



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

Name of designated centre:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	10 December 2018
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0023432

## About the designated centre

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

Bethany House is a purpose built family run nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 57 residents, both male and female aged over 18 years. They provide 24 hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age related dementia care. They also care for young chronic sick residents including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 57 residents. A new extension was added to the premises in 2017, all accommodation is provided on ground floor level with a mixture of single and twin bedrooms, a number with ensuite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, church to mention a few.

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

Number of residents on the date of inspection:	56
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
10 December 2018	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead
10 December 2018	09:30hrs to 16:00hrs	Manuela Cristea	Support

## Views of people who use the service

Residents spoken with said that they were very happy in the centre, they felt safe and protected. They told inspectors it was a lovely place to live.

They expressed satisfaction with the level of independence they had while living in a nursing home. A number said they liked the fact that although they lived in the safe environment they could still come and go as they wished once they informed staff.

Residents said staff were plentiful and always available when needed. They described them as lovely, kind and respectful.

They said they always had a choice at mealtimes and they liked the new dining room. Their personal preferences were respected, for example those who liked fine bone china had it at their place setting.

They enjoyed the variety of activities provided and most said they participated. They loved their animals which many of them could see from their bedroom window, the turkeys were a topic of discussion for many, would they be ready in time of Christmas dinner or not.

They felt their views were valued and actions were taken promptly to address issues raised by them.

## Capacity and capability

The governance and management of this centre was strong. It was a well managed by an established and dedicated team of people who put the resident first. This was reflected in the continuous high level of compliance found across all regulations when the centre was inspected by the Office of the Chief Inspector.

The quality of care being provided to residents and the quality of their life was monitored closely by the management team. A well established system of auditing all areas of practices was used for this purpose. Where required actions were identified these were implemented promptly by the person in charge. Residents were consulted about the running of the centre through a number of forums including residents meeting and the completion of resident satisfaction surveys. Their views contributed to changes made to the operational management of the centre which in turn improved their quality of life. For example, the supplier of meat had changed at their request and roast duck had been added to the menu, trialled

and enjoyed by residents.

Staffing numbers and skill mix were adequate to ensure residents needs were met. Staff shift patterns varied in times to ensure their needs were met first and foremost. They were kept under review at the weekly operational meetings.

There was evidence of a learning culture in the centre with all staff having mandatory training in place. Those spoken with were confident in how they would care for residents in the event of a fire and knew the procedure to follow if any form of abuse was reported to or witnessed by them. The training records seen by inspectors showed that staff had completed further courses such as: end of life care, continence promotion, communication, with nurses having up to date cardiopulmonary resuscitation training (CPR), venepuncture and medication management. Carers were trained in FETAC (Further Education and Training Awards Council) level five.

Accidents and Incidents were monitored closely, learning from them increased the safety for residents living in the centre. All those that required notification had been notified to the Office of the Chief Inspector.

Documents such as the statement of purpose, certificate of insurance, policies and procedures, contracts of care, and the directory of residents were all in place and overall met the regulatory requirements.

The centre was compliant with the capacity and capability regulations.

## Regulation 15: Staffing

The staffing levels and skill mix was adequate to meet the needs of residents. The management team kept these under review. Staff shift patterns varied to ensure residents needs were met. Staff were supervised on the floor and staff in communal areas were constantly supervised by staff.

Recruitment practices were safe and staff had probation reports completed together with annual appraisals.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to a range of training opportunities which enabled them to provide evidenced based care to residents. All staff had up-to-date safeguarding, manual handling and fire training in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was maintained. It contained all the information as outlined in schedule three.

Judgment: Compliant

### Regulation 22: Insurance

The centre had a contract of insurance in place which met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear organisational structure in place. The management team had clear lines of responsibility, they met on a frequent and consistent basis to discuss the management of the centre. Established systems to review the quality and safety of care delivered to residents were being maintained. The centre was adequately resourced to ensure appropriate and safe care was being delivered to residents. An annual review had been completed for 2017, it included residents and relatives views of the service and a quality improvement plan. The quality improvement plan had been implemented in 2018. Data was being gathered for the 2018 annual review.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts of care were in place. The sample reviewed were signed by the resident or their representative with their consent and they included the fees to be charged. They did not include the terms relating to the bedroom to be provided to the resident and the number of occupants (if any) of that bedroom.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2018 and was on display in the centre. Its content met the regulatory requirements.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers working in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Where required the office of the chief inspector had been notified of accidents and incidents occurring in the centre. All accidents and incidents which occurred in the centre were reviewed and signed off by the person in charge and discussed at the monthly quality management meetings.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five were available for review. They had all been updated within the past three years.

Judgment: Compliant

### Quality and safety

This was a good centre which utilised best available evidence to ensure compliance



with regulations and standards and deliver best outcomes for residents. A strong culture of person-centred care was evident which placed the resident at the heart of care delivery.

