

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechtree Nursing Home
Centre ID:	OSV-0000116
Centre address:	Murragh, Oldtown, Co. Dublin.
Telephone number:	01 843 3634
Email address:	info@beechtree.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechtree Healthcare Limited
Provider Nominee:	Nuala Walsh
Lead inspector:	Sheila McKeivitt
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	29

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 June 2016 10:00 To: 21 June 2016 16:00

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was the first in the centre since December 2015. The capacity of the centre increased from 53 to 79 on 05 January 2016. The 79 bedded centre is two storey. The inspector saw that the two action plans from the previous inspection report had been addressed.

The management structure within the centre was robust. The level of auditing in the centre was high which is reflected in the high level of compliance with the Health Act 2007.

The inspector saw the level of services and facilities outlined in the statement of purpose were available to residents.

Residents' and relatives' spoken with throughout the inspection expressed satisfaction with the level of service provided to them. Staffing levels and skill mix on the day of this unannounced inspection were good. Staff were meeting residents' needs in a holistic and person centred way.

The inspector found that the nursing and medical care needs of residents were met. Medication administration practices reflected best practice and there was a low use of restraint in the centre.

The action plans at the end of this report reflect the outcomes under which issues need to be addressed.

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 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 had not changed since the time of the last inspection and she worked full-time in this role. She provided a good standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse and had the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about each resident and person centred in her approach.

There was a clearly defined management structure in place to support the person in charge. This team included the provider and two clinical nurse managers, one of whom was identified as taking over in the absence of the person in charge.

She had kept herself up-to-date by attending a number of educational study days on various topics such as, care planning, use of restraint and care of residents' with diabetes.

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:

The inspector found that measures were in place to protect residents from being harmed or abused. The centre was safe and secure with administrative staff on duty to assist in the monitoring of visitors in and out of the centre. A record of all visitors to the centre was maintained.

The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. Staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner, which focused on each person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. Bed-rails were used for a small number of residents. The use of these had been considered only after alternatives trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review. Residents were fully involved in any decision to use bed rails. A risk register relating to the use of any restrictive practices was reviewed by the inspector, this did not include three residents' who had security alarm bracelet in place. This was discussed with the person in charge.

Efforts were made to identify and alleviate the triggers of any behaviours of concern and these together with de-escalation techniques used were identified in each residents' care plan. Psychotropic medications were used as a last resort on an as required basis (PRN) basis.

Judgment:

Compliant

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 health and safety of residents, visitors and staff was promoted and protected.

The centre had a risk management policy, an emergency plan and an up-to-date health and safety statement in place. The risk register was comprehensive, it identified potential risks and specific measures put in place to reduce the level of risk. Infection control practices were good with hand washing and drying facilities available by each wash hand basin and hand sanitizers available throughout the centre. The emergency plan gave clear guidance on what to do in the event of all types of emergencies.

The inspector saw that there was adequate means of escape and fire exits were unobstructed. Records reviewed showed that the fire alarm was serviced on a quarterly basis. However, the emergency lighting was not being checked within the required three monthly time frame, records showed it they had been checked in January and again in May 2016. This was discussed with the provider. Fire safety equipment was serviced on an annual basis.

All staff had recently completed fire training which included the entire building. Records reviewed showed that this training included practicing a mock fire drill on average once per month. There was a floor plan showing the nearest fire exit throughout the centre. The inspector noted a fire drill had not been recently activated at night time.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.

Judgment:
Substantially Compliant

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 written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents reflected current practices. The practices in relation to the ordering, prescribing, administering and storing of medicines reflected policy. Medication administration practices observed also reflected An Bord Altranais agus Cnáimhseachais na hÉireann "Guidance to Nurses and Midwives on Medication Management" (July 2007).

The inspector saw residents' were administered medications as prescribed by their General Practitioner (GP) and the nurse was now entering a reason as to why if medication was not administered

The systems in place for reviewing and monitoring safe medication management practices was now robust. The clinical nurse manager had sourced a comprehensive audit tool which included all areas of the medication management policy. Audits of medication management and administration practices were conducted on a monthly basis.

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:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care.

The inspector saw evidence that resident's received appropriate medical and allied health care without delay. Residents were seen by their GP on a frequent basis and had their medications reviewed.

Residents' documents were reviewed in detail via the computerised documentation system. Residents' had a comprehensive assessment completed on admission and these were reviewed on a three monthly basis. Each need identified on assessment had a care plan in place to reflect this need.

The provision of activities had improved with a number of new additions having been implemented. These included the provision of reflexology twice per week and the availability of sonas sessions, for which two staff had completed the training. Activities were scheduled seven days per week.

Residents' had access to an enclosed secure garden which contained points of interest for residents' and seating. Wifi was now available throughout the centre and residents had access to a computer in the communal area.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The inspector saw that the following issues identified on the last inspection report had been addressed.

The accessibility of the two sinks in two accessible rooms and bath in an assisted bathroom had been reviewed and all had been re-positioned to ensure they were accessible to wheelchair dependent residents".

The call bells in all three assisted bathrooms' were reviewed and found to be accessible to residents' while using the bath

The inspector saw that screening had been installed in all bedrooms occupied and which were over looked.

Judgment:

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 were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of residents.

There was an actual and planned staff rota. The inspector saw that there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good, stating they never had to wait long for their call bell to be answered or their requested needs to be met.

Records reviewed confirmed that all staff had mandatory training in place or were booked on upcoming refresher dates. As identified on the previous inspection report staff had been provided with additional training on a variety of topics prior to the increase in bed numbers. This practice enabled staff to provide care that reflects contemporary evidence based practice. The management team completed six monthly support meetings with each staff member copies of which were viewed in staff files.

A review of four staff files confirmed that effective recruitment procedures were in place, all contained the required documents outlined in Schedule 2. All staff nurses were registered with the relevant professional body for staff nurses.

One volunteer working in the centre, had her role and responsibilities outlined and there was evidence that garda vetting for this person was in process in the meantime a self declaration document had been signed and was on file.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beechtree Nursing Home
Centre ID:	OSV-0000116
Date of inspection:	21/06/2016
Date of response:	11/07/2016

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 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:

The emergency lighting was not being serviced on a quarterly basis.

1. 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.

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

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

The Electrician has been reminded that Emergency Lights must be checked every 3 months as per Regulations and same documented in Fire Book.

The Month that Emergency light are due to be checked has been entered into Fire Book as a prompt/reminder of when this is due and this will be monitored by the Provider.

Proposed Timescale: 22/06/2016