residents' and relatives' questionnaires were given to the inspector during the inspection. Others had been submitted prior to this inspection and were also reviewed by the inspector. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, the responses were very complimentary about the manner in which staff delivered care, and good communication practices. The provider was open to feedback and had acted further to a resident's meeting. One of the issues raised by residents related to laundry services and return of laundry which was in the process of being addressed at the time of the inspection.

Residents' healthcare needs were generally well met and they had access to General Practitioner services within the centre. Evidence of good practice was found in all outcomes, with full compliance in eight outcomes. However, some improvements were found to be required with moderate non-compliance found in three outcomes in health and safety and risk management, safeguarding and resident's rights, dignity and consultation.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). Nine actions are the responsibility of the provider and seven are the responsibility of the person in charge.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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):
No actions were required from the previous inspection.

Findings:
A written statement of purpose dated 1 July 2016 was in place and this accurately detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements. The provider kept this document under review.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
Evidence was 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 identified the lines of authority and accountability as outlined in the statement of purpose.

The management team included the provider, the person in charge and the general manager. Both the provider and person in charge were in regular contact and met on a formal and informal basis. The general manager is responsible for catering and household services. The over arching governance in place was by the provider representative/director of the entity and two other named directors. The organisational and reporting structure in place was found to be adequate to meet the operational requirements of the centre.

The person in charge and general manager operated an on call roster. This ensured staff and the deputy manager could access, advice and any required management supports as required. A system of audit was in place supervised by the person in charge and evidenced of improvements in medicines management and re-commencing resident's meetings. A plan was in place to complete further audit and review of services provided for 2016.

An annual review of safety and quality of care was also was available. This report was reviewed by the inspector. It demonstrated inputs from residents in terms of any planned activity or improvements required to meet their needs. For example, improved activity and a review of laundry services on the foot of information given by residents in a resident's meeting. However, as outlined in this report some further areas required were identified for additional review and improvement to ensure a safe and effective service provision.

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:
Each resident had an agreed written contract which dealt with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided including laundry, meals, and housekeeping. Services which incurred additional fees were listed such as hairdressing, transport, newspapers, and prescription charges. Additional fees were now found to have been introduced and residents were charged an additional fee per annum for medical care, which was deducted on a monthly basis.

The written contract of care submitted for review did not contain the name and details

of the company entity as registered by HIQA. However, the name of the nominated person was found on each document. The activity programme was currently included under the monthly fee. However, the provider stated that this was currently under review.

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Information was on display regarding the complaints procedure, evacuation instructions, and contact details for advocacy services.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was knowledgeable regarding the requirements of the regulations and the Standards, and her statutory responsibilities. She had detailed knowledge of the health and support needs of the residents and was suitably skilled, experienced and qualified.

The person in charge was a registered nurse and she had maintained her continuing professional development. She had also completed a post-graduate degree in nursing management. She was currently undertaking a diploma course in human resource management.

The inspector confirmed that relatives and residents knew the person in charge well. All feedback received from resident and relative questionnaires, and on the day of inspection was positive.

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:
Records set out in part 6 of the regulations were available and kept in a secure place. The statement of purpose and residents' guide were complete and available. A copy of the insurance policy in place was viewed and found to meet the requirements of the Regulations.

The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date with records of admissions, discharges and transfers maintained.

General records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records. Planned rosters were in place in all units and an actual working rota was maintained. All of the operational policies and procedures as required by schedule 5 of the regulations were available and were reviewed within the three year time frame as required by the regulations. However, following a review of a sample of policies, some improvements were required in terms of a policy on the management of finances. A review of the safeguarding policy was also required to come in line with best practice.

All records listed in schedule 3 and schedule 4 of the regulations were maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in schedule 2.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had appropriate deputising arrangements in place to ensure adequate management of the centre during her absence. The nurse who deputises for the person in charge was on leave at the time of this inspection. However, she has been in this role since the time of the last inspection. Her involvement and work within the management team was evidenced by the provider. The general manager also had a key role within the management structure and also supported the person in charge and her deputy.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Staff had received training on the prevention of elder abuse and staff spoken to were clear on their roles and responsibilities in relation to reporting abuse. Staff were also generally knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented. In conversations with them, the inspector confirmed that residents felt safe and secure in the centre. Relatives also confirmed that they did not have any concerns for the safety of their loved ones. However, a staff member could not easily outline the types of abuse, when discussed with the inspector. The inspector found that further to a review of staff training records, some staff had not received an update for over three years, and in a smaller number of staff for over six years. The general manager confirmed that this training was planned for and would take place in early September 2016.