Residents' health and wellbeing was supported by an engaging and stimulating environment including several animals that lived in or on the grounds of the centre. Residents had their own donkeys, hens, fish, parrot and a couple of turkeys. Residents were actively involved in caring for the animals and some voiced concern that the turkeys would not be plump enough in time for Christmas dinner. Residents were allowed to have their own pets and inspectors saw one resident leaving the centre unrestricted to take their dog for a walk and another feeding their dog.

Individual wishes and preferences were respected and opportunities to promote good health, personal development and wellbeing were identified. One resident was going home for an overnight stay and temporary discharge arrangements were in place. From discussions with the residents it was evident that they could exercise choice in their daily lives, for example, a Christmas shopping trip was scheduled within two days which they had choice to attend.

The centre was clean, well maintained and tastefully decorated throughout with Christmas ornaments and familiar furnishings and paintings to provide a homely environment. There was a large Christmas tree in the Parlour which displayed personalised wooden decorations carved with each resident's name. Throughout the inspection, the residents were seen engaged in various activities such as baking, listening to mass, singing along to Christmas songs, watching television and reading.

The atmosphere in the centre was calm and relaxed and the residents were observed to be assisted by staff in a kind, open and caring manner. There was good supervision in the centre with sufficient staff available to respond to residents' needs in a timely manner. Staff spoken to were familiar with the residents, their needs, their likes and dislikes and were seen to be courteous and respectful in their approach. Residents were well groomed and clean dressed and their independence was actively promoted. Residents spoke very highly of the food served and said there was plenty of choice available.

Inspectors were satisfied that the residents' needs were met to a high standard and there was a good sustained level of compliance with the regulations. A pre-admission assessment was completed prior to admission to the centre to ensure the centre could meet the residents' needs. Comprehensive assessments were completed and informed the care plans. Care plans reviewed were personalised, updated regularly and contained detailed information specific to the individual needs of the residents. There was evidence that the resident or their representatives was involved and consulted in the development of care plans.

Residents' healthcare needs were responded to in a timely manner and appropriate referrals were made to various specialists and allied health care professionals such as physiotherapy, chiropody, speech and language therapy, dieticians as required. The chiropodist was on site at the time of inspection and several residents were seen to avail of his services. A multidisciplinary review was held every 4 months and

more frequently if the healthcare needs changed.

There were no restrictions to visiting hours in the centre and friends and relatives were seen to come and go during the day. The premises were safe and secure. There was a visitor's book at the front door where such visits were logged. There were good measures in place to safeguard the residents from abuse and all staff spoken to were knowledgeable and had up to date training and refresher courses in safeguarding vulnerable adults.

A restraint free environment was actively promoted. The centre had a low incidence of falls and minimal use of restraints. There were no bedrails used as physical restraints and alternatives such as low low beds, alarm sensor mats and crash mats were used based on individualised assessment.

There was no resident actively receiving palliative care at the time of inspection. The documentation reviewed demonstrated that the end-of-life care was delivered in accordance with a personalised care plan, which contained evidence of discussion with the residents about their end of life wishes, as well as appropriate family involvement. Religious preferences were also recorded and respected. There was evidence of continuous improvement with the provider acting on a received complaint by creating a 'room of rest' for bereaved families, which ensured a private space where loved ones could sit with their resident after death.

Inspectors spoke to staff, reviewed training records and found that they had a good knowledge of how to conduct a safe evacuation in the event of fire. Fire-fighting equipment was available, in good order and serviced as per regulatory requirements. A fire assembly point was identified. The residents' files inspected contained a personal emergency evacuation plan which considered their specific mobility and aids required to evacuate safely. Inspectors reviewed records of daytime and night time drills and found that daytime records could be more comprehensive in order to facilitate learning and continuous improvement.

The centre was compliant with the quality and safety regulations.

### Regulation 11: Visits

The centre had open visiting times including suitable facilities to receive visitors in private, away from resident's own room.

Judgment: Compliant

### Regulation 13: End of life

The end-of-life care provided in the centre met the residents' needs. There was

evidence of family involvement with the resident's consent and a person-centred approach to end of life care. Where decisions had been made in relation to advance care, such decision were recorded.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was available and contained all information required: a summary of the services provided, the terms and conditions for residing in the centre, information in relation to the complaints procedure as well as the visiting arrangements.

Judgment: Compliant

### Regulation 28: Fire precautions

Record showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The fire procedures and evacuation plans were prominently displayed and staff spoken to were knowledgeable and confident in what to do in the event of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were personalised, detailed and effectively guided the care delivered. They met the regulatory requirements and were responsive to the residents' identified needs based on comprehensive assessment of the health, personal and social care needs.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a GP of their choice and their healthcare needs were met through timely access to assessment, treatment and therapies.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected from abuse through robust recruitment practices, policies, continuous training and staff supervision.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0023432

Date of inspection: 10/12/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider's response:**

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract for care has been updated to include the following room details en-suite or not and the number of other occupants (if any). All contracts have been amended to include this detail.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/12/2018