Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Beechfield Manor Nursing Home
Centre ID:	OSV-0000013
Centre address:	Shanganagh Road, Shankill, Co. Dublin.
Telephone number:	01 282 4874
Email address:	rolando@beechfieldmanor.ie
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):	
Type of inspection	Announced
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
19 April 2016 09:30	19 April 2016 19:00
20 April 2016 08:30	20 April 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspector assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland. The inspector reviewed documentation submitted to the Health Information and Quality Authority (HIQA) by the provider to renew the registration of the designated centre.

As part of the inspection, the inspector met with residents', relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents' and relatives had submitted questionnaires prior to the inspection. Overall, positive comments were made about the service.

At this inspection, the inspector found the centre had clearly defined lines of authority in place, and there were robust systems to ensure effective operational governance of the centre. Inspectors were satisfied with the on-going the fitness of the person acting on behalf of the registered provider (the provider) and the person in charge. The person in charge was new to the role since December 2015 and was interviewed during the inspection.

Overall, the inspector found the provider was committed and willing to ensuring a good standard of compliance with the regulations. The staff were familiar with the residents' and their healthcare needs. The residents' were afforded choice in how they went about their day, and what services they availed of. Staff treated the residents' in a kind, patient and dignified manner.

The residents' were regularly consulted with about the running of the centre and had access to independent advocacy services. Care was provided to residents' in a timely and effective manner, with medical, pharmaceutical and a range of allied health professionals readily available to the service. There were adequate staffing levels and skill mix to meet the assessed needs of residents'. There were suitable staff recruitment processes in place.

However, some improvements were identified with a number of non compliances identified. There were 13 actions required. These were in relation to the outcomes on governance, risk management, medication management, care planning, and an aspect of the physical environment.

The action from the previous inspection of December 2014 was addressed. The issues identified at this inspection are outlined in the report and the Action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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 a written statement of purpose was developed for the centre that met the requirements of regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found there was a clearly defined management structure that outlined the lines of authority and accountability, with systems in place to review the safety and quality of life of residents'. However, consultation with residents' in the annual review

required improvement.

The centre is operated by Beechfield Manor Nursing Home Limited. There is a board of directors in place who oversee the governance of the centre. A defined senior management team included the provider, the person in charge and an education coordinator. There were arrangements in place for the senior management to meet and clear lines of authority and accountability of roles were in place. The provider was based in the centre one day a week and met the person in charge on a weekly basis. The chief executive officer (CEO) met the provider on a weekly basis who gave a report on the operation of the centre.

The inspector found the governance and management in place required some improvement in order for the centre to be in full compliance with some aspects of the regulations as supported in findings of this inspection in Outcomes 7 (health and safety), 9 (medication management) and 11 (health and social care needs). Following the inspection provider submitted a satisfactory action plan regarding the issues identified in Outcome 7 and 11. (This is discussed further under these outcomes).

There were systems in place to monitor the service provided to residents'. Inspector saw minutes of clinical governance meetings. A range of matters were discussed and an action plans were developed. The person in charge gathered monthly key performance indicators (KPIs) that were presented and reviewed/discussed at the monthly meetings held with the board and the CEO. Inspector also read audits that had been completed in 2016 on falls, catheter care, nutrition, tissue viability, medication errors, medication audits and health and safety.

The provider outlined improvements that were being undertaken to enhance the current monitoring systems.

There was an annual report on the review of the safety and quality of care provided to residents' was seen by the inspector. It was a comprehensive document that included detailed findings and actions to bring about improvements in the centre. The inspector discussed the findings of the report with the provider. The report had not been done in consultation with residents'. The provider said they will include residents' in the process for the next report developed.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that each resident had an agreed written contract and a guide to the centre was provided to each resident on their admission.

A sample of residents' contracts of care were reviewed. Each contract was signed within one month of entering the centre. The contact included the services provided and the fees charged.

The contract of care stated there was a fixed monthly charge for the social programme. The contract stated the fee was payable regardless of residents' participation in activities. This was discussed with the provider who said residents' were informed prior to their admission about the additional charges. The provider stated that the programme was available to all residents' irrespective of their dependency levels. This was evidenced during the inspection as outlined in Outcome 11 (Health and Social Care Needs).

There was a residents' guide that clearly summarised the complaints process, the visitors policy, services provided in the centre and the emergency procedures.

