<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beechtree Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000116</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Murragh, Oldtown, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 843 3634</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@beechtree.ie">info@beechtree.ie</a></td>
</tr>
<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>Beechtree Healthcare Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sarah Carter</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>59</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 July 2018 09:30
To: 18 July 2018 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
</tbody>
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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements 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. The previous table outlines this self-assessment and the inspector's judgment for each outcome. In this self assessment the provider had identified that they were substantially compliant in Outcome 6; and had detailed some actions they were taking to make the premises more dementia friendly. Overall inspector found good
levels of compliance in five of six outcomes. The inspector judged outcome 5 as a moderate non-compliance due to gaps in the records relating to Garda vetting of staff.

The centre provided a service for people requiring long term care and support as well as care for residents with dementia. On the day of inspection 59 people were resident in the centre. Just under two thirds of residents had a formal diagnosis of dementia or a condition which included symptoms similar to dementia. The centre does not have a dementia specific unit, and residents with the condition or a similar condition lived throughout the building, which had two floors. The first floor was accessible by lift and stairs. The building is designed around a central secure garden courtyard which was freely accessible to all residents. The courtyard included a hen coop and some raised beds, as well as designated smoking areas and suitable outdoor seating.

Inspectors met with residents, relatives, and staff members during the inspection. The journeys of a number of residents with dementia and other conditions and needs were tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

Residents were positive about the service they were receiving and reported that the staff were very kind. They reported they were supported to be comfortable and make their own decisions about how they spent their time day to day. Visitors were welcome in the centre, and there were facilities for meeting privately if the resident preferred, or a range of communal areas throughout the building and in the garden area.

Staff were seen to be skilled at meeting residents’ needs, and responding to any changes to their health and social care needs by making contact with relevant healthcare professionals. Staff training supported staff to maintain the necessary skills to support the residents, including those with dementia. Staffing levels ensured staff had time to spend time with residents other than carrying out daily care routines.

The centre had been last inspected in June 2017 and had full compliance against 10 outcomes, as a result there were no actions for follow up on this inspection.
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 Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Health and Social Care Needs

#### Theme:
Safe care and support

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

#### Findings:
Residents’ wellbeing was being maintained, there was access to appropriate medical and specialist health care, and evidence based nursing care was being provided.

Residents who spoke with inspectors said they felt their needs were being met in the centre. The inspector reviewed a wide sample of residents care records throughout the inspection.

Residents care plans were clearly recorded, setting out their identified needs and included their preferences and wishes. There was evidence that the resident and / or their relatives had been included in the development of the care plans. The care plans were sufficiently detailed to give staff clear guidance and information on how to treat and interact with the residents. Staff were seen to engage with residents positively throughout the day speaking about family or experiences that were relevant to those individuals. Care plans stated that residents’ choices should be respected, and inspectors observed this being followed in practice. Residents were offered choices on joining in activities and during their meals.

Overall care plans in relation to managing different aspects of dementia care, including responsive behaviours, were clear and person centered. They gave details on techniques and approaches to use with residents if they became distressed. The use of these techniques were captured in full in separate documents that recorded specific event and the behaviours that occurred. Residents with dementia or similar conditions had their communication needs assessed and this will be discussed further in outcome three.

A range of evidence based nursing tools were used to support nurses in monitoring and evaluating residents changing needs. Where needs were identified appropriate supports were put in place. For example records indicated that referrals to specialists or for hospital treatment were being made in a timely fashion, and any subsequent recommendations were included in care plans. Information was shared appropriately between the centre and the hospital or service a resident may be attending, and there was evidence that accurate information was sought and recorded on the residents
discharge from hospital back to the centre. Information was also being received in advance of admissions to the centre, and appropriate assessments and documentation was available for a resident who was being admitted to the centre shortly after the inspection. Residents had a choice of general practitioner in the centre.

The assessment and review of residents needs was on-going in the centre. Prior to admission an assessment was carried out to ensure the residents’ needs could be met by the services in the centre. On admission a detailed assessment was carried out by the nursing staff, and then care plans were put in place setting out how those needs were to be met. Residents care needs were reviewed regularly, and within the four monthly requirement specified by regulations. They were updated more frequently if their condition changed. Residents end of life care plans were clear and had been reviewed routinely. The person in charge had completed an audit on end of life care given to residents in the previous six months. This included reviewing the residents wishes and whether or not they had been adhered to. The audit reported that there were no discrepancies between the residents wishes and end of life plans and what occurred, and therefore no actions were identified.

Residents were supported to maintain good nutrition and standardised assessments were used to monitor risk in relation to nutritional intake and weight loss. Care plans were reviewed of residents’ with dementia who had experienced weight loss and an appropriate care plan was in place, which included a dietician review and recommendations. Residents’ who required specific modified diets and assistance were observed to have them provided and were dining in the company of other residents’ who did not require modified diets in the communal dining area. Daily records indicted the nutritional intake of residents who required additional monitoring. The inspector completed periods of observation during lunchtime dining, and these will be discussed in further in outcome three.

