



# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Beech Lodge Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Bruree, Limerick
Type of inspection:	Unannounced
Date of inspection:	30 June 2020
Centre ID:	OSV-0000408
Fieldwork ID:	MON-0029821

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Situated in the village of Bruree, County Limerick, Beech Lodge Care Facility offers long term care, rehabilitative care, respite care and convalescent care for older adults. The age range catered from is 18 to 65+. Our care facility is a 66-bed facility which is made up of 48 single en-suite bedrooms and nine double en-suite bedrooms. There is 24-hour nursing care available from a team of highly trained staff. Our mission is to promote the dignity and independence of residents. The designated centre consists of the following two units: elderly care unit: providing short & long-term care, respite/convalescence and palliative care, and the dementia unit: our secure 15-bed unit catering specifically for residents with dementia. This unit (the Daffodil Unit) is a 15-bed unit which includes a nurses' station, a kitchen and dining room. Residents can also access the physiotherapy room, activities area, music room and spacious garden. Here at Beech Lodge an individual programme of activities is tailored to each individual resident. Referrals for admission may come from acute or long-term facilities, community services or privately. Private admissions are arranged following a pre-admission assessment of needs including medical background, dietary requirements etc. We aim to provide the best care possible and use a variety of care assessment tools to help us to do this. We also involve both the resident and their representative in this process. We provide a G.P. and physiotherapy service to all residents. We aim to make dining a social experience. Individual dietary requirements are incorporated into the menu planning process. Catering personnel are trained in the appropriate skills and are supported by the dietitian and the speech and language therapist (SALT). The facility has its own mini bus for the use of residents. There is a monthly residents' meeting to discuss issues ranging from activities, improvements in daily life, the environment and other issues. Activities include: newspapers, exercises, brain games, music, mass, art, baking, hairdresser, bingo, Sonas, and much more. We are interested in feedback to ensure that our service is continually reviewed in line with best practice. Visitors are welcome and local community events are accessible.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 30 June 2020	09:00hrs to 17:15hrs	Mary O'Mahony	Lead
Tuesday 30 June 2020	09:00hrs to 17:15hrs	Ella Ferriter	Support

## What residents told us and what inspectors observed

While concern was voiced at how isolating the pandemic has been and the negative impact it had on residents' lives, residents praised the attempts made by staff to keep them in touch with family and friends. They were glad to have avoided an outbreak and felt that the restrictions were worth the effort as every one remained well. Residents spoken with were delighted that family visits had resumed for short, planned visits. During the pandemic, visual 'window' visits, phone and video call communication had been facilitated. Residents praised the staff for keeping them informed and reassured. They were particularly praiseworthy of the local general practitioner (GP) who had taken time out during the busiest of times to come and meet with them and answer their questions about the virus. They found this approach very compassionate and welcoming.

Inspectors were informed that relatives had been encouraged to continue to visit residents at end of life, throughout the crisis. Staff said that this had been a great comfort to relatives at this unprecedented time. Inspectors observed staff interacting with residents and found that they treated residents with kindness and respect. Residents were seen to be familiar with staff and were very comfortable and confident when speaking with them.

Discussions with staff indicated that they knew individual residents well and they spoke with inspectors about the specific care needs of a number of residents. Staff were knowledgeable about each residents preferences for personal care and for their daily routines and activities. Residents were found to be well dressed according

There were two knowledgeable activity coordinators on duty on the day of inspection. One of these staff members was responsible for facilitating communication and activity provision for those with dementia. This was well received and residents were seen to be engaged and active due to the variety of meaningful activities available to them. The second activity personnel member was seen to be engaged all day in the main section of the centre. In the dome area a large number of residents took part in singing, reminiscence, artwork, quiz and one to one activities.

## Capacity and capability

On this unannounced inspection of Beechlodge Care Facility inspectors found that the regulations requiring a robust structure in the management of the nursing home, to ensure safe and effective care, had not been met. Inspectors found that the management team had been temporarily restructured due to the transfer of the person in charge to another centre in the group. Consequently there was a lack of

clarity as to the identity of the current post holder, which was detailed below under Regulation 15: Person in Charge: this was non compliant with the regulations for the sector. The nurse managers, on duty on the day of inspection, had been informed that they were to share the post of person in charge. A partially completed notification to this effect had been submitted to the Chief Inspector. However, when the registered provider representative (RPR) arrived at the centre she informed inspectors that she was the person taking up the post of person in charge. The Chief Inspector had not be notified of the arrangements in place to manage the centre in the absence of the person in charge and the required period of notification had not been complied with. This lack of action was also non compliant with the regulations and was addressed under Regulation 33, described in this report.

