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:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Centre address:	Dunmurry East, Kildare Town, Kildare.
Telephone number:	045 534 000
Email address:	beechpark02@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Quesada Developments Limited
Provider Nominee:	Thomas Ryan
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	9

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
17 August 2017 08:30	17 August 2017 15:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a triggered inspection carried out following receipt of information in relation to the governance and management of the centre.

During the day, the inspector met with residents and staff, the person in charge and general manager and the provider nominee. The views of residents, relatives and staff were listened to, practices were observed and documentation was reviewed.

The systems and measures were in place to manage and govern this centre were appropriate. The provider nominee, general manager and person in charge were supported by the household supervisor and catering manager to effectively govern and manage the service. The management team ensured that the service was adequately resourced and demonstrated sufficient knowledge pertinent to their roles and an ability to meet regulatory requirements.

All but one of the 16 actions required following the last inspection in August 2016

had been completed. Actions taken to address non compliances in relation to care planning were not fully effective. and further improvements are required.

The workforce in the centre was stable with low staff turnover and sick leave evidenced. The inspector found that care was delivered to a high standard by long-standing staff who knew the residents well and discharged their duties in a respectful and dignified way. The person in charge and the staff promoted a person-centred approach to care. Residents appeared well cared for. They said they knew the staff and management team well and their views were sought and respected. Residents expressed satisfaction with the service, including the revised laundry service and they confirmed that they were supported to make personal choices in relation to most of the aspects of their daily lives.

The findings of this inspection provided assurances that the staffing levels and skill mix complement met the assessed needs of the residents on the day of inspection.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

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

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous. The general manager and the person in charge worked in the centre on a fulltime basis and the provider nominee attended the centre at least three days each week. The person in charge, catering manager and the household supervisor reported to the general manager who in turn reported to the provider nominee.
The general manager and person in charge confirmed that weekly meetings were held with the provider and issues discussed included update in relation to residents, occupancy levels, complaints, accidents and incidents and matters pertaining to income and expenditure. However records of these meeting were not available for inspection. The most recent meeting records available were 31 January 2017.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team. Residents told the inspector that they knew the managers by name and they were accessible to talk to at any time. Residents were complimentary about the staff and the service they received. The inspector found that the service was adequately resourced and there were no staff vacancies at the time of inspection. Since the previous inspection, the management team had invited staff to complete a satisfaction survey and had taken action to address the issues that were identified by staff. For example in addition to the handover when shifts change, the staff now met before lunch for an update on residents and to share information about the mornings work. The policy in relation to supporting staff who returned from sick leave was also revised.

The management team had completed 15 of the 16 action plans from the previous inspection in August 2017. The action plan relating to care planning was progressed but some of the non compliances found on the previous inspection were evident on this

inspection.

An audit of care plans were undertaken regularly by the person in charge and each nurse was issued with a report with areas for improvement and an action plan. Data was collected on a weekly bases in relation to various aspects of the service such as the number of residents with infections, weight loss, pressure related wounds, bed bound or chair bound residents, bedrails in use and environmental hazards. This was done manually and when examined by the inspector the data showed favourable trends. However the data was not formally collated and analysed as part of a quality improvement system or analysed to monitor trends or to inform the annual review.

The inspector found a low level of incidents and accidents was reported and this was confirmed by a review of records and discussions with residents and staff. There were few complaints since the previous inspection and all were managed in line with the policy and used to inform service improvements.

An annual report detailing the provider's review of the quality and safety of care and quality of life for residents in the centre was completed in Jan 2017. This report was compiled in consultation with residents and informed the service plan for 2017. Many of the actions set for 2017 had already been completed. For example a new external trainer had been sourced to provide staff training. Seven new low-low beds were purchased and actions to improve residents and relatives engagement in care planning have been completed.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
Actions from the previous inspection were completed. The safeguarding policy was revised in November 2016 and the general manager, the person in charge and the clinical nurse manager attended training in safeguarding vulnerable adults. Training records indicated that all staff had annual training on the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting

structures in place.

The use of restraint was monitored and reviewed regularly. A review of statistics compiled on bed rail usage showed that use of bedrails had reduced from 24 in January 2017 to 14 on the day of inspection. Risk assessments were undertaken and the care plans reviewed detailed the use of restraint. The inspector noted that less restrictive alternatives were trailed before bed rails were used such as grab rails, low beds. Some residents were seated in restrictive tilted chairs on a previous inspection. These five residents had been assessed for seating and three had been provided with new specialist chairs.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Due to their complex medical conditions, some residents showed responsive behaviours. Inspectors saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Some residents were prescribed antipsychotic medication to treat underlying medical conditions. The inspector was satisfied that the use of antipsychotic medications was reviewed regularly and there was evidence that PRN(as required) medications was reduced or discontinued in some care plans medication charts reviewed.