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were safeguarded. However, the procedures and safeguards in place, including the audit process in place had not formed part of the written policy, and were not fully in line with

the Standards.

The centre operated in a manner which ensured choice was available to residents. Some residents had requested to use bed rails and this option had been facilitated. However, some practices observed during the inspection did not fully promote and reflect the national policy on restraint in Towards a Restraint Free Environment in Nursing Homes (2011). The documentation and assessment of restraint was not found to be fully in line with national policy and alternatives were not documented prior to the use of any bed rails in the centre. The use of bed rails had increased since the last inspection. For example, on the last quarterly report there had been 24 bed rails in use. Alternative measures such as low-low beds, sensor mats and bed alarms were not always considered or evidenced in promoting a restraint free environment. Access to alternatives were not in place and always available, and staff had not received training on the assessment and management of restraint/restrictive practices.

A review of the resident's records and risk assessments confirmed that environmental restraints were not fully risk assessed. Residents' seating needs had not been fully met. For example, staff were observed to inappropriately tilt a resident in a tilted chair into a reclining position. The rationale for this was explained by staff was to prevent the resident falling forward and out of the tilted chair after eating their meal. However, observations by the inspector and a review of this residents' mobility care plans found that the individual seating requirements, and needs at mealtimes had not been reviewed by nursing staff as part of the assessed nursing care plan. The inspector found that no referral had been facilitated for assessment of seating for this resident. In addition a review of seating was required to ensure the comfort and freedom of the resident.

Two residents were observed to be seated in similar generic tilted chairs. The inspector discussed this observation with the person in charge at the time of the inspection. She arranged for referrals for occupational therapy with the GP on the second day of the inspection.

Judgment:
Non Compliant - Moderate

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 internal and external premises and grounds of the centre were safe and secure, and a register of visitors was available. All residents had access to a landscaped courtyard

garden, and external gardens all accommodation was on the ground floor and level.

The communal areas of the centre was found to be bright, well furnished and visibly clean and clutter free. Hand washing facilities and disinfectant hand-gels were readily available throughout the centre.

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers and the newly upgraded fire alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. A detailed list of all residents that identified their level of mobility and assistance required to evacuate was available, and this included their possible compliance with an evacuation process, and assistive equipment required. A smoking room was used regularly by three residents. This room was well ventilated, however, evidence of fire retardancy for soft furnishings in the smoking room was not available at the time of inspection.

Fire safety training was delivered within the previous 12 months, on days preceding the inspection. Some staff spoken to confirmed their attendance. Regular night staff had also attended. All staff were clear about what actions to take in the event of a fire alarm activation. The inspector was informed that the monitored fire alarm was activated on a regular basis and staff responded by checking the main fire panel in reception area. Staff spoken with were familiar with the principles of evacuation, and the zones. The inspector noted that some remedial works were required to the fire resistant doors in that some smoke seals had been varnished over and required repair.

The inspector found that practiced fire drills, that included simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets were not held. There was a policy around responding to emergency and evacuating the centre that identified the location of temporary accommodation for residents. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation notes of each resident. Evacuation drill had not been simulated at night with reduced night staffing on duty.

A policy was in place on the management of a missing person's incident, it was found that all staff were familiar with the procedure in place to manage such an incident. When asked, staff gave a response which fully reflected the emergency response plan in place in the centre. Senior management were on call for any such occasion and the manager's name was rostered each day.

There were appropriate arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated. The number and frequency of falls was found to be low.

A safety statement was in place which had been created in 2011 and updated this year. This risks identified in the safety statement had last been reviewed on a yearly basis.

Risk assessments were documented when required by the provider. However, some risks had not been identified or mitigated, for example windows were not restricted and long cords on the window blinds, which had not been secured increasing a risk of choking. Some areas of flooring required replacement and some inappropriate storage in the centre. The inspector found that staff had not received risk management training to support this role and responsibility. The person in charge confirmed that this had been planned and would take place in September.