There was a menu in place that offered choice at each mealtime. The meals were seen to be nicely presented and residents confirmed the food was of a good standard. Overall residents reported they were satisfied with the food on offer. Where residents required support with eating and drinking it was done discreetly by staff that knew the residents well, and provided effective encouragement. The lunchtime dining experience was observed by the inspector in two separate dining areas in the centre, and staff were noted to provide discrete care and assistance when required, and were overheard engaging in positive connected care with the residents, warmly chatting about non-task specific topics of conversation.

Medication was managed safely in the centre. It was stored securely and dispensed following recommended guidelines. Nursing staff were routinely assessed to ensure they were competent to dispense mediation safely.

**Judgment:**

Compliant

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**Outcome 02: Safeguarding and Safety**
Theme:
Safe care and support

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

Findings:
There were appropriate measures in place to ensure residents’ were safeguarded and protected from suffering harm. There were clear systems in place to monitor the use of any restrictive practices, and the use of which followed national guidelines. The centre judged itself as compliant in this outcome in their self assessment.

Residents who spoke with inspectors said they felt safe in the centre. Staff were seen to be communicating well, and respecting residents’ choices as they were going through their daily routines. Staff were knowledgeable about safeguarding, and knowledgeable on the different types of abuse to be vigilant for. They also knew the reporting process if an allegation of abuse was made to them. There was a clear policy in place, and the information provided by staff matched the processes described. All staff were trained in safeguarding.

There was a policy reflecting the national guidance document ‘towards a restraint free environment’. It was seen to be used in the centre to guide restraint usage and review. Overall restrictive practices and restraint use was low in the centre. A register of restrictive practice was kept, and included items such as bedrails. Where bedrails were in use they were assessed and a rationale for their use was recorded, it was also documented that alternatives to bedrail use were considered. Staff were knowledgeable about the process involved in assessing the resident for bedrail use and how they are safely used to protect the resident. Restrictive practices were also discussed routinely at staff meetings, with both healthcare assistants and with nursing staff.

As part of living with dementia some residents displayed responsive behaviours. Inspectors observed that staff were working well with residents to support them to follow their chosen routines, and to manage any anxiety or stress. Care plans provided clear and person centered guidance for staff to manage these behaviours, and they were seen to be following these plans in practice.

The provider was not a pension agent for any residents which meant the inspectors did not review the processes of handling residents pensions. The centre managed some petty cash for residents and this was stored securely and available to residents seven days a week. There were accurate accounts maintained.

Judgment:
Compliant

Outcome 03: Residents’ Rights, Dignity and Consultation
Theme:
Person-centred care and support

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

Findings:
Residents’ privacy and dignity was respected and there were opportunities for meaningful social engagement for residents if they chose to take part in the activity programme. The centre judged itself as compliant in this outcome in their self-assessment.

Residents were seen to be receiving visitors throughout the inspection. Some chose to meet privately and others enjoyed meeting in the different communal areas in the centre or in its courtyard. Surveys were available which residents and their relatives had completed, and they expressed satisfaction with the services and facilities available in the center.

There were residents meetings held regularly and topics relevant to the residents were discussed, for example meals and activities. The minutes of the residents meetings were displayed on an accessible noticeboard. An advocate was available to residents and this was advertised on the noticeboards and in the resident’s information booklet.

Staff were seen to be supporting residents in a range of activities and daily living tasks during the inspection and communication levels were seen to reflect resident’s individual needs. Staff were seen spending time with residents talking about current events, or topics of interest. For some residents who were not able to engage in conversation staff were taking time to sit with them, hold their hand or speak with them.

The inspector carried out formal observations for periods of time using a standardised assessment tool called the QUIS. These periods of observation totalled just under two hours. Inspectors observed a mealtime in two separate dining areas of the centre and also of a period of time mid-morning in a day room area.

During these periods of observation, Inspectors found that overall there was good engagement and contact with the residents and that care was being delivered in line with their care plans. During the lunchtime meal, there was sufficient staff to assist and serve residents, and staff were observed interacting appropriately and socially with the residents. Residents who could not communicate verbally had staff to assist them, who used eye contact and touch to communicate with them, as well as talking to them in pleasant and appropriate ways. There were picture cards available to assist staff and residents communicate with each other when the resident had difficulties communicating verbally.

The activity programme throughout the centre was led by an activity instructor, and they were supported by some external services providing activities, for example exercise.
Programmes and meditation. The centre had its own accessible mini-bus and it was used regularly to assist residents to go out and about to local area and places of interest.

Staff were observed knocking on doors before entering rooms to maintain resident's privacy. Some residents elected to keep their bedroom doors open, and those spoke to, said they preferred that. Religious services were organised in the centre, and residents confirmed they valued this arrangement. There was also access to current affairs through daily newspapers, and access to TV and radio.

During a recent election, residents voting was facilitated in the centre.