The provider was an appointed agent for three residents who were unable to manage their financial affairs. There was no system in place for separate accounts for residents but the general manager committed to organise this as soon as possible. All residents had access to a locked storage space for valuables. The inspector was satisfied that local arrangements for the management of petty cash were appropriate. The policy for the management of residents finances had been updated since the previous inspection

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

Findings:
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents. Action plans from the previous inspection were completed. A new storage room had been created and equipment was no longer stored in communal areas. The windows had been fitted with restrictors and chords from window blinds

were secured to the wall. Smoke seals had been replaced on all fire doors. and fire retardant furniture had been purchased for the smoking room.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on areas such as the courtyard and TV brackets in bedrooms. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. The inspector noted that one twin room did not have a hand basin. This did not support good hand hygiene practices.

The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a quarterly basis.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was scheduled for annual servicing. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Other safety checks included a weekly fire alarm test and a quarterly visual inspection of evacuation equipment.

All staff had attended fire training. Fire drills were carried out on a regular basis and when required action plans were put in place. For example following one drill it was identified that the oratory was not checked, this had been addressed. A new fire safety trainer had been sourced and the training planned for 31 August was a four hour programme, which included a simulated drill using night time conditions. New staff and staff due for refresher training were scheduled to attend this training. The general manager confirmed that simulated fire drills had not been done to reflect the night staffing levels when there would be fewer staff on duty.

Personal emergency evacuation plan (PEEPs) were in place for each resident which needed improvement to include details such as the number of staff required to evacuate the resident, cognition issues and the ideal means and route of evacuation.

Judgment:
Substantially Compliant

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 action plan from the previous inspection had been completed. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under the Misuse of Drugs legislation and medicines requiring refrigeration. Checks of controlled medicines were completed at each shift change and refrigerator temperatures were recorded daily. Residents' prescribed medicines were reviewed at least three-monthly by each resident's GP, the pharmacist and the person in charge.

The inspector observed a sample of medicine administration to residents on this inspection. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. All medicines to be administered by nurses in a crushed format were individually prescribed.

Procedures were also in place for stock control and to ensure medicines, including medicines controlled under misuse of drugs legislation that were out-of-date or no longer used by residents in the centre were removed from the medicines trolley and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to the pharmacist was available to meet with them as they wished.

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:
Residents had access to assessments and services to meet their healthcare, nursing and social needs in accordance with the centre's statement of purpose. Action plans relating to access to appropriate seating had been completed. The action plan for care planning was progressed but issues found on the previous inspection were evident on this inspection.

The inspector found that prospective residents had a preadmission assessment to

ensure that each resident met the admission criteria and the service was appropriate to meet their individual needs.

Residents had access to a good standard of nursing, medical and allied healthcare professionals. Residents had access to medical services and they had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody and physiotherapy. There were also arrangements for residents to access optical and dental services on site.

The inspector saw that each resident had a nursing assessment and a plan of care to meet their assessed needs. The inspector reviewed a sample of care plans and saw that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Records of the review of each care plan included details of the progress towards goal attainment and any changes to the care plan. Care plans were completed in consultation with the resident and/or their representative and were supported by a number of validated assessment tools. Care plans were person centred but sometimes lacked sufficient detail to support a consistent team approach to care. For example interventions such as 'encourage fluids' or 'toilet regularly' do not provide adequate information to guide care. It was not possible to determine if care plans were being fully implemented as there were gaps found in fluid charts and turning charts. A nursing record of each resident's health, condition and treatment given was maintained on each shift. Each resident's vital signs and weight were recorded regularly with action taken in response to any variations.

There were very few wounds and only one pressure related wound at the time of inspection. The inspectors saw that the risk of pressure sore development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. The inspector noted that pressure relieving mattress for a resident was set too high for their weight. A suggested improvement was to monitor mattress settings on a regular basis to ensure optimal pressure relief. Wounds were assessed and care plans developed and implemented.

The incidence of falls was very low and monitored on an on-going basis and a validated assessment tool was used to establish each resident’s risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including increased supervision, the use of hip savers and low beds.

A number of residents had diabetes and they had care plans in place. They were managed by the general practitioner and had access to specialist advice from the local diabetes clinic. The monitoring of blood glucose levels was carried out in line with HIQA guidelines. However the optimal blood glucose levels for each resident was not stated in their care plan and relevant information such as 'not to administer insulin if the blood glucose reading is below 6' was communicated verbally but not included in the care plan. There was no evidence that residents with diabetes had been facilitated to have retinal screening done.

The resident’s right to refuse treatment was respected and recorded. There were procedures in place and records seen supported that relevant information about the resident was provided and received when they were absent or returned to the centre

from another care setting.