The registered provider representative (RPR) stated that she was involved in the day-to-day running of the centre on a remote basis since the previous person in charge had departed on 8 June 2020. She stated she had been self-isolating for two weeks and was now planning to be present in the centre on a full time basis from the day of inspection onwards. The clinical nurse management (CNMs) team confirmed with inspectors that they had daily, per phone, management meetings with the RPR and the previous person in charge, to discuss residents' needs, review incidents in the centre and plan the weekly management responsibilities. Minutes of management and staff meetings seen by inspectors demonstrated clear communication amongst the staff group. Staff meetings and shift handover reports ensured that information on residents was communicated effectively, according to staff, who were found to be knowledgeable of residents' care needs. The robust audit system set up by the previous person in charge had been maintained by the two nurse managers in her absence. The audit system provided an opportunity to review care in the centre, to ensure that residents were supported by knowledgeable staff in a safe and person-centred way. Inspectors saw evidence of this approach in the audit results, in the minutes of the team meetings and in evidence of the actions taken as a result of audit outcomes. Quality of life of residents and residents' care plans were further discussed under the Quality and Safety dimension of this report.

Good systems of information governance were in place. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored, well-maintained and easily accessible for inspection purposes. Records such as a complaints log, a record of notifications, fire safety checks and incident reports were also effectively maintained.

Staff training records demonstrated full attendance at a range of training programmes including training related to the COVID 19 pandemic. This was discussed in more detail under Regulation 16: Staff Training and Development, in this report. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty during the day.

Nevertheless, inspectors highlighted concerns under capacity and Capability in relation to:

Person in charge: Regulation 14

Notifications, Regulation 31:

- key notifications had not been submitted

Staffing levels:

- staff nurse allocation in the late evening, which was outlined under Regulation 15: Staffing, in this report

The RPR and management staff expressed a commitment to the maintenance of regulatory compliance and effective quality assurance systems. There was evidence found throughout the inspection of quality improvement strategies and supervision which was seen to have a positive impact in the quality of life and quality of care of residents.

### Regulation 14: Persons in charge

The person in charge at the time of the previous inspection had been co-opted to another centre for a period of time due to CoVid 19 requirements.

On this inspection there was a lack of clarity as to which staff member was the person in charge.

Findings of non-compliance under this regulation was a consequence of inaccurate, incomplete notifications submitted by the provider and the absence of any notification for the actual person in charge, as identified to inspectors by the RPR.

To expand further on this finding, prior to arrival at the centre and on arrival there were two staff named as sharing the post of person in charge. However, during the day of inspection the RPR was identified to inspectors as the person in charge. This lack of clarity was not acceptable in relation to the key post of person in charge who was central to the compliance process and accountable under the regulations for the sector.

Judgment: Not compliant

### Regulation 15: Staffing

On the day of inspection there were sufficient staff and managers on duty to meet the needs of residents. One clinical nurse manager, who was off duty, came on duty to support the inspection process. The roster was available to inspectors and it was

seen to be correct.

Recruitment, induction, and on-going professional development was undertaken and encouraged. Staff confirmed that they had received induction training. Documentation in relation to this was available in staff files. Staff appraisals were undertaken and samples of these were viewed by inspectors.

Similar to findings on previous inspections, inspectors spoke with the RPR regarding the number of staff nurses on duty in the evening from 18.00 to 22.00. The RPR was asked to continually review and audit nursing staff levels at this time due to the high care needs of a number of residents. In particular, the RPR was asked to audit aspects of nurse duties at this time for example: the delivery of nursing care, visitor engagement, supervision of staff, administration of medicines and hand-over report at 20.00. Currently there were two nurses on duty to meet the need of 58 residents, one of who was responsible for the dementia specific unit of 15 residents. This meant that the other nurse was responsible for 43 residents in the other corridors at this time. Additionally, if the centre reached its full capacity of 66 residents further risks would need to be assessed.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff training in mandatory and appropriate training had been undertaken by staff, for example, fire safety training, prevention of abuse training, and training in understanding the behaviour and psychological symptoms of dementia (BPSD). This was delivered by an in-house trainer who had the required training qualifications.