Judgment:
Compliant

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 found that the centre was managed full-time by a registered and experienced nurse in the area of nursing older people. For the duration of the report he shall be referred to as the person in charge.

The person in charge demonstrated a good knowledge of the regulations, the HIQA Standards and his statutory responsibilities. During the inspection, the person in charge demonstrated a commitment to delivering good quality care to residents' in a very person-centred manner.

The person in charge managed the centre with authority and accountability, and the

inspector saw he was present throughout the centre. The staff said they regularly met with him and regular staff meetings were held, the minutes of which were read by the inspector.

The inspector observed that he was well known to staff, residents' and relatives. The person in charge had maintained his continuous professional development by reading evidenced based guidance and information, attending in-house courses and keeping up-to-date with evidence-based practice.

The person in charge was supported in his role by an assistant director of nursing (ADON). The inspector met with the assistant person in charge during the inspection, and found she was familiar with the residents' healthcare needs and was knowledgeable of the regulations and the Standards. The ADON supported the person in charge and deputised where required.

Prior to the inspection, a new director of nursing had been recruited to the role. The current person in charge would be moving to a new role within the organisation. For the meantime he would remain on as person in charge until the director of nursing completed their induction period. The new DON who was less than one week into their induction period was met by the inspector. A formal meeting would be arranged in HIQA offices following the inspection and the submission of the required documentation to HIQA.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that all of documents outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval. A small area of improvement regarding the directory of residents' was identified.

There were policies and procedures in place as required by Schedule 5 of the regulations. The policies were up-to-date, centre specific, and guided practice. The inspector found staff were sufficiently knowledgeable of key operational policies.

There was evidence to confirm the centre was adequately insured against loss or damage to residents' property, along with insurance against injury to residents.

A hard copy directory of residents' seen by the inspector. However, not all information required by the regulations was maintained. For example, the gender of residents' and the name and address of the authority or body that admitted residents' to the centre was not consistently recorded. Inspectors discussed this with management, who assured them in future all residents' information would be captured in the directory.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

There were appropriate contingency plans in place to manage any such absence. The ADON deputised for the person in charge in his absence.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

Findings:
The inspector found provider ensured there systems in place to protect residents from being harmed or suffering abuse. There were measures to ensure a positive approach to manage expressive behaviours. Restrictive practices carried out, were done in accordance with the regulations and national policy.

There was a detailed policy on the protection of vulnerable adults. It referenced the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. The policy included information on the types of abuse, the reporting arrangements and the procedures to investigate an allegation of abuse. Records read confirmed all staff had received training in the prevention of abuse. The training was facilitated by the education coordinator for the organisation. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place.

There had been allegations of abuse notified to HIQA since the last inspection. The inspector found appropriate action had been taken by the person in charge and the provider. The person in charge and the provider were both very familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. The person in charge was aware of the requirement to notify any such allegation to HIQA.

All residents spoken to said that they felt safe and secure in the centre. Residents' stated that they attributed this to the staff who they said they were caring and trustworthy.

The inspector read a policy on the management of responsive behaviours which guided staff practice. At the time of inspection a small number of residents' presented with expressive behaviours. There were regular assessments completed for the residents' and care plans were developed to guide the practice to be delivered. A sample of care plans read outlined the type of the behaviours, the triggers and the actions to take to mitigate the behaviours. Staff informed the inspector how to handle certain situations with residents'. They used evidenced based tools to record incidents when required.

There was evidence that the National Policy "Towards of Restraint Free Environment" was being implemented in the centre. It was still work in progress. There were 7 residents' using recliner chairs and 19 residents' using bedrails. There had been no reduction in the use of bedrails in the centre in the previous months. The person in charge regular said he reviewed bed rail usage and encouraged residents' to remove bedrails.

A comprehensive centre specific policy on the use restrictive practices was read by the inspector and seen to be implemented in practice. The use of restrictive practices was mainly in the form of bedrails, recliner chairs and chemical restraint. There was evidence these were routinely risk assessed. Care plans were developed, and documented checks

carried out every two hours when in use.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The inspector found there were systems in place to protect and promote the health and safety of residents, visitors and staff. However, improvements in identification and assessment of risk were identified.