A robust system which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. The number and frequency of falls was found to be low. However, a formal risk register had not been established which was regularly reviewed and updated as part of an overall clinical governance approach. There were arrangements in place to review accidents and incidents within the centre, and residents who had been identified as at high risk of falls, had a falls risk assessment completed after the falls and care plans were updated. However, the inspector noted that two separate types of falls risk tools were completed in each resident's record, whilst the policy only referred to staff using the Cannard falls risk tool. The person in charge had introduced and implemented a new system of staff identifying any resident at high risk of falls using a visual picture of a falling star found on some residents doors and rooms. Overall the governance and supervision systems were found to be in place to monitor residents at risk of falls, wandering or other negative interactions. These were reviewed on an ongoing basis. No residents at the time of the inspection were identified as requiring higher levels including one-to-one supervision.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector found that each resident was protected by the designated centre's policies and procedures for medication management.

There was a written medication policy which guided practice and administration practices. Practices observed by the inspector were generally of a good standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements. There were appropriate procedures for the handling and disposal of out of date medications, with appropriate records maintained.

The inspector viewed completed prescription records and saw that they were in line with best practice guidelines. Written evidence was available that medication reviews were carried out where required. There was clear evidence of review of psychotropic medication and the use of 'as required' medication was kept under review. The retail pharmacist was also involved in medication safety and was available if required in the centre, the inspector was informed that medication audit took place monthly. The inspector found this audit was comprehensive including records and practice, to identify areas for improvement (if any).

The person in charge confirmed that competency assessments were completed with new nursing staff by the person in charge or her deputy. All staff nurses involved in the administration of medications had undertaken medication management training updates.

Medication was safely stored in locked cupboards in clinical secure storage area accessed only by staff. Medications which required strict control measures were managed and kept in secure cabinets in keeping with professional guidelines. However, the inspector observed that two boxes of prescribed laxative medications were not safely stored, these were kept inappropriately in the dining room, and accessible on both days of the inspection. The person in charge undertook to ensure this practice ceased. Prescribed food supplements were also left on a table in the dining areas with name labels.

Nurses kept a register of all controlled drugs. Stock balance was checked and signed by two nurses at the change of each shift. The balance of medications reviewed by the inspector reconciled with the records. The dates of opening of eye drops and other medication with short expiry dates was recorded by nursing staff consistently in line with good practice.

Medication audits were also completed by the pharmacist to identify areas for improvement and there was documentary evidence to support this. Systems were in place to monitor for any medication errors, or near misses and any findings were discussed to prevent recurrence.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

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 each resident's wellbeing and welfare was maintained to a good standard of nursing care and appropriate medical care. Admissions, transfers and discharges were well managed in line with policy. Any temporary absences of residents were carefully planned and supports in place to maintain residents' wellbeing.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. Admissions policy and processes were reviewed with the person in charge and found to be comprehensive and detailed involving a pre-admission assessment. Family and residents confirmed their close involvement with the care planning and review process. Relatives confirmed that communication was very good standard between staff and residents.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and nutritional assessments found they were well managed and guided by policies. Care practices were found to be well managed and organised. A review of a sample of assessment and care plans was completed by inspector. Some improvement was required with regards to the standard of clinical documentation and care planning process. Overall, the documentation was of an adequate standard. However, some nursing care plans were not in place, and included the use of some ambiguous language. This did not fully inform staff of the assessed nursing needs specific to each resident. For example, use of 'proper continence wear' and mobility care plans which did not outlined current arrangements and supports in place to promote independence.

Care plans were found to be absent for some residents with ongoing and changing health care needs, for example, urinary tract infection. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Residents were enabled to make healthy living choices and enjoyed opportunities to engage in physical activity and pastimes. A physiotherapist attended the centre to provide individual and group sessions for the residents. Chiropody, dental and optical services were also provided both on a public and private basis. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. For example, a number of residents had custom seating systems which were kept under review to ensure ongoing comfort and suitability. However, two residents had not been facilitated with a referral for occupational therapy for specialised seating assessments. This was addressed at the time of the inspection.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. An activity coordinator was on duty on the day of the inspection and residents were seen enjoying various activities during the inspection. Each resident's preferences were documented in their care plan and this information was used to plan the activity programme. Residents who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included religious ceremonies, music, art and many more. The inspector spoke to several residents who said they enjoyed the various activities. Residents confirmed they were looking forward to a planned afternoon baking session. The visiting therapy dog service had commenced a first introductory visit to the centre.

