

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechfield Manor Nursing Home
Centre ID:	OSV-0000013
Centre address:	Shanganagh Road, Shankill, Co. Dublin.
Telephone number:	01 282 4874
Email address:	estherk@beechfieldmanor.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechfield Nursing Homes Limited
Provider Nominee:	Ciaran Larmer
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	65
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 01 December 2014 09:30 To: 01 December 2014 18:30

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

Outcome 04: Suitable Person in Charge
Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The Authority had received unsolicited information prior to the inspection. These matters were followed up during the inspection and discussed with the person in charge and the provider during the inspection. While there was nothing to substantiate the information submitted, the provider was requested to submit additional information in relation the matters outlined following the inspection.

The previous person in charge who completed the provider self-assessment tool had judged that the centre was minor compliant in relation to both outcomes. The current person in charge was new to the role since June 2014. She had taken action where improvements had been identified in the self assessment tool. There was evidence of mainly positive outcomes for residents, which were confirmed by residents and evidenced throughout the inspection.

The inspector found one minor non 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. There were good practices identified in the management of residents'

nutritional needs. The inspector found residents were regularly assessed and detailed care plans guided care. There was good access to general practitioner (GP) services and a range of allied health professionals such as dietician and the speech and language therapist (SALT) for residents at risk of poor nutrition. The mealtime experience for residents was calm and sociable with adequate supervision provided and assistance from staff where required.

Residents requiring end of life care received a good quality service at this stage of their lives. The inspector noted examples of good practice in this area and staff were supported by prompt access to specialist services. Feedback shown to the inspector from a number of relatives of deceased residents showed that families were satisfied overall with the care given to their loved ones. However, care plans did not consistently guide the care to be delivered and while consultation took place it did not consistently inform residents' end of life wishes. To address these matters, the person in charge said family meetings would be held with all residents and representatives if required, these matters would in turn drive improvement in end-of-life care plans. These meeting were planned to commence in January 2015.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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.

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

Since June 2014, a new person in charge was responsible for the management of the centre. A fit person interview was held with the person in charge during the inspection. The inspector found she was familiar with the residents' health and social care needs, and was observed interacting with resident's during the inspection. The person in charge was a registered nurse who had the relevant length of experience required by the Regulations. She demonstrated adequate knowledge of the Regulations, and was aware of her requirements therein.

The person in charge held meetings with staff, with two meetings held since becoming person in charge. More meetings were planned. She regularly met with the provider who was based in the centre, and attended management meetings of the board of directors to discuss issues pertaining to the centre.

The person in charge participated in ongoing professional development and had completed diploma in leadership and management. The person in charge had completed courses in nutrition, end-of-life and had attended seminars on the national standards and regulations. She also completed training in mandatory areas.

Satisfactory deputising arrangements were in place. The person in charge was supported in her role by an assistant director of nursing (ADON) who deputised in her absence. The ADON participated fully in the inspection process, demonstrated good clinical knowledge and familiarity with the Regulations.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. Minor non-compliance in care planning as detailed under Outcome 14 was identified. No other aspect of this outcome was reviewed on inspection.

Judgment:

Non Compliant - Minor

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:

Overall, residents received a good standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the care planning process.

There was a policy on end-of-life care which was centre specific, and had been reviewed in July 2014. Since taking up the role, the person in charge had reviewed and proceeded to implement the actions outlined in the self assessment. A score of minor non compliance was given in the self assessment tool. At this inspection, the inspector found overall compliance with this outcome, with an area of improvement required in the documentation of care plans as outlined in Outcome 11 (Health care needs).

The inspector reviewed the documentation for seven residents in relation to end-of-life care planning. This included the care plans for two recently deceased residents. However, the care plans were not sufficiently detailed to guide care. For example, the care plans did not consistently set out the residents spiritual, emotional, social and psychological needs. In addition, when residents were at end-of-life there was no plan in place if residents conditions deteriorated suddenly.

The person in charge and assistant director of nursing (ADON) outlined the system in place to illicit residents preferences and wishes. Each resident and their representative received a "my personal care plan" on admission to the centre. A sample were reviewed by the inspector, and consisted of a booklet, which was completed by the resident or their representative if required. They outlined the likes, dislikes and wishes of the residents. However, there was no follow up with the resident to discuss the information and there were many gaps in the documentation reviewed with no rationale as to why. The person in charge told the inspector this was a work in progress, and as outlined above, family meetings with residents and relatives were due to take place from January 2015. The ADON explained when they commenced having family meetings, both residents and families would have protected time to discuss their end-of-life care plans which would fully inform the care plans. The inspector spoke to a number of residents however, they did not discuss their preferences and wishes for the future.

The person in charge outlined the procedures in place when residents were approaching end-of-life. An assessment tool was used to assess and review residents care needs on a daily basis. The inspector saw records of the assessment tool on residents files. They outlined the residents care provided, pain management and symptom relief. It was completed each day in the time leading up to the residents death. There were documented nursing notes outlining the care provided to residents at that time.

There were documented records of decisions concerning future health care of residents. There was evidence they were discussed with the residents G.P. and family. These was documented and reflected in the residents care plan. There was a system to review the status of these decisions every six months. There was good access to local palliative care team. The service was accessible upon referral by the nursing staff and G.P. The

inspector saw that there was prompt access to the service when required. Staff members were knowledgeable about how to initiate contact with the service. This was also documented in resident's files.