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

Findings:
As described at the previous inspection this is a centre is a single-story purpose-built residential centre with 47 places. Accommodation comprises 33 single bedrooms and seven twin bedrooms. Many of the rooms have en suite facilities and there are adequate communal bathroom and toilet facilities to meet the needs of residents. There is one wheelchair accessible toilet and two standard toilets near the reception area. There are wide corridors and a variety of seating areas. There is a spacious sitting area which overlooks a large secure courtyard. This courtyard is accessible to residents and visitors from all corridors. The gardens are well maintained and have suitable garden furniture for residents and visitors.

The accommodation is well maintained adequately heated and met the requirements of the Standards and legislation. Improvements identified in the previous inspection had been addressed. A visitors' room had been converted into a storage room for assistive equipment and flooring had been replaced in rooms 1 and room 35.

Additional facilities include the dining room, oratory, main kitchen area, treatment room, laundry and sluice room, cleaning equipment room and a designated smoking room with fire retardant furniture. Staff have their own locker room with shower facilities and wheelchair accessible toilets. There is a changing room allocated for catering staff.

Appropriate assistive equipment was provided to meets residents' needs such as hoists, mobility aids, specialist seating, beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date.

Judgment:
Compliant

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:
A complaints process was in place to ensure the complaints of residents, relatives or their representatives were listened to and acted upon. Residents and staff said that they could raise issues with staff, the person in charge or the general manager or the provider nominee in order to make a complaint. The person in charge was the named complaints officer. Records showed that there were five complaints since Jan 2017. Complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded

The complaints process included a local appeals procedure and there was also an independent appeals process. The complaints policy was posted in communal areas and the residents guide also held details of the complaints policy. There was evidence that complaints were used to inform service improvements. For example the decision to outsource the laundering of bed linen was made to improve the service for residents personal laundry.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked

and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The catering manager discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences were held in a folder in the kitchen. The inspector saw that there was a rolling four week menu which had balance and variety.

There was a large dining room nicely furnished located near the sitting room. Residents and staff were offered menu choices around 11am. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The inspector saw that the dining experience was pleasant. Tables were nicely laid and meals were appetisingly presented. Adequate assistance was available. Residents spoken with expressed satisfaction with the menu choices and said that staff would get you anything you wanted. Staff confirmed that they had access to the food and snacks for residents outside of normal mealtimes.

A water dispenser with plastic drinking cups was installed in the dining room to promote independence as recommended at the previous inspection.

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

Findings:
Actions from the previous inspection were completed. The inspector was satisfied that

the privacy issues had been fully addressed. The curtain tracks in the twin room were realigned and new curtains erected in this room and all the bedrooms in the centre. Contact had been applied to the glazed area at room 40 and this addressed any privacy issues. The inspector noted that appropriate language was used when staff interacted with residents. Personal information about residents was stored discretely in folders.

The daily routine was organised to suit the residents as far as possible. Staff were observed to work at a gentle pace and they optimised opportunities to engage and connect with residents. Organised activities were provided and there were two activity staff who organised activities over a seven day period. Activities were available which reflected the capacities and interests of each resident. Improvements could be made in the manner in which the activities were written on the notice board. The white board looked quite cluttered and the activities were written in black pen. The use of pictures, colour and text with larger font would make it more user friendly.

There was evidence that activities were chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as exercise classes, arts and crafts, music sessions. Staff created opportunities for one-to-one activities, for residents who were unable or unwilling to participate in groups. A 'Key to Me' document containing information about each resident's history, hobbies and preferences was used to inform planning of activities.

There was evidence that residents received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the resident's permission before engaging in any care activity.

Residents told the inspector they were satisfied that their spiritual and civil rights were upheld. The provider supported residents to vote in house or in the community. Residents attended Mass in the centre and they had access to an oratory and religious ministers visited residents in the centre. Residents confirmed that formal meetings were not held because they were free to speak with the provider, staff or the management team at any time. The inspector noted that baking was reintroduced to the activity schedule because residents feedback. Staff confirmed that residents meetings were not popular and they now used the care plan review meetings to elicit the views and discuss pertinent issues with residents and their relatives. Information about advocacy services was posted in the centre and also included in the residents' information booklet. However the inspector noted that the residents' information book was held in the office and not readily accessible to residents.

The centre supported residents to maintain links with their local communities. There were no restrictions on visiting times; there were rooms and various seating areas to allow residents to receive visitors in private. Some residents attended day care in the locality. Staff explained that the provider took residents to the local shops or to Kildare Village but organised outings were less frequently held as the residents' dependencies increased. Individual residents ordered daily and local newspapers and a number of these papers were also provided in communal rooms.