**Judgment:**
Compliant

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### Outcome 04: Complaints procedures

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

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

**Findings:**
Residents and family members spoken with reported they would feel comfortable making a complaint and were confident that they would be taken seriously and their issue addressed promptly. There was a procedure for making complaints which was advertised throughout the centre and included in the resident information booklet. The procedure indicated what staff were responsible for the management of complaints in the centre.

The service retained a log of all complaints raised. This record contained all information as required by the regulation. Which included the actions taken to resolve it, and the outcome and learning achieved from the complaint and the complainants satisfaction with same. The person in charge was the person identified as the complaints officer and the provider representative oversaw the complaints process.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

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

Findings:
On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of residents. Residents and family members spoke positively about the care delivered by staff and their friendly and patient attitude in delivering it.

The inspectors observed staff delivering caring and providing assistance to residents in a discreet and dignified manner. Assistance provided in bedrooms or bathrooms was done with the door closed to provide privacy and staff were observed knocking before entering residents' private space. Staff were observed speaking with residents in a friendly and respectful manner, and displayed a good knowledge of the residents, their needs, preferences, backgrounds and personalities. Dementia friendly techniques of verbal and non-verbal communication were used where appropriate.

Inspectors reviewed the training records of staff and found staff were up to date in their mandatory training such as fire safety, manual handling and safeguarding of vulnerable adults. The majority of staff had training in caring for residents with dementia and other cognitive impairments.

Inspectors reviewed a sample of recruitment files for staff. Most files found to have the required documents as listed in Schedule 2 of the regulations including Garda vetting and references and all nurses were registered with the Nursing and Midwifery Board of Ireland. A small number of staff had commenced work prior to the receipt of a Garda vetting disclosure, however the person in charge gave assurances that all current staff had up to date Garda vetting and any new recruits would not commence employment prior to the centre. In one file reviewed it was noted that Garda vetting had not been secured by the centre however immediate measures were taken in response to this by the provider to ensure safeguarding of residents.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Overall the premises of the centre were suitable for the number and needs of the
Residents who lived there. Care was being provided across two storeys with an elevator available to travel between floors. Corridors were equipped with handrails and safe flooring, and were free of any major steps or trip hazards. Residents were observed throughout the day mobilising safely; either independently or by using mobility equipment. The centre was in a good state of maintenance and it was appropriately lit, well ventilated and its decor was homely. Furnishings were observed to be clean and well maintained in communal areas and in the sample of bedrooms seen. Corridor and landings were wide and spacious.

The provider had judged the centre as substantially compliant in their outcome, in this part of their self assessment. The actions they identified that they would complete included improving signage, installing clocks, installing colour contrasting toilet seats and signage on toilet doors. These actions had been completed by the inspection date.

All bedrooms were single or twin occupancy, and most were en-suite. Where the bedrooms did not have en-suite facilities and there were additional toilet and bathing facilities close by. Bathrooms were appropriately equipped for residents with reduced mobility and spacious enough for those who used standard assistive equipment. There were dementia friendly sign on bathrooms doors and these were placed at eye level. Bedrooms were of a good size to allow for them to be personalised with photographs and decorations to the residents' preferences. There was adequate space for residents to store clothing and belongings, as well as lockable storage options for valuables. All bedrooms and bathrooms seen were equipped with accessible call bell facilities. Communal bathrooms were available on each corridor and were large and spacious. There was discrete symbolic signs on bedroom doors, indicating if the resident who lived there was at risk of falls.

Numerous whiteboards and noticeboards were available in key locations that displayed the date and the details of the day's activity programme. There was clocks in bedrooms and in communal areas and there were orientation boards indicating the day of the week and the date.

The centre had a number of communal day room and living room areas. These areas were comfortable and homely and residents could sit alone there to nap, read the paper or receive visitors. There was a variety of seating available. There was a specialist table available in one area designed to accommodate residents in wheelchairs. There was a large, safe and secure courtyard space which residents could easily access from the main communal area on the ground floor and residents were observed using it as part of their stroll or to sit outside in the fresh air and sunshine. There was suitable and comfortable outdoor seating available, in addition to parasols for shade.

Throughout the centre, clear and simple pictorial signage was used to identify each person's bedroom and the bathrooms, and to navigate the corridors. Dementia friendly design features were again in use including; good use of contrasted colours on handrails, toilet seats. As the main section of the centre was designed around a courtyard, residents had open access to a circular walkway lined with handrails, there were rest stop at appropriate intervals and residents were seen walking and resting throughout the day.
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:

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

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<tbody>
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<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>18/07/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/08/2018</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 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
In a sample of staff files reviewed:
- some staff had commenced work in the centre prior to Garda vetting disclosure being received
- one staff member did not have Garda vetting in place

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

No staff will commence employment until Garda vetting is in place.

Following a review, a staff member who did not have Garda vetting from Beechtree Nursing Home was removed from the roster. Garda vetting was immediately sought and they returned to duty on receipt of the garda vetting.

Proposed Timescale: 03/08/2018