An up-to-date safety statement was seen by the inspector. There was a risk management policy that met the requirements of the regulations. A risk register had been developed which contained risk assessments for a range of hazards identified along with the control measures to manage them. There were individual risk assessments completed for residents' also. However, the inspector found that the systems in place to assess and manage risk in the centre require improvement. The inspector identified two areas of risk that required immediate action. These related to:

- residents' attending external activities without risk assessment or suitable control measures in place to support the practice. The inspector reviewed this practice in detail. This was discussed in detail with the person in charge and the provider. They were fully aware of the matter, and assured the inspector it had been done in consultation with the resident and their family. The inspector found that the best intentions were in place to encourage residents' to attend activities that they had an interest in however, the practice did not consider the assessed capacity and dependency of the resident. There had been no clinical risk assessment carried out to identify any potential risks, no multi-disciplinary discussion, no consideration of what supports may be needed. There was no care plan on the residents file that gave guidance to staff. The provider was requested to take action to prevent any further risk. Following the inspection the provider submitted a plan that outlined the proposed action to taken to in relation to the matter.

- a mobile radiator was used in the dining room, and was very hot to touch. The radiator was not covered to minimise the risks of scalds to residents'. This was brought to the attention of the nursing staff and the person in charge who assured the inspector it would be addressed immediately. The radiator was turned off and removed. Following the inspection a satisfactory action plan for the resident was submitted to HIQA.

There were arrangements in place for the investigation of medication errors, however this was an area identified for further attention. For example, incident reports read did not consistently include the action taken to address each error and what was the outcome of the investigation. There was inconsistent evidence if the errors and the action required had been discussed with nursing staff for learning or improvement. This was discussed with the person in charge and the ADON.

There was a health and safety committee in place and two meetings had taken place in the last six months, in November 2015 and April 2016. The minutes of the meetings were read. However, there was no action plan arising from the meetings, therefore it was not clear what decisions had been made and who was responsible for bringing about improvements. The issues identified above had not been identified or discussed.

The inspector observed residents' to be actively mobile. Staff were observed following best practice in the movement of residents'. There was evidence that all staff had up-to-date training in the movement and handling of residents'. There were systems place for the prevention of falls. A physiotherapist had completed a monthly analysis of all falls occurring in the centre. The reports outlined the number of falls, the location, the time of day and if there were injuries sustained. The report included the actions required to bring about improvement.

There was safe floor covering and handrails throughout the centre and a passenger lift accessed each floor, with an area of improvement identified (see outcome 12, premises).

A comprehensive emergency plan was in place. It included the alternative locations should an evacuation be required. Staff knew how to respond in the event of an emergency.

There were suitable measures and policies in place to control and prevent infection. An infection prevention policy was in place. There were regular hand hygiene audits and the staff appeared to follow best practice. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.

There were suitable fire precautions in place. The inspector saw fire procedures prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order, and fire exits, which had daily checks, were unobstructed.

Training records read confirmed all staff had attended annual fire safety training. Regular fire drills were conducted, with the most recent in April 2016. The inspector discussed drill practices with the provider, who described the drills that took place, along with the action to take if improvements were identified. Staff spoken to were knowledgeable of the procedure to follow in the event of a fire.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The systems in place to ensure residents' were protected by the centres policies and procedures on medication management required improvement.

There was a comprehensive policy on medication management that provided detailed staff guidance. As reported above it was not fully implemented by nursing staff in practice. The inspector reviewed medication administration practices in the centre with a nurse who was familiar with procedures. During the review of residents' medication prescription and administration sheets, an error was identified:

- there was no record if one resident had been administered a daily medication. This posed a risk to this resident. This was brought to the attention of the staff member who assured the inspector that appropriate action would be taken.

The were systems in place to document and report medication errors. The inspector reviewed medication error incident forms for 2015 and 2016. However, the incidents were not clearly documented in relation to follow up action and learning. See outcome 8 for more details.

There was evidence of regular medication error audit and analysis carried out and copies of reports were read by the inspector that outlined action to bring about improvements.

Staff nurses involved in the administration of medications had undertaken some training in medication management practices.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balance of a sample of medication and found it to be correct.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and,

where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector was satisfied a record of all incidents occurring in the designated centre were maintained and notified where required to HIQA.

The person in charge ensured that where required incidents where notified to HIQA within three working days. The quarterly notifications of incidents were submitted as required by 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:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found the residents' wellbeing and welfare was maintained to a good standard of nursing care. There was access to allied health services. However, aspects of care plan documentation required improvement.