In relation to the risks presented by the COVID 19 pandemic appropriate training had been provided as follows;

- training on infection control to included hand-washing techniques, application of personal protective equipment (PPE) and use of masks and gloves where appropriate
- the signs and symptoms of COVID 19
- update on the most updated guidelines from the Health Service Executive (HSE) and other bodies, on preventing and managing an outbreak of COVID 19
- safe-pass training

Judgment: Compliant

## Regulation 21: Records



The records required to be available in the centre were accessible and easily retrievable.

For example:

- Staff files were well maintained.
- Complaints and incidents were recorded.
- Medicine error forms were in use.
- The daily menu was available to resident.
- Medical records were maintained.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that there were sufficient resources in the centre to ensure effective delivery of care. The management systems which had been developed by the previous person in charge had been maintained by the two clinical nurse managers and the in-house physiotherapist who had ensured that the service was safe, consistent and effectively monitored. Audit, staff supervision, staff training, residents' needs assessments, resident and staff meetings were undertaken and actioned on a regular basis. Weekly management meetings were held with the previous person in charge and the RPR. Minutes of these meetings were available to inspectors.

The annual review of the quality and safety of care had been completed for 2020. This had been developed with input from residents and their families. The document was available to all in the front hall of the centre.

However, due to the absence of a registered person in charge, and the absence of the required notification for change of person in charge, inspectors found that the centre lacked a clearly defined management structure, as required under the regulation on governance and management and as described in the Statement of Purpose. These factors greatly impacted on the finding of non-compliance under this regulation.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose required updating as regards the name of the current person in charge of the centre and the name of the current COVID lead in the centre.

Judgment: Substantially compliant

#### Regulation 31: Notification of incidents

Not all specified notifications had been submitted to the Chief Inspector in line with the regulations.

These included two serious allegations of theft from residents.

Judgment: Not compliant

#### Regulation 34: Complaints procedure

Complaints were recorded on the electronic system.

However, not all complaints were signed as completed and not all had a record of the satisfaction or not of the complainant noted, as required by regulations.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

Policies and procedures were all available and were seen to be detailed and updated.

New policies had been developed to guide staff in the event of an outbreak of COVID 19.

Existing policies had been updated to take account of the pandemic such as infection control and end-of-life care.

Judgment: Compliant

#### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The requirements of Regulation 33 in relation to the responsibility of the provider to inform the Chief Inspector of the arrangements in place for the management of the centre, in the absence of the person in charge, had not been fulfilled. In addition,

the correct details of the new person in charge had not been submitted to the Chief Inspector.

Judgment: Not compliant

## Quality and safety

Findings on this inspection were that the quality and safety of care had been maintained by the clinical nurse managers in the absence of the person in charge for a number of weeks. Notwithstanding their dedication, the inspector had concerns as to the feasibility of maintaining the quality management system, which had been developed in the centre, in the absence of a full time person in charge. The registered provider representative assured the inspector that she would be taking over the role of full-time person in charge and aimed to ensure robust and consistent management. She stated that areas of responsibility had been clearly defined with the recent promotion of the two clinical nurse managers and the full time physiotherapist, who acted as the trainer and the health and safety officer.

The inspector found that the health of residents was promoted through ongoing medical review and assessment using a range of recognised tools. Residents' cognition levels, skin integrity, malnutrition, falls risk and pain assessments were documented. Allied health care professionals were accessible and available to residents and evidence of their input was seen in the daily notes. Residents in this centre had the additional benefit of daily physiotherapy input in their care. Care plans were maintained electronically. These were seen to be generally person-centred and based on information and knowledge from residents' life stories and preferences. Findings in relation to care planning and health care were described in more detail under Regulations 5 and 6 respectively, in the this report.

Residents' social care was enhanced by the choice of appropriate and meaningful activities suitable for their differing abilities and interests. On this inspection residents said that while they missed the local outings at present they had enjoyed the visiting community and music groups who had entertained them from the gardens during the pandemic. It was evident to the inspector that there was a strong emphasis on art and crafts as individual art pieces were displayed in the centre. Under Regulation 9: Residents' rights, in this report, the inspector had documented further pertinent and interesting information on residents' input in their care and their daily activity and lifestyle.