Judgment:
Substantially 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 building is a single-story purpose-built residential centre with 47 places. At the main entrance of the building, next to the reception area, there is a spacious sitting area which overlooks a large secure courtyard. This courtyard is accessible to residents and visitors from all corridors. The inspector saw residents and relatives walking in this area and residents confirmed that they enjoyed using the garden on fine days. The gardens are well maintained and seating is provided near the front entrance.

There is one wheelchair accessible toilet and two standard toilets near the reception area. There are two lounges at opposite ends of the building. One of these rooms is used as a quiet room for residents and visitors. In general the accommodation met the requirements of the Standards and legislation. some areas for improvements included storage and flooring.

There are 33 single bedrooms, 12 of which have en suite toilet, wash-hand basin and shower facilities, and 21 have en suite toilet and wash-hand basin. There are seven twin bedrooms, of which five have en suite toilet, wash-hand basin and shower facilities and two of these rooms have an en suite toilet and wash-hand basin. Two wheelchair assisted shower rooms are located close to these bedrooms. A small number of areas of flooring in en-suite shower rooms, and one area on the corridor had small areas of damaged flooring which had been repaired using strong tape. This was due to wear and tear and the provider undertook to complete the necessary flooring repairs or replacement where required.

Additional facilities include the dining room, oratory, main kitchen area, treatment room, laundry and sluice room, cleaning equipment room and a designated smoking room. Staff have their own locker room with shower facilities and wheelchair accessible toilets. There is a changing room allocated for catering staff.

The premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. The communal space was suitable and sufficient for 47 residents. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

Appropriate assistive equipment was provided to meets residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date.
A sluice room was available and the inspector noted that the entrance area was kept locked to protect residents' safety. Overall there was adequate storage space and rooms allocated in the centre. However, storage in the sluice room, on one wall was a large metal shelving unit. During the inspection some items were found to be inappropriately stored. For example, pressure relieving cushions, and pillows, these items were removed on the day of the inspection. The inspector also noted some inappropriate storage of equipment in the visitor's room.

Judgment:
Substantially 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:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed prominently in the reception area.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded.

Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

There was evidence that any resident who made a complaint had not been adversely affected by reason of the complaint being made.

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:
Evidence of a good standard of medical and clinical care with appropriate access to specialist palliative care services was found. A holistic and person centred approach to end of life or comfort care provision was in place. No one was in receipt of e resident end-of-life care at the time of this inspection. However, end-of-life care was discussed with residents and relatives and found a high level of satisfaction and person-centred care.

The inspector found that staff were aware of the policies and processes guiding end-of-life care in the centre and were implementing them in a respectful manner. Families were notified in a timely manner of any deterioration in residents' condition and were supported and updated regularly during any changes or deterioration in general health. This was confirmed by relatives who spoke with the inspector.

Resident's physical needs were met to a high standard and resident's receiving end-of-life care to ensure their comfort and care. The inspector looked at the end-of-life care assessments in place. On review of a sample of documentation a plan of care to identify, implement and manage key aspects of care such as pain, nausea and constipation was in place. Resident's emotional, social and spiritual needs were met. All resident's religious preferences were documented.

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:
There was a written policy in place which was fully implemented in terms of nutritional assessment and this area was generally well managed. The feedback received from residents about the food service was generally positive about choices and variety of foods available. The inspector noted that following residents' meetings suggestions made relating to meals had been addressed. Some comments about the frequency of a particular food choice on the menu had been received and this was communicated in feedback to the provider. The inspector was satisfied that residents received a nutritious and varied diet that offered choice at mealtimes. However, a full evaluation of the menu choices had not taken place in terms of nutritional content by a dietitian.