The assessment and care plans of residents' were in electronic format. Records showed that where there were known risks related to a residents' care, they were set out in the care planning documentation on admission. The nursing staff completed a range of recognised clinical assessments for the residents' and care plans for their identified needs, for example, nutrition, continence, activities, communication, nutrition, daily living skills, mobility and pain management. These were completed on a four monthly or more frequent basis. However, the completion of movement and handling assessment

for one resident was not completed since their return from hospital and since their needs had deteriorated. An updated assessment was later shown to the inspector.

The inspector reviewed a sample of care plans. The care plans were seen to cover residents' assessed healthcare needs, with information about residents' social, emotional and spiritual needs included. However, the documentation of some care plans required improvement as the plans did not consistently guide staff practice or reflect the good practices carried out. For example, end-of-life care, wounds, diabetes management and activities. This had been an issue at the previous inspection and continues to require improvement.

There were policies and procedures in place for the management of weight loss and wound care. The inspector found good practice in these areas, and staff were familiar with the policies which were implemented in practice.

There was evidence that the allied health professionals recommendations were included in the care plans. An area of improvement was identified. For example, the recommendations of a tissue viability nurse were not consistently incorporated into residents care plans. Where they were, historical recommendations were only included. These matters were discussed with the person in charge and the ADON during the inspection.

Consultation with residents' or their families in their care plan reviews was evident. Records were on file when families and residents' were updated on any changes made to their care plans. This was confirmed by residents' and some family members spoken to.

There was access to services of GP, who visited the centre. The residents' could also retain the services of their own GP if they wished. Records showed that where medical treatment was needed it was provided.

There was good access to internal allied health services such as occupational therapy, physiotherapy, dietician and speech and language therapy. In addition, residents were also seen by and referred to other services, for example, chiropody, optician or dentist. There was access to geriatrician and psychiatry of older age services in the area also.

Evidence was seen during the inspection that residents' were closely monitored, and where there was a change in the condition of the resident, action was taken quickly in response. Records showed that residents' had been seen by a GP, or in some cases went to hospital for further assessments. Where residents' had been admitted to hospital, transfer records were seen that detailed what the residents' needs were, and included any medication they were prescribed.

Inspectors found there were meaningful social activities in place on a group and individual basis. There are two activities coordinators in the centre. There was an activities programme in place and this was discussed with one activities coordinator. Residents' individual social care needs were assessed. A care plan of their likes and interests was completed. However, some residents' care plans did not reflect their actual likes, interests or their level of involvement. This was discussed with the person in

charge and provider. There was a good range of interesting things for residents to take part in if they chose to. In addition, there was one to one time with resident's who preferred not to take part in group activities.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The inspector found the design and layout of the centre was in line with statement of purpose and the requirements of the regulations. Beechfield Manor Nursing Home is a Victorian house with a three-story purpose-built extension. The inspector noted that the physical environment complied with the majority of the regulations and HIQA's Standards, with an area of improvement identified.

The inspector found accessibility to and from three bedrooms (numbers 201, 202 and 203/204) located at the entrance to the main building required improvement. The rooms were accessible by three steps to the rest of the centre where the dining room and other rooms were located. A powered stair climber was seen by the inspector. The ADON showed the inspector how it was used to assist residents' using the staircase if required. However, there was no chair lift or lift. There was no lift provided. The ADON and person in charge outlined these rooms were occupied by the three residents who had regular assessments completed in relation to their movement and handling requirements. While the residents currently living these bedrooms were mobile one required assistance from two staff to use the stairs.

The provider assured the inspector that the criteria for resident' being admitted to these bedrooms in the future would be subject to on-going professional assessment as part of the care planning process as required by the residents changing needs or circumstance and no less frequent than at four-monthly intervals.

The inspector saw two lifts accessed all other floors within in the building. The lifts were serviced on a regular basis, as confirmed by records seen by the inspector.

There were 66 single bedrooms and two two-bedded rooms in the centre. At the time of the inspection the two bedded rooms were accommodated by one person. There were screens provided between the beds if two persons were to be accommodated in the rooms. A number of bedrooms were visited by the inspector with each resident's permission. The bedrooms were nicely decorated. Each had a locker by the bed, a wardrobe and a call bell. There was a comfortable chair if residents' wished to sit by their bed. It was noted that assistive equipment belonging residents' were stored in some en-suite bathrooms. This blocked access to the en-suite facilities as a result. There were adequate storage areas and rooms available in the centre.

