

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Beach Hill Manor Nursing Home
Centre ID:	320
Centre address:	Lisfannon
	Fahan
	Co. Donegal
Telephone number:	074 93 20300
Fax number:	074 93 20303
Email address:	beachhillmanor@live.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Brindley Manor Federation of Nursing Homes
Person in charge:	Maria Boyle
Date of inspection:	20 August 2009
Time inspection took place:	Start: 09.00 hrs Completion: 20.40 hrs
Lead inspector:	Finbarr Colfer
Support inspector:	Florence Farrelly
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

The centre provides residential services to 49 people . 29 residents were living in the centre on the day of inspection.

The centre is a purpose built, single storey facility. It has a small entrance porch leading into a large foyer which also serves as a sitting room. The dining room and kitchen are off the foyer, directly in front of the entrance. The manager's office is located to the right of the foyer, and the nurse's station to the left. A visitor's room is to the right of the foyer and is comfortably furnished and of ample size. The visitor's toilet is also located to the right of the foyer.

Three corridors lead off the foyer to single and shared bedrooms. All bedrooms are en suite. Each corridor has a storage room and a sluice room. Two of the corridors have sitting rooms. The third corridor has a laundry and an oratory.

The centre has a large, well maintained garden and ample car parking spaces to the front and side of the building.

Location

The centre is located in a small village, within a short distance of a shop and garage. It is 1.6 kilometres from the town of Buncrana.

Date centre was first established:	2001
Number of residents on the date of inspection	29

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	6	19	4

Management structure

Beach Hill Manor Nursing Home is one of five centres in the Brindley Manor Federation of Nursing Homes. The Person in Charge reported to Amanda Torrens, Managing Director of the Federation. All staff members reported to the Person in Charge. Care assistants were supervised on a day-to-day basis by the nurse on duty.

The Person in Charge had resigned eight days before the inspection and the senior staff nurse, Maria Boyle had been designated as the acting Person in Charge. She had been fulfilling this role for the previous eight months while the Person in Charge was on maternity leave.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty	1	1	3	2	2	1	2

Summary of findings from this inspection

This was an unannounced inspection carried out in response to concerns received by the Authority's Chief Inspector of Social Services. The inspection focussed on wound management and nursing care but addressed a number of other issues as they arose during the inspection.

Inspectors met with residents, relatives, the provider, the acting person in charge and staff on duty. Inspectors reviewed a number of documents such as care plans, medical administration records, staff rotas, and policy documentation.

Residents' bedrooms were spacious and well maintained. The rooms were homely, and contained the personal belongings of residents. Communal areas were spacious and well furnished, providing a comfortable environment for residents.

Evidence viewed by inspectors demonstrated that the medical and health needs of residents were responded to appropriately.

However, inspectors had concerns that the centre did not meet the requirements of a number of the standards as set out in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the requirements set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

On entry to the centre, there was a strong smell of urine, which persisted throughout the day. This was particularly strong in the foyer area.

Certain practices at the centre compromised the privacy and the dignity of residents.

Although staff members were hard working and respectful to residents, inspectors observed that they were very busy and did not have enough time for meaningful engagement and interaction with residents.

There were very limited opportunities for residents to engage in purposeful, age-appropriate activities. Residents spent most of the day sitting inactive in one of the sitting rooms or remaining in their bedrooms.

The centre did not meet its legislative requirements in a number of other areas such as medication records, infection control, and complaints procedures.

The required actions to address these shortcomings are detailed in the Action Plan at the end of this report.

Residents' and relatives' comments

Residents

Inspectors interviewed nine residents and met with other residents throughout the day, and joined them for lunch.

All residents said that there was not a lot to do during the day. A number said they felt bored, with some saying they felt lonely. A number of residents said that they would like more company during the day, while one told inspectors that staff were too busy to spend time chatting. Three residents said they would like to get out into the garden more often but could not because they would need staff to accompany them and staff were too busy to do this.

Three residents said that they would like to be able to read newspapers during the day, but that none were provided by the centre.

Residents told inspectors that the food was good and said that in the past few months, the choice and the quality had improved further. One resident said that he was an early riser, and while it had been a problem in the past, he could now have his breakfast at 6.00 am if he wished.

Staff members were described as very nice. One resident said that staff members were kind while another said that staff members were helpful in communicating with his family.

Relatives

Inspectors spoke to two relatives who said that they were very satisfied with the service. They said that the staff members were attentive, with one relative describing staff members as providing gentle care. One relative said that the staff can cope with residents who have Alzheimer's without those residents being isolated.

Relatives described the food as very good, and said that there was plenty of it. One family member said that their relative was a poor eater, but that their nutrition and weight were being monitored, and the resident had not lost any weight.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The directory of residents was up to date.

Some improvements required

Many of the policies of the centre had not been reviewed for a number of years, with some of them dating to 2005. The provider said that all policies had been reviewed in light of the new regulations and standards and were now ready to be put in place. However, these were not available or in place at the time of the inspection.

The statement of purpose was incomplete, and did not contain all of the items required under the regulations. It had been made available to residents and relatives in an information folder in the foyer.

The complaints policy did not meet the requirements of the regulations, particularly in identifying an independent appeals process. Even though residents had signed a copy of the complaints policy on admission to the centre, residents and relatives who spoke to inspectors said that they were not aware of the complaints procedure.

Significant improvements required

There is a need for improvement in the leadership of the centre, specifically on areas including health and safety, risk management, the environment and staffing.