Residents' rights and safety were safeguarded by robust systems which had been developed since the previous inspection such as:

- detailed documentation on regular fire drills
- psychotropic medication audit

- the provision of regular appropriate training
- community involvement and resident communication strategies

Where there were findings which were not fully compliant with the regulatory requirements on quality and safety these were highlighted to the person in charge (who was also the RPR) and the management team at the feedback meeting following the inspection, specifically in relation to the following issues:

- updating of care plans
- regular outdoor access
- premises upgrade/ infection control

The RPR was requested to submit a robust management structuring plan and a comprehensive compliance plan to provide assurance to the Chief Inspector that the present system was sustainable into the future.

### Regulation 11: Visits

Visits had recommenced on a phased basis. Residents felt confident that they could get access their relatives at any time. Residents had opportunities for private visits within the nursing home. Visitors signed the visitors book on arrival in the centre and on departure. A protocol on visiting was in place in line with the national guidance.

Judgment: Compliant

### Regulation 13: End of life

End of life wishes and decisions had been recorded. Residents were facilitated to avail of a hospital admission if required. Palliative care expertise had been accessed for pain and symptom control. The policy for end of life care had been updated in line with COVID19 guidance and protocols.

Judgment: Compliant

### Regulation 17: Premises

The premises was welcoming and homely on first impression. The entrance hallway was nicely decorated and there were various pictures and notices of interest displayed on the wall. These included a large number of photographs taken at recent garden parties and other events, the complaints process, COVID 19

precautions, the daily menu and the activity list for the week.

Communal toilets were wheelchair-friendly and residents in the general units could avail of the dining room, the gym and sitting room for activity, or the oratory and visitors' room for peaceful relaxation. A well furnished conservatory room provided alternative dining and sitting space. One resident who was particularly adept at woodwork had decorated and upgraded a number of items of old furniture which were now in use in the centre. Bedrooms were spacious and there was adequate furniture available for the storage of personal items. Residents had access to en-suite shower and toilet facilities in their bedrooms, as well as accessible communal toilets in the hallways.

A specific unit in the home was set aside for specialist dementia care. This area had a large dining room, sitting room and spacious conservatory area for the use of residents. This conservatory room was accessible from outside and was used for 'social distance' visiting sessions at the time of inspection. The unit was decorated in a colourful and eye-catching manner. This meant the residents always had items of interest for occupation as well as a colourful environment for their daily care. An enclosed garden led off the main sitting area in this specialised unit. Doors to each bedroom were painted to resemble a 'front-door' and directional signage was clear. This decor was an advantage for people with dementia: the individual doorways added a person-centred, home-like environment which was easy to navigate due to the signage.

The hairdressing salon, in use for all residents in Beechlodge, had been newly painted and was seen to be suitably equipped and decorated. Residents felt fortunate that a staff member had used her hairdressing skills on their behalf throughout the period of "lockdown".

A new improved shower facility had been developed since the previous inspection for one resident with specific needs.

Nevertheless, inspectors found that there were a small number of improvements to be undertaken to enhance the furnishings and the decor. These were discussed with the RPR who undertook to address these deficits in the interest of infection control and supporting effective cleaning of surfaces.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents said that the food was nice and tasty. Choice was available. The chef understood their likes and dislikes. Specialised diets were seen to be supported. Mealtimes had been rescheduled so that the residents had a suitable gap between each meal and they were afforded time to enjoy their meal. On this inspection, inspectors found that there was adequate supervision at mealtimes and staff were

seen supporting residents in a dignified and patient manner.

Judgment: Compliant

### Regulation 26: Risk management

The risk register had been updated and was reviewed at each management meeting. Risks had been added due to the risks associated with the COVID pandemic.

Where one dangerous incident had reoccurred appropriate controls and supervision had been implemented to prevent harm.

Judgment: Compliant

### Regulation 27: Infection control

The centre appeared to be clean and guidelines were generally being followed in relation to the use of specific cleaning products.

The HSE had supported staff with COVID 19 prevention guidelines, access to infection control expertise, daily public health team phone calls and supplies of PPE. Guidance documents from the HSE and the health protection and surveillance centre (HPSC) were available for all staff. COVID 19 precautions were displayed throughout the centre for staff, residents and visitors.

Specific and relevant staff training had been implemented and the COVID contingency plan was very detailed. However, inspectors found that additional training was required in relation to official infection control guidance regarding precautions for the washing and drying of floors. In addition, inspectors found that social distancing was not always maintained, particularly at times of group activity.