A number of communal spaces had been made available to residents' including a sitting room located on each floor, sitting areas along corridors and a sitting area beside the nurses' station. Two dining rooms were located on the lower ground floor. There was a large drawing room and conservatory on the ground floor.

The inspector found that the laundry and kitchen facilities were satisfactory and met the requirements in HIQA Standards. There were adequate facilities were in place for residents who wished to smoke. There was access to a garden to the rear of the building, which was directly accessible to residents.

The inspector found that the building was clean and odour free. There was a good level of cleanliness in the centre The housekeeping staff spoken to described cleaning procedures and were familiar with infection control precautions that were in place.

Adequate sluicing facilities and equipment were also provided. There were secure sluice rooms on the each floor. A bedpan washer was provided on each floor. Two cleaning rooms had also been provided for the separate storage of cleaning chemicals and equipment.

A maintenance programme was in place for the upkeep of centre. A maintenance person was employed and responsible for the upkeep of the premises and garden areas. There was assistive equipment provided to meet the needs of residents, including, hoists, transfer wheelchairs and specialised mattresses. The inspector read of maintenance records and found that there was a programme in place for servicing equipment. All equipment had up-to-date service reports that confirmed al were in good working order.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The provider demonstrated a positive attitude towards complaints. The complaints policy had been updated and the inspector found that it was comprehensive and met the requirements of the regulations.

The complaints procedure was displayed prominently throughout the centre. All complaints were logged and investigated by the complaints officer (the person in charge). The inspector read a sample and there was evidence of the action taken. However, a record of the complainant's level of satisfaction was not consistently maintained for all complaints. This was discussed with the person in charge and provider who gave verbal assurance that it would be addressed for all complaints going forward.

The residents' and relatives told the inspector they could talk to the provider or person in charge if they had any complaints.

Judgment:
Substantially Compliant

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:
The inspector was satisfied that policies and procedures were in place to ensure each resident's end-of-life care needs were met.

The inspector found each resident's physical and spiritual care needs were documented in an end-of-life care plan. There was one resident approaching end-of-life during the inspection. There was very detailed guidance pertaining to pain care management that was recorded in the resident's nursing progress notes. The information guided practice but it was not within the end-of-life care plan. This is discussed in Outcome 11.

The person in charge and provider informed the inspector that a local palliative care team provided support and advice when required. There was evidence of their visits on the residents' file.

There was access to religious services where necessary. The staff had attended end of

life training in the past. The inspector read a comprehensive end-of-life care policy that guided staff practice.

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 wholesome and in accordance with their assessed needs. Residents' dietary requirements were met to a good standard.

The inspector spent time with residents' in the dining room during the lunchtime meal. The inspector found residents' were discreetly and respectfully assisted by staff with their meals where required. A menu was displayed at the entrance to the dining room, and on each table. There was a range of options for residents' to choose from, including the residents' on a modified consistency diet.

The catering staff discussed the special dietary requirements and preferences of residents' with the inspector, and demonstrated knowledge of the residents' assessed needs. The nursing staff provided up-to-date information on the residents' dietary requirements to the catering staff. There was a four week rolling menu which was recently reviewed by the provider, the chef and a dietician to ensure a varied and wholesome choice at meal times. The kitchen was found to be well laid out and stocked with a good supply of food.

The inspector saw residents' being offered a variety of snacks including fruit and hot drinks during the day.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving

visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The inspector evidenced that residents' privacy and dignity was respected and residents' were consulted with in how the centre was organised.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector found residents' were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and political rights were respected. The provider told the inspector about the arrangements for residents' to vote in-house at the recent general election. Some residents' had also been supported to attend the local polling station.

The provider said that residents' from all religious denominations were supported to practice their religious beliefs. A Roman Catholic priest says mass each week. A Church of Ireland service takes place every two weeks in the centre.

There was a residents' committee, which was held every months and depending on the residents' wishes. An independent advocacy service was also available to the residents'. A representative of the service had met residents' and was now facilitating the resident committee meetings. Any issues identified were brought to the attention of the person in charge and would be followed up before the next meeting. The minutes of the previous meeting were reviewed and outlined issues raised by residents'.