The bedrooms in the centre were single occupancy, apart from two two-bedded rooms. The person in charge said a single room would be available to residents in these room if it was requested or required. Currently there was no resident requiring this in the two bedded rooms. Relatives were facilitated to stay overnight with the resident when they were dying, and refreshments would be provided.

Residents and visitors were informed sensitively when there was a death in the centre. A discreet sign was put on display to inform residents, relatives and family members. The inspector was shown an information pack provided to families following the death of a loved one. It included leaflets and guidelines on coping with a bereavement.

The procedure for the management of resident's personal property after a death was satisfactory. Personal possessions lists were in place and updated. There were appropriate bags available to handover personal possessions. These procedures were outlined in the policy and by staff to the inspector.

Records read by the inspector confirmed all staff had received training in end-of-life care in 2014. The staff spoke with could articulate practices carried out in line with the centres policy.

There were regular religious services in the centre. Services for Roman Catholic and Church of Ireland took place regularly. Access to religious representatives from other faiths was available if requested. Respect for the remains of the deceased was documented and family were consulted throughout the whole process. Sympathy cards were also sent to families. A memorial mass had been held in November 2014 for the residents who passed away. The inspector read records of reviews and checklists carried out following a resident death to ascertain if end-of-life policies and procedures had been followed.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with meals that were adequate to his or her needs, and assistance was offered to residents in a discrete and sensitive manner

There was a centre-specific policy in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in July 2014. The inspector noted that the policy was comprehensive, evidence based and informed practice amongst nursing and health care staff. The policy had been introduced to staff and the person in charge ensured staff signed off having read and understood it. As discussed earlier, a self-assessment tool prior submitted to the Authority prior to the inspection, provided an overall score of minor non compliance. There were actions in place to address the score such as the completion of food and fluid sheets for at risk residents, and the development of pictorial menus. The inspector saw that most of the other actions were implemented, with the pictorial menus were still work in progress .

The reports from the environmental health officer inspections were reviewed, there was evidence of action taken from issues identified. The inspector reviewed results of a satisfaction survey that had been completed in April 2014 in relation to meals, food preparation and medication rounds at mealtimes. There was an overall compliant score, and issues identified had been actioned one. The ADON informed the inspector another satisfaction survey was planned to take place in January 2015. The minutes of the residents' meetings were made available to the inspector and comments and suggestions made by residents were considered and the menus amended. For example, some residents wished to have more fish and others requested to meet the chef more. The inspector followed up on these and found the suggestions to food choices were acted upon promptly and the chef told the inspector he was meeting the residents more frequently. Of the complaints recorded in the complaints log, two concerned food related matters and there was evidence they were acted upon.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector found there were clear, documented systems between nursing and catering staff regarding residents' meal choices and preferences. The nursing staff provided the catering staff updated information regarding residents' dietary requirements and assessed needs. It was contained in a folder in the kitchen. The chef informed the inspector that nursing staff provided him with an update of any changes to residents needs. The chef while new to the role demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with regards to menu options and dining location. The menu was reviewed by a dietician in July 2014, who provided advice and recommendations on residents' meals. The ADON had provided an action plan on the recommendations made.

Breakfast was served to residents between the hours of 07:00 hrs to 09:30 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. Residents with whom the inspector spoke stated that they chose to have a leisurely breakfast in bed or at their bedside. Lunch was served over two sittings, the first was at 12:15pm and facilitated residents who required assistance. The second sitting for independent residents took place at 1pm. These meals took place in the dining room

located on the ground floor. It was adequate in size and the staggered mealtimes facilitated the residents. Dining tables in the dining room were attractively and invitingly set and a menu for the day was displayed. A menu was also displayed at the entrance to the dining room.

The inspector noted that the lunch time and evening meal were sociable occasions with assistance being offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were complimentary of the meals and snacks served. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required. The evening meal was served at 17:00 hrs and the inspector observed that a number of options for food were made available to residents including scrambled eggs, omelette's and salads. Although these were not clearly recorded on the menu, the ADON undertook to address this matter immediately.

There was a snacks served at regular intervals throughout the day, the inspector saw that residents were provided with a range of hot and cold drinks; and fresh water was available at all times. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes. There was a protected mealtime policy in place and a nurse supervised the meals during this time.

Based on a sample reviewed by the inspector, care plans reflected assessment of nutritional needs on admission. Care plans were updated regularly and guided the nutritional care needs of each resident. The inspector saw records that confirmed weights were monitored on a monthly basis along with the Malnutrition Universal Screening Tool (MUST). The inspector saw residents who had lost weight or had a high MUST score had increased monitoring with weight reviewed weekly and food and fluid monitored. The nursing staff understood the relevance of weight monitoring and reviewing resident food and fluid intake sheets. The inspector saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed. The inspector noted that staff had received training in training food and nutrition throughout 2014.

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beechfield Manor Nursing Home
Centre ID:	OSV-0000013
Date of inspection:	01/12/2014
Date of response:	22/12/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The end-of-life care plans were not comprehensive enough to guide practice.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

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

As per Regulation 05(4) formal reviews will be conducted every four months and more frequently if the need arises .

Meetings will be held with all residents and their representatives if required.

Information re resident's end of life wishes will be gleaned at various stages from initial assessment onwards. This information will subsequently be incorporated into care plans , used to guide practice and updated as required.

These meetings are planned to commence in January 2015.

Staff Nurse training and support in eliciting information, in a sensitive manner and the use of this information to guide practice in a person centred manner has commenced and will be maintained.

Proposed Timescale: 01/06/2015