Infection control policies were updated and information had been added to the statement of purpose in relation to the COVID 19 precautions in the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medicine management was generally good. Prescriptions were clearly written and signed. However, a prescribed steroid cream was not stored on the medicine trolley

but in the resident's locker. Additionally a prescribed medicine, used in a vaporised form to aid breathing, was stored on a resident's bedside table. These matters were immediately addressed by the nurse. The general practitioner reviewed medicines on a weekly basis and this was described as 'very helpful' to staff in the management of residents' care, records and medicine stocks.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care plans were detailed. They were written in an electronic system and were easy to access. Daily nursing notes were personalised and included details of medical consultation as well as social activity.

Communication with relatives was documented and activity staff made daily entries to the plan for care for each individual.

Clinical assessments were undertaken prior to the development of specific care plans.

Residents had their mobility, cognitive and nutritional status assessed regularly. However, one resident who had a very low body mass index (BMI) and very low weight did not have a corresponding care plan in place. This was required to assure the inspector that dietitian advice was sought and that all efforts had been expended to encourage her to eat nutritiously. While staff indicated that she had been identified as having a historically low BMI it was important to identify this in a care plan to set out how she was being assessed and supported to maintain her current status.

A small number of residents had sustained pressure sores prior to admission to the nursing home. Good progress had been made in healing these wounds and there had been substantial progress in one instance.

Nevertheless, it was not clear to inspectors if a regime had been set up for the dates of changing of wound dressings and if defined intervals were set out for measuring the dimensions of the wound, a method used in some cases to indicate progress in healing. This was important to guide staff practice, particularly in the event that a new or agency staff member was caring for the resident. In addition, information of the current status of wounds was not easily retrievable from the documentation on the day of inspection. Additional documentation was submitted following the inspection.

Furthermore, in relation to the management of the behaviour and psychological symptoms of dementia (BPSD) not all staff were seen to be utilising the behaviour assessment form in the correct manner to ascertain the cause of behaviour and the alternative strategies employed, prior to administering a

psychotropic medicine.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had a very good service from the local GPs. One GP was described by staff as very attentive and always accessible to meet the needs of residents in the nursing home. The GP had held a meeting with residents in the nursing home to allay their fears about COVID 19 and to explain the treatment options available to them. Blood tests were taken when relevant and weekly blood sugar tests were recorded for residents with diabetes. The pharmacist carried out audits and supported residents and staff in medicine management.

The geriatrician, the psychiatrist, the public health nurse and other health professions were accessed by staff on behalf of residents. A physiotherapist was employed full time in the centre. He accessed residents' mobility needs and trained staff in manual handling techniques and correct positioning of residents, when seated.

The dietitian, the speech and language therapist (SALT), the optician, the dentist and the chiropodist were available on referral.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Care plans were in place for residents who experienced behaviour changes as a result of the effects of dementia.

However, a sample of these seen by inspectors were found to be generic in nature and not specific enough in the guidance provided to staff in how to manage behaviour in a non-pharmaceutical manner.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff were trained in the prevention of abuse and in safeguarding residents from abuse. Staff spoken with were aware of their responsibilities and the reporting process. The finding by inspectors of non-compliance under Regulation 31 in this



report refers to two episodes of alleged theft which was notifiable to the Chief inspector. These notifications had not been submitted.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were seen to have their rights upheld:

- Residents' meetings were convened and the minutes were recorded.
- Residents had been kept up to date in relation to the pandemic. Staff and medical personnel had addressed their concerns. Residents had been informed about the reason that staff were wearing masks and the rationale for increased hand-hygiene to ensure continued infection control.
- Their care wishes were recorded and relatives had been communicated with in relation to visiting arrangements.
- Activities had continued throughout the period of "lockdown". These activities were modified to include the need for social distancing where possible.
- Mass was available via video-link from the local church. Residents were free to join in communal prayers in the centre.
- Residents said that they voted when relevant and they were aware of local and national political developments. Communal space was plentiful and private day rooms were accessible for quiet times.
- Gardens were well maintained. However, residents were not seen utilising the gardens on the day of inspection even though it was a nice day. This was discussed with senior management who said they were planning to set up a walking group so that going outdoors became part of the daily routine of residents.
- There were two energetic, kind and enthusiastic activity coordinators in the centre. As a consequence of their care and attention residents' well-being had generally been maintained during the most prolific phase of the virus.
- Those who felt a sense of loneliness due to the anxiety of the pandemic crisis or due to missing their visitors were consoled, listened to and distracted by staff and other residents. Inspectors witnessed two such episodes during the inspection. Residents were seen to be very kind to each other.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beech Lodge Care Facility OSV-0000408