Residents' had access to a telephone and there were a number of phones available located throughout the centre. Newspapers were available and all bedrooms were provided with a television and there was a television located in the sitting room.

Wireless internet access was available in house. A resident told the inspector how they liked to stay in contact with their family using Skype.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can

appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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' had adequate space for their personal belongings and their clothes were suitably laundered and returned to them.

There was a list maintained of each residents' personal possessions which was up-to-date. Residents' were encouraged to personalise their bedrooms. Many of the bedrooms were decorated with the residents' pictures and photographs. There was suitable storage space for residents' clothing and belongings.

There were adequate laundry arrangements in place. The staff in the laundry described the procedures in place to launder the residents' clothing. There had been no complaints regarding lost clothes in the centre.

A labelling machine had been recently purchased and it was expected to enhance the system to ensure residents' clothes were returned to them. The inspector spoke to some residents' who confirmed they were satisfied with the way in which their clothes were cared for.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector found there was an adequate staff number and skill mix on the day of the inspection. There was a range of training available to staff and robust recruitment practices in place.

The inspector reviewed the actual and planned staff roster and from observation was satisfied a sufficient number and suitable skill mix of staff on duty. There were three nurses on duty from 8:00am until 8pm each day and during the week. In addition, a clinical nurse manager provided support Monday through to Sunday. The person in charge and the ADON were supernumery and available Monday to Friday. There were up to 11 health care assistants on duty until 14:00pm reducing to 9 from 14:00pm until 20:00pm.

The centre is registered for 70 residents and with the following dependency levels at the time of inspection; 22 at maximum, 14 high, 20 at medium and the nine as low. There are five healthcare assistants and two nurses on duty overnight from 8pm. The inspector acknowledged that there was no direct evidence to indicate that the ratio of nursing staff had impacted on residents care during the inspection. The provider told inspectors he was satisfied with the current staff levels on duty in the centre.

A number of agency staff nurses were required to fill in some shifts. The provider said reliance on agency nursing staff had reduced by 50% since January 2016, which was down to four shifts per week. This was confirmed from a review of the staff roster. The person in charge said they were recruiting new nursing staff and he attributed the reduction to the recent recruitment of two nurses. A service level agreement was in place with the agency that confirmed the documents required by the regulations were in place for each staff.

There was sufficient catering and household staff available who were knowledgeable on their respective responsibilities and duties.

A review of four personnel files demonstrated that the provider had ensured the information required to be kept as per Schedule 2 of the regulations was in place. The current registration numbers for all nursing staff were available.

An examination of the training matrix demonstrated that there was a commitment to on-going mandatory training and other training pertinent to the needs of the resident population. All staff had up to date mandatory training in fire safety and management, and the prevention, detection and reporting of abuse. Training had also been provided in the movement and handling of residents', infection control and dementia care.

Additionally training had been provided in food and nutrition, end-of-life care and expressive behaviours was completed by all nursing staff. The training records were supported by documentary evidence such as sign in sheets and certificates.

There was an induction plan in place for staff of various roles to ensure they were familiar with the procedures and with residents care needs. Probationary periods were undertaken and recorded. The person in charge had commenced a process of regular

appraisals with staff. At the time of the inspection 60% of the staff had appraisals completed. This system of appraisal was cascaded to the nursing staff who shared the responsibility for monitoring the care delivered. Supervisory responsibilities were allocated each day with key roles for the nursing staff and the care assistant staff. The inspector found that staff were aware of the policies and procedures, regulations and Standards and all staff articulated their various roles competently.

A small number of volunteers and external service providers provided a valuable service to residents' in the centre. There was evidence of vetting by An Garda Siochana and a written agreement of the role of the volunteer in the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Beechfield Manor Nursing Home
Centre ID:	OSV-0000013
Date of inspection:	19/04/2016
Date of response:	01/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The review of the quality and safety of life of residents' did not include consultation with residents' or their representatives.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Please state the actions you have taken or are planning to take:
The findings of resident satisfaction surveys completed last year were not included in the Home's annual review.

We will invite residents and families to participate in a satisfaction survey which will contain sections on quality and safety (completion 30.6.2016) Findings of this survey will be included in the Annual review for 2016.

Proposed Timescale: 31/08/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were some gaps the information required to be maintained in the directory of residents' as outlined in the report.

2. Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
Register has been updated to ensure records as per Schedule 3 will be maintained.