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

Findings:
The action plan from the previous inspection was completed. The laundry service was revised and an external company was contracted to launder bedding and towels. The laundry service was provided from 8:00- 13:30 hours for seven days per week for resident personal laundry. The inspector visited the laundry which was organised and well equipped.

The inspector met a laundry staff member who was knowledgeable about the different processes for different categories of laundry and she explained that she had responsibility for laundering and returning clothing to residents' wardrobes. The inspector noted that garments were ironed and individually marked.

There was a reasonable amount of space for residents' clothing and possessions. Residents and staff who spoke with the inspector confirmed that they were happy with the service provided.

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

Findings:
The action plan to update all staff in safeguarding training had been completed. This was confirmed by the person in charge, staff who met the inspector and the training records.

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and to ensure the safe delivery of services. The staffing levels were in line with the Statement of Purpose. The workforce in the centre was stable with low staff turnover and sick leave evidenced.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the regulations and guided practice.

Assurance was given by the provider nominee that Garda vetting was in place for all staff.

The inspector confirmed that up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

Staff training records demonstrated a commitment to the on-going maintenance and development of staff knowledge and competencies. Staff spoken with confirmed this. Training undertaken in 2017 included safeguarding, wound care, manual handling, and household staff attended training on the use of chemicals.

Good supervision practices were in place with nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

The person in charge and the general manager confirmed that there were no volunteers in the centre. The provider was aware of the requirements of the regulations in this regard.

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:

Mary O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Date of inspection:	17/08/2017
Date of response:	12/09/2017

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:
Records of weekly management meetings were not available for inspection. The most recent meeting records available were 31 January 2017.

Data was collected but not formally collated and analysed as part of a quality improvement system or analysed to monitor trends or inform the annual review.

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

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
•Recommence taking minutes of weekly management meeting
•We are going to implement a system as part of quality improvement where the data collected will be collated and analysed.

Proposed Timescale: 12/09/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider is a pension agent for three residents and while there are appropriate records maintained for all transactions. The residents' monies are not lodged in a separate account. The general manager committed to address this matter as soon as possible.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
•New account opened.

Proposed Timescale: 12/09/2017

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:
One twin room did not have a wash-hand- basin.

3. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
•Install wash hand basin.

Proposed Timescale: 30/11/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal emergency evacuation plan (PEEPs) were in place for each resident which needed improvement to include details such as the number of staff required to evacuate the resident, cognition issues and the ideal means and route of evacuation.

4. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
•Review PEEPs.

Proposed Timescale: 12/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The general manager confirmed that simulated fire drills had not been done to reflect the night staffing levels when there would be fewer staff on duty.

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

Please state the actions you have taken or are planning to take:
•New training commenced 31/08/2017.

Proposed Timescale: On-going.

Proposed Timescale: 12/09/2017

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 were person centered but sometimes lacked sufficient detail to support a consistent team approach to care. For example interventions such as 'encourage fluids' or 'toilet regularly' do not provide adequate information to guide care.

It was not possible to determine if care plans were being implemented as there were gaps found in fluid charts and turning charts.

The optimal blood glucose levels for each resident was not stated in care plans for diabetes and relevant information such as not to administer insulin if the blood glucose reading is below 6 was communicated verbally but not included in the care plan.

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:
•Care plans will be more detailed and specific to provide adequate information to guide care
•Care plan for diabetes was done to reflect all necessary information
•New fluid balance and turning charts were implemented and signed by the nurse everyday
•Having a system in place to regularly monitor care plans.

Proposed Timescale: Ongoing.

Proposed Timescale: 12/09/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector noted that the pressure relieving mattress for a resident was set too high for their weight. A suggested improvement was to monitor mattress settings on a regular basis to ensure optimal pressure relief.

7. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
•New system to monitor settings implemented.

Proposed Timescale: 12/09/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that residents with diabetes had been facilitated to have retinal screening done. The optimal blood glucose levels for each resident was not stated in their care plan and relevant information such as not to administer insulin if the blood glucose reading is below 6 was communicated verbally but not included in the care plan.

8. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
•Residents with diabetes will be facilitated to attend for retinal screening.
•Care plans for diabetes updated with all necessary information.

Proposed Timescale: 30/11/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector noted that the residents information book was held in the office and not readily accessible to residents.

9. Action Required:
Under Regulation 09(3)(c)(i) you are required to: Ensure that each resident has access to information about current affairs and local matters.

Please state the actions you have taken or are planning to take:
•Information book is also available in reception.

Proposed Timescale: 12/09/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The white board looked quite cluttered and the activities were written in black pen. The use of pictures, colour and text with larger font would make it more user friendly.

10. Action Required:
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
•Pictures, colour and text with large font put in place for use on the activities board to make it user friendly and help residents with communication difficulties.

Proposed Timescale: 12/09/2017