<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beechwood Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000199</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rathvindon, Leighlinbridge, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 2366</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@beechwoodnursinghome.ie">info@beechwoodnursinghome.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Maisonbeech Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen Stapleton</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
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<td>Support inspector(s):</td>
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<tr>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
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</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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</tr>
<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, and risk management processes. The views of residents, a relative and staff members of the centre were also sought.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred
The collective feedback from residents and a relative on the days of inspection and from resident and relative feedback in pre-inspection questionnaires was satisfactory in relation to care and the service provided. Residents had the opportunity to participate in recreational opportunities to suit the capabilities and interests as observed by the inspector. Residents expressed satisfaction with the staffing levels and skill mix and said they felt safe and well looked after in the centre.

Overall a good standard of nursing care was being delivered to residents. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents’ safety. Residents' healthcare needs were met to a good standard with timely referral to medical and allied health professionals. There were systems in place to safeguard residents from abuse and the person in charge confirmed that all staff had Garda Clearance.

The inspector found there was a good level of compliance with the requirements of 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).

The action plan at the end of this report highlights two areas that need to be addressed in relation to the premises which did not conform to the matters set out in the Schedule of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the regulations. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The inspector observed that there were sufficient staff on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details of responsibilities for the areas of care provision. The person in charge held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation. The person in charge had daily engagement in the governance, operational management and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents. Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. A clinical nurse manager deputised for the person in charge. She was found to be resident focused, aware of the roles and responsibilities of the position and implementation of the regulations.

Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review performance.

The person in charge described arrangements that were in place to ensure good
governance in the centre. These included regular scheduled meetings between the
provider and the person in charge, between the person in charge and staff members
and health and safety meetings. The person in charge and provider displayed a positive
attitude towards the regulatory process and they were keen to ensure the delivery of
safe quality care services.

An audit program was in place and the inspector saw that a schedule of audits had been
undertaken and was planned to ensure clinical indicators were regularly reviewed. A
quality improvement plan was completed on some occasions based on audits completed.
An annual review of the quality and safety of care delivered to residents was completed
for 2016. Resident satisfaction surveys had been completed during 2016, the results of
which indicated high satisfaction with the service provided.

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 a written contract. The inspector examined randomly a selection of
residents’ contracts. These had been agreed with the residents and or their family and
included details of the services provided, the fees charged and services which incurred
an additional charge. However, there were some inconsistencies in relation to the
additional charges in a contract viewed by the inspector. The provider assured the
inspector that this would be rectified following inspection.

The Residents' Guide was available to residents. This guide outlined the services and
facilities in the centre, and all other information as specified by regulation 20.

Judgment:
Substantially 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 evidence that all reasonable measures were being taken to protect residents from abuse. Systems and processes were in place to protect residents from being harmed or suffering abuse. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. The person in charge told the inspector that training was currently being rolled out on the national policy on safeguarding vulnerable persons at risk of abuse policy. All staff had up-to-date training in prevention, detection and response to abuse. There was Garda Clearance on file in the sample of staff files examined by the inspector and the person in charge confirmed that all staff had Garda Clearance.

Staff who spoke with the inspector were also 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. Residents told the inspector that they felt very safe and secure in the centre. They attributed this to the kindness of staff and prompt responses to call bells.

Residents who spoke with the inspector confirmed they were happy living in the centre. All were full of praise for staff working in the centre and felt safe and well cared for. The inspector observed interactions between residents and staff were mutually respectful, friendly and warm. There was a policy on the management of restraint which was based on national policy. A restraint free environment was promoted in the centre. There was no environmental or chemical restraint in use. A restraint register was in place. Twenty seven residents were using bed rails at night at their request.

There were policies in place on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. The inspector saw that incidents were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. Staff had received training in responsive behaviours. There was a consent and communication policy in place.

The system in place to manage residents’ finances was not reviewed on this inspection as this line of enquiry was compliant on the previous inspection of April 2016.
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 inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement dated January 2017. There was a risk management policy that was in line with the regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Measures were in place to prevent accidents in the centre. A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. All staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. All residents had personal emergency evacuation plans completed.

Fire safety training and evacuation drills were completed by staff and staff spoken with were able to identify the actions to be taken in the event of an emergency. However, the records of fire drills completed did not demonstrate adequate detail of the fire drills or completion of a simulated evacuation drill to reflect the conditions at various times including night-time working conditions.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. There was a physiotherapist working in the centre one day per week. The inspector saw that falls were reducing on an annual basis with two notifiable incidents occurring in 2016. The inspector saw that there was a comprehensive falls prevention strategy executed in the centre.
There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Staff had attended training in infection control including hand hygiene. The accommodation/household manager spoke with the inspector who found that she had very good oversight of hygiene protocols and guidelines. The centre was clean and household staff were able to describe the infection-control procedures in place including the use of appropriate equipment. Hand gels, disposable gloves and aprons were appropriately located within the centre.

**Judgment:**
Substantially Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
There was an electronic system for the administration of medicines. This entailed the staff nurse administering medicines to log into the system and scan the barcode on each blister pack which contained each individual resident’s medicine which had been prepared by the pharmacist. The electronic system held all of the necessary information pertaining to the administration of medicines. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents and performing good hand hygiene.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines (a medicine only taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents’ medicines being reviewed on a regular basis.

Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a double locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that
it was correct. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication administration practices were found to adhere to current professional guidelines.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a monthly basis conducting audits of medication management practices in the centre. The clinical nurse manager conducted regular audits in medication management also as observed by the inspector. All nurses were trained in medication management.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**

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

**Theme:**
Safe care and support

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained by the person in charge. Where required any notification that was required to be submitted by the provider or person in charge had been submitted to HIQA.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**

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

**Theme:**
Effective care and support

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

**Findings:**
The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place. An electronic care planning system was in place. The inspector reviewed a sample of three care plans and found that assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents.

There was evidence that timely access to health care services was facilitated for all residents. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. There were two GP's dedicated to attending to the needs of the residents and an "out of hours" GP service was available if required. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained. There was a robust falls prevention programme in place which was monitored by the physiotherapist who attended the centre one day per week.

Team nursing was implemented in the centre and each resident had a named nurse who specifically liaised with that resident and their family regarding all their care needs. The inspector reviewed a sample of resident’s care plans and certain aspects within other care plans such as residents with compromised nutritional status and care plans related to residents with dementia. In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident’s health condition. There was evidence of consultation with residents or their representative in care plans.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, occupational therapy, speech and language therapy, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

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

Findings:
Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. There was an end-of-life care policy in place. The inspector was informed by the person in charge that no residents were receiving end-of-life care on the day of inspection.

The inspector reviewed a sample of end-of-life care plans. The end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. Residents told the inspector that they had good access to religious clergy as they wished.

Staff had attended training in end-of-life care as observed by the inspector. Community palliative services attended the centre to support residents with pain and symptom management on referral of residents by staff.

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. Menus showed a variety of choices and meals. There was a policy on food, nutrition and hydration management. Residents had access to drinking water and refreshments throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished.

The inspector observed the lunchtime menu which provided residents with a choice of meat or fish. Staff were observed to sit with residents whilst providing encouragement and assistance with eating their meal. Staff chatted to residents and focused their attention to ensuring their needs were met. Residents who spoke with the inspector all
agreed that the food provided was always tasty hot and appetising.

Evidence of referral to relevant allied health professionals including dietitians or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:
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:
The inspector found that residents were consulted regarding the planning and organisation of the centre. Choice was respected and residents were asked how they wished to spend their day. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way.

There was a varied activities programme with arts and crafts, bingo, puzzle games, storytelling and music included. There were also a mix of group and individual sessions including hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. The inspector saw that there were rummage boxes located at different points throughout the centre. There was good use of contrasting colours in the centre to aid residents with dementia.

There were two activities coordinators who delivered the activity programme over a six day period. The inspector spoke with one of the activities coordinators. The inspector found that she was very enthusiastic and dedicated to improving quality of life for
residents. The inspector found that she had intimate knowledge of each resident and their past history in relation to their personal and working life. There was a planned detailed activity programme in place which was displayed in different locations. Group activities on the days of inspection included exercises, arts and crafts and a quiz.

For those residents who did not fully participate, staff made time to sit with them, hold their hand or chat to them quietly. Some residents preferred to stay in their rooms and one of the activity coordinators would visit them on a daily basis. The activity coordinator told the inspector that she encouraged community groups such as a story telling group or choirs to come and interact with residents.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. The observation returned a positive result in that staff had engaged positively and meaningfully with residents on a regular basis.

There was evidence of a good communication culture amongst residents, the staff team provider and person in charge. Staff were observed knocking on bedroom and bathroom doors. Residents were well dressed. Personal hygiene and grooming were well attended to by care staff.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Feedback from residents and a relative on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Residents said staff were quick to respond to their call bells and regularly enquired if they were alright or if they needed anything.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents’ forum was in place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service and the inspector saw that advocacy was discussed at a residents’ meeting. There were several safe secure outdoor spaces available for residents. Pet therapy was also available as the centre had its own donkeys. One resident told the inspector that he loved to go out to them.

**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:
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. 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. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents’ condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint and medication management. There was a training plan available for 2017. Staff spoken with told the inspector their learning and development needs were being met.

Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who spoke with the inspector confirmed that they were well supported to carry out their work by the provider and person in charge. Staff told the inspector that they were empowered by the person in charge.

Staff recruitment procedures were in place and included vetting of all staff. Evidence of current professional registration for nurses was available. A sample of staff files were examined by the inspector and were found to contain all of the necessary information required by Schedule 2 of the regulations. There were no volunteers working in the centre at the time of this inspection.
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:

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

<table>
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<td>OSV-0000199</td>
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<tr>
<td>Date of inspection:</td>
<td>23/01/2017</td>
</tr>
<tr>
<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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some inconsistencies in relation to the additional charges in a contract viewed by the inspector.

1. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Please state the actions you have taken or are planning to take:**
Residents whose contracts did not indicate the additional charges which may be applied to their accounts, will now be issued with the revised contract which has been in place since 2014.

**Proposed Timescale:** 28/02/2017

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**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 records of fire drills completed did not demonstrate adequate detail of fire drills or completion of a simulated evacuation drill to reflect the conditions at various times including night-time.

**2. Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
The content of all fire drills will be detailed and will now include a simulated timed evacuation with particular attention to the response required by staff, particularly night staff in the event of a fire.

**Proposed Timescale:** 08/02/2017