All entries for current residents within the Home will be checked and corrected to ensure that they contain all relevant information required as per Schedule 3. The register will be maintained correctly in future.

The Home is considering also utilising an electronic register in near future.

Proposed Timescale: 20/05/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system for identifying and assessing risk in the centre requires improvement.

Some risks identified by the inspector had not been assessed as outlined in the report.

3. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The documentation of a Resident's risk assessment will commence on admission and risks will be reassessed on a 4 monthly basis or sooner should the person's needs or abilities change. The safety of residents to attend the external activities will be assessed and fully recorded. Based on this assessment safeguards will be in put in place to minimise any identified risks.
Such assessments and arrangements will be accurately recorded and will form part of the resident's care plan. This action is now in place.
Radiator in Dining Room:
This radiator was taken out of use immediately and is no longer in use in the dining room.
Furthermore, the process and systems for identifying, assessing and controlling risk will be improved using the following steps:
Further training for senior staff on Risk Management, to include risk identification and assessment.
Review of Risk Register on a four-monthly basis.

Proposed Timescale: 31/07/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The investigation of adverse events involving residents' requires improvement. For example, medication errors.

4. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Audit and investigation of adverse and potentially adverse events have been completed, and are ongoing as per audit schedule.
We will ensure that there is evidence that all relevant staff are made aware of any findings and actions arising from this. Results of any audits will be relayed to staff using the memo system in care monitor.

Proposed Timescale: 30/06/2016

Outcome 09: Medication Management
Theme: Safe care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** There was inconsistent evidence of contemporaneous recording of medications administered. **5. Action Required:** Under Regulation 29(5) you are required to: 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. **Please state the actions you have taken or are planning to take:** This finding relates to one medication administration which was not signed. All medicinal products were administered based on resident's prescription. Continued training and education medication administration will be provided to all nurses. Audit including spot checks will be carried out and results of which will be relayed to the relevant staff using the memo system in Care Monitor. Nursing staff have been instructed to complete medication error reporting forms fully. This will also form part of the Home's auditing schedule.
Proposed Timescale: 03/06/2016

Outcome 11: Health and Social Care Needs
Theme: Effective care and support **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Care plans did not consistently reflect the practices delivered by staff for example, end-of-life, wound care, diabetes management, activities. Some care plans did not incorporate the most up-to-date recommendations of tissue viability nurses. **6. Action Required:** Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre. **Please state the actions you have taken or are planning to take:** Ensure that care plans are person-centred and reflecting practices delivered by the staff.

Further training on care planning to be provided to nursing staff (six nursing staff have already completed training in May 2016).
Ensure staff record recommendations of allied health professionals in the care plans of residents.
Request allied health professionals to record their recommendations and details of visits in Care Monitor.
These actions will be monitored as part of the Home's audit of residents' records.

Proposed Timescale: 30/06/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The movement and handling assessment of one resident had not been reviewed to reflect their changing needs.

7. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Instruct nursing staff to complete or arrange completion of a manual handling assessment on any resident on their return from hospital.

Proposed Timescale: 13/05/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The access to bedrooms 201, 202 and 203/204 was by three steps only, with no lift or chair lift provided.

8. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A powered stair climber has and is available to assist residents in managing these stairs.

All potential residents for these rooms are assessed for their ability to safely use the steps to and from this area of the House. On admission, these residents would be further assessed and would be assessed on a four monthly basis at a minimum and more frequently if they have had changes in their condition.
Alternative rooms are made available to residents of these rooms if their mobility needs change significantly to the point that they cannot use the three steps.

Proposed Timescale: 13/05/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was equipment stored in some residents' en-suite bathrooms which meant the residents' could not easily access these rooms at times during the day .

9. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The items of equipment that were found stored in the residents' en-suite bathrooms were for the use of these individual residents only.
We will undertake a review of the use of en-suite rooms to store resident equipment. This will include a review of suitable alternative storage for this equipment.

Proposed Timescale: 17/06/2016

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The satisfaction of complainants following an investigation was not consistently recorded.

10. Action Required:
Under Regulation 34(1)(f) you are required to: 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.

Please state the actions you have taken or are planning to take:
The satisfaction of complainants following an investigation will be consistently recorded

using the Complaints Record Form as per the Home's complaints policy. As per policy, the nominated person will review all complaints to ensure that this procedure is followed.
Proposed Timescale: 13/05/2016