There were two sittings at lunch time, and residents had opportunities to interact with each other and staff. A separate dining time was set aside for residents who required assistance with their meals and staff were seen to assist residents with their meals. On the day of the inspection nine residents required full assistance with meals, and this was provided in a timely manner. Specialised equipment such as plate guards and cutlery were available to promote resident independence. The dining room was bright and airy but became noisy during the meal time observed by the inspector. Some of the dining tables had been brought together, to seat up to eight residents. The nursing staff supervised mealtimes and did not commence medication until after residents had

enjoyed their meals. However, some aspects of care observed were not fully person-centred. The person in charge was requested to remove signage from the notice board of the dining room relating to resident dietary requirements, and remove multiple packets of wet wipes from the dining tables. Both issues were addressed and alternative places found to stored these items.

Residents' dietary requirements were met to a good standard. The staff discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and also had detailed information about speech and language review, and/or dietician inputs. Residents confirmed that they enjoyed the food and choices available to them.

The kitchen was clean and well organised. The environmental health officer had inspected the kitchen recently and this report was available to the inspector. The general manager confirmed that all actions had been addressed by the catering manager and the provider. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them. However, there were limited opportunities for self-service which could be reviewed to promote independence. For example, access to fresh supply of drinking water in the dining room.

Weight records were examined which 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 monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. Fortified and modified diets were available and well presented. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:

Each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name. However, some aspects of practice observed required review in terms of ensuring person-centred practice was fully promoted. For example, the screening in a shared bedroom and a glass window to the corridor did not fully ensure privacy. The provider undertook to address this matter in terms of privacy and dignity. Signage containing personal information, was observed during the inspection in the dining room, and in some resident bedrooms. This was removed or moved to a suitable private space by the person in charge during the inspection. Some language used in records viewed was not commensurate with adulthood. This aspect of communication needs review to fully respect all residents' living at the centre.

Residents confirmed that they had been offered the opportunity to vote at election time. Mass took place on a weekly basis. The provider and person in charge said that residents from all religious denominations were supported to practice their religious beliefs. A large oratory space was available in the centre. Choices were supported with regard to the right to attend or refuse group activity. Activities which required privacy or the resident wished to undertake activities in private were respected by all staff.

Residents' meetings had occurred where staff met with residents, and they were facilitated to give feedback for the attention of management. The length of time since the last meeting had been identified in the quality and safety review as an area for improvement, and now all residents were invited to attend. The inspector read the minutes of this recent meeting and noted that suggestions made by residents had been addressed (or were in the process of being addressed) by the person in charge and the provider. For example, improvements in the laundry service and in menu choices available. The provider had recently initiated contact with an independent advocacy service in order to obtain supports with group advocacy, and resident meetings.

Newspapers, television and radio were found to be available in the centre. Residents were facilitated to maintain contact with their clubs and groups with several residents continuing to attend their local day centres. Contacts with family and friends in the local and wider community was also promoted by the person in charge and staff.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
There were arrangements in place for regular laundering of linen and clothing. The systems in place for the safe return of clothes to residents required improvement. The laundry was well equipped. It was located in a utility area beside the cleaners' room and the sluice room. The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of washing laundry. The inspector was informed that there had been feedback received about missing clothing which was unlabelled and this had been discussed at the residents' meeting. However, at the time of the inspection two rails of clothing could not be returned to residents as they were not labelled.

A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated. Adequate space was provided for residents' personal possessions and it was noted that clothing was stored in a neat and appropriate manner.

Clothing was labelled for the laundry by residents or relatives. Laundry staff also had additional labels which could be ironed on. A large amount of personal items such as male and female underwear, socks and tights were also found to be maintained in a communal manner. This practice was discussed as it was clearly not in line with a person-centred approach. The person in charge confirmed that the use of this clothing was ceased at the time of the inspection.

Adequate storage space was provided for residents' possessions.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
There was clear evidence of safe staff recruitment practices and the inspector was

satisfied that there were appropriate staff numbers, and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that all were complete and fully in line with schedule 2 requirements of the regulations.

The inspector confirmed that up to date registration was in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. Resident and relative questionnaires also confirmed this in terms of staffing provision both day and night.