Inspection ID: MON-0029821

Date of inspection: 30/06/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Going forward notifications will be submitted within the appropriate timeframe to comply with regulatory requirements.</p> <p>The NF30 was submitted to HIQA on 17/07/2020</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Continuing recruitment campaign for the BLCF group will attend to address this issue and other staffing contingency plans .</p> <p>However in the interim an additional 14 hours nursing care is in the process of been introduced. 10/08/2020</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will ensure that notifications as required by the chief Inspector are</p>	

<p>submitted within the timeframes governing the absence of the person in charge Notification NF 30A for the change of person in charge was submitted to chief inspector on 17/07/2020</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose was reviewed and updated reflecting the current organisational management structure and Covid lead for care facility. Same was submitted to Chief Inspector on 07/07/2020</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: An notification NF06 report of the unsubstantiated allegation was sent to HIQA Chief Inspector on 03/07/2020 Going forward the Person in Charge will ensure any incidents or allegations will be screened and reported in writing to Chief Inspector under the regulation within the required time period.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Post inspection an audit of complaint forms was carried out. To date all complaints are resolved and dated. It was identified that 2 complaints did not have written documentation regarding the satisfaction of the Complainant same was updated. 1 complaint was not signed as complete as complaint was under management review and accordingly a conclusion was not reached during the day of inspection.  Going forward the satisfaction level of the complaint will be documented as per our policy.</p>	

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:</p> <p>An NF30B was submitted to the Chief Inspector identifying all management structure changes involving the Person in Charge of the centre. 17/07/2020</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Post inspection a management meeting took place to agree the plans for the relocation of the nursing station in the Daffidol Unit and work will be substantially be completed during the 4th quarterly 2020.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Household cleaning staffs knowledge and skills in relation to Enviromental Hygiene cleaning standards and Infection Control, shall be enhanced with a a 3 day Cleanpass training course scheduled for 31/08/2020.</p> <p>Management will monitor compliance by completing daily spot checks, auditing and updating staff on IP&amp;C policy guidelines and procedures.</p> <p>The activity co- coordinator has re organised group activities into smaller groups ensuring social distancing is maintained.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  The PIC and CNM have discussed the findings of the report with staff nurses in relation to the administration and storage of medications.</p> <p>To ensure best practice and standards in relation to medication administration and storage, all medication related policies have been redistributed for nursing staff to read and sign off.</p> <p>Management will continue to monitor compliance during management daily walk rounds and via monthly audits.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>(1) The resident in question with the low BMI, had weekly weight monitoring and GP input ( on nutritional supplements) since her admission to the centre. Dietician referral completed and intervention care plan was implemented.</p> <p>(2) Post inspection a wound audit confirmed all residents had a wound assessment tool in place and same updated after every wound dressing.Wound assessment charts had up to date documentation in relation to frequency of wound dressing, wound measurements and photographs. Supporting documentation sent to HIQA.</p> <p>(3) The resident who exhibited episodes of Challenging behaviour was reviewed by the GP and was commenced on a trial PRN psychotropic medication for one week. The effect of this medication, if administered, had been monitored daily along with other holistic interventions.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p>	

Residents who have exhibited responsive behaviour are discussed weekly with the care team to ensure a person centered approach is taken and to ensure that all interventions to guide staff have been considered. Care Plans will be updated to reflect same.



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	17/07/2020
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	10/08/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/12/2020
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	17/07/2020

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	02/09/2020
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned	Substantially Compliant	Yellow	07/07/2020

	and containing the information set out in Schedule 1.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	03/07/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/07/2020
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the	Substantially Compliant	Yellow	16/08/2020

	outcome of their complaint and details of the appeals process.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/07/2020
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/08/2020
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, such notice shall include details of the procedures and arrangements that	Not Compliant	Orange	17/07/2020

	will be in place for the management of the designated centre during that absence.			
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been, or were made, for the running of the designated centre during that absence.	Not Compliant	Orange	17/07/2020
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Not Compliant	Orange	17/07/2020
Regulation 33(2)(c)	The notice referred to in paragraph (1) shall specify the name, contact details and qualifications of the person who will be or was responsible for the designated centre during that absence.	Not Compliant	Orange	17/07/2020