The person in charge and general manager could evidence a training plan in place. Staff appraisal was carried out for all staff on a yearly basis and this information was used to identify any additional training requirements. Staff told the inspector they had received a broad range of training which included caring for the person with dementia, challenging behaviour and nutrition. The inspector saw that a training plan was in place for the remainder of 2016 including, safeguarding older people, moving and handling and risk management. However, as detailed in outcome 7 some staff training records reviewed indicated that the majority of staff had not received refresher training in responding to reports of elder abuse in over three years.

Volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. Their roles and responsibilities were set out in a written agreement as required by the regulations.

Judgment:
Substantially 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:

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Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Date of inspection:	24/08/2016
Date of response:	05/10/2016

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 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 safeguarding policy was not in line with current best practice and requires review. The policy and procedures around managing residents' finances was not fully reflective of procedures in place.

1. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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

policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
Both policies will be brought up to date in line with current best practice.

Proposed Timescale: 30/11/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The use of a tilting chair was restrictive for a small number of residents and a restraint free environment was not fully promoted in line with best practice.

2. Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
Five Residents have had referral for OT assessment.

Proposed Timescale: 05/10/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff did not receive refresher training in detection and prevention of and responses to abuse.

3. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Training was planned at time of inspection and will shortly be complete for all staff.

Proposed Timescale: 14/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks had not been identified or mitigated by the provider
-windows were not restricted
-the use of long cords on the window blinds which had not been secured to prevent choking
-inappropriate storage in communal spaces

4. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Installation of window restrictors and cords for blinds has commenced. A review of storage facilities and design for reallocating existing space has been undertaken and all works will be complete by year end.

Proposed Timescale: 31/12/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Remedial works were required to the fire resistant doors in that some smoke seals had been varnished over and required repair.

5. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Smoke seals all changed.

Proposed Timescale: 05/10/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence of fire retardancy for soft furnishings in the smoking room was not available at the time of inspection.

6. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Proposed Timescale: 05/10/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Prescribed laxative medications were not safely stored, and were in the dining room.

7. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
Prescribed laxative medications safely stored.

Proposed Timescale: 05/10/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans did not reflect residents with changing health care needs.

8. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
Ongoing review and audit of care plans takes place. Observations and advice taken on board with regard to reflecting residents changing needs. Training to be arranged to assist nursing staff to develop more person centred care plans with smart, specific instructions.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An assessment for seating had not been completed for two residents.

9. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
Completed on second day of inspection.

Proposed Timescale: 05/10/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Flooring in en-suite of room 1 and on corridor outside room 35 was damaged and required repair or replacement.

10. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Flooring will be repaired or replaced as necessary.

Proposed Timescale: 31/12/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Inappropriate storage in the visitor's room.

11. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Inappropriate items removed.

Proposed Timescale: 05/10/2016

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:
Access to water and drinks on a self-service basis, needs review to promote independence at mealtimes.

12. Action Required:
Under Regulation 18(1)(a) you are required to: Provide each resident with access to a safe supply of fresh drinking water at all times.

Please state the actions you have taken or are planning to take:
Water dispenser to be provided in dining room.

Proposed Timescale: 31/12/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Screening in one twin bedroom and a glass window did not fully ensure privacy.

13. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Additional screening is available for twin rooms but was not used on the day of

inspection. Alternatives to glass window to be reviewed and replaced to ensure privacy.

Proposed Timescale: 31/12/2016

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Communication and language both written and verbal was not consistently commensurate with adulthood.

14. Action Required:
Under Regulation 10(3) you are required to: Inform staff of any specialist needs referred to in Regulation 10(2).

Please state the actions you have taken or are planning to take:
Staff are aware of the importance of using language commensurate with adulthood and we include this in our safeguarding training. We will highlight again at handover and add to the agenda at our next team meeting.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The systems for returning residents' clothing after laundering requires further improvement.

15. Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:
The entire laundry systems will be reviewed following discussion with residents, families and staff. New procedures will be implemented following review.

Proposed Timescale: 31/01/2017

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Staff training in safeguarding older people was not up-to-date. **16. Action Required:** Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training. **Please state the actions you have taken or are planning to take:** All staff will have completed training by 14/10/2016
Proposed Timescale: 14/10/2016