Inspectors were informed by the acting person in charge that although the previous person in charge had a full-time role, the acting person in charge was not employed full-time in the leadership role and had a significant commitment to frontline nursing duties. This had been the situation for an extended period, during which the previous person in charge was on maternity leave. The acting person in charge was on the roster as the sole nurse on duty during the day, and she confirmed that this was the usual situation when interviewed. She also stated that she had to stay on after her

shift to complete her management duties on occasion, although she did say that this did not happen very often. The provider said that when the acting person in charge needed to attend to management duties, another nurse would be rostered.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors observed that residents who used the call bell system to seek assistance were responded to promptly.

Inspectors joined residents for dinner and found that the food was presented well, and was tasty. During the meal, staff members interacted well with residents and provided appropriate support and encouragement. Residents were offered a choice of drinks during the meal.

Some improvements required

Inspectors observed residents being brought to the foyer before dinner and sitting at the closed door to the dining room for about twenty minutes. The acting person in charge explained that this was to ensure that residents entered for dinner together and were not left waiting in the dining room while others were assisted. There was an extended period where there was very little interaction between residents or with staff members during this process.

Significant improvements required

Privacy and dignity of residents:

Inspectors witnessed certain practices which compromised the privacy and dignity of residents. Bedroom doors were kept open, even when residents were sleeping. Inspectors were able to see a number of residents asleep from their bedroom doorway. When the acting person in charge was asked about this practice, she said that staff needed to monitor residents without disturbing them. Another resident was seen by an inspector being moved with a hoist from his bed to a commode. The door of his bedroom was open. He was not wearing trousers or underwear. The staff member did not chat with the resident or explain what she was doing, and she neglected to put the brake on the commode.

Some residents wore white plastic bracelets which were very noticeable. Other residents and visitors were able to assume knowledge of personal details about the resident because of the visible manner in which residents wore the bracelets. The acting person in charge told inspectors that this was a safety measure for residents

who were at risk of wandering outside of the centre. Inspectors saw that this was an effective means of risk management when one resident tried to leave the building and an alarm was activated. Staff responded quickly and appropriately. However, the very obvious manner in which residents wore these bracelets allowed other residents and visitors to make assumptions about their mental capacity.

Meaningful and purposeful activity opportunities:

Residents were provided with very few facilities for occupation and recreation during the day of the inspection.

Residents said that there was nothing to do in the centre and that they were bored. A number of residents said that they were very lonely and did not have anyone to chat with. Inspectors observed that most residents spent the day sitting in their bedrooms, in one of the sitting rooms or in the foyer with very little social interaction. There were no activities for residents in the morning. In the afternoon, inspectors joined a short music session for seven residents, which they appeared to enjoy. Some residents had ideas for activities, but had not discussed these with staff. When asked about activities, the acting person in charge informed inspectors of regular trips out of the centre and about a music group that visits the centre once a month. Activities were event-based, and there was no evidence of activities on a daily basis.

The physical design of the centre allowed easy access to the gardens. However, measures have not been taken to ensure that residents could access the gardens safely. Some residents needed staff supervision, and this was not readily available. One resident acknowledged that he had a "tendency to forget and wander" but said that he would like to be able to sit or walk in the garden. He said that he was not allowed out without staff in case he wandered, and that there was no garden furniture. Inspectors did not see any garden furniture. The gateway at the entrance to the centre was open throughout the visit, which meant that residents who might have a tendency to wander could not be allowed outside.

Newspapers were not provided by the centre. A number of residents told inspectors that they would like newspapers, but felt they were too expensive. Some residents borrowed newspapers from others.

There was a white board in the foyer with "Activities" written at the top of it. It was dated 8 August (Inspection date was 20 August) which had a number of poems on it.

Care Plans:

Five care plans were reviewed by inspectors. There was inconsistency in the detail and the manner in which the plans were written. One of the plans referred to the resident's name, and was individualised. Others used general terms such as "resident" and "his/her" rather than saying "his" or "her". Many of the entries did not refer to the resident but were general comments used in each of the plans. The plans focussed on the health and medical needs of residents and none had information on their personal or social needs.

The care plans were computer-based, and while residents were involved in the assessment process, there was no evidence that residents or their families were

involved in writing up and agreeing the care plan on an ongoing basis. When asked, the acting person in charge said that families were told about the actions of the care plans, but were not given access to them.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors reviewed the files of five residents, and it was evident that the centre maintained detailed progress notes and nursing notes on the healthcare of those residents. The notes of one resident who was recently admitted to hospital were reviewed. The nursing notes detailed the wound management measures that were put in place for this resident. In addition, the notes made by the medical practitioner corroborated the nursing notes.

The care plans provided evidence of regular assessment of the residents' health needs. They were updated regularly, and contained health promotion and illness prevention measures.

A family member told inspectors that when their relative required medical input, the centre was prompt in responding. In addition, the family member said that their relative was well looked after, that her nutrition was monitored and that she had no weight loss since admission to the centre.

The acting person in charge informed inspectors that arrangements were made for therapists such as opticians and chiropodists to attend the centre on a regular basis. Opticians arrived on the day of inspection.

Some improvements required

The centre had a medication policy, but it had not been reviewed since 2005. The provider informed inspectors that a reviewed policy was due in the centre the following week, but it was not available on the day of inspection.

Significant improvements required

Medication:

Inspectors identified a number of issues in the management of medication. Medication reviews had taken place, but prescription sheets were not updated to reflect changes. The inspector observed nurses administering medication from prescription sheets dated 2006 and 2007. Also, nurses were administering medication at times that were different to those identified on the medication administration record sheets contrary to An Bord Altranais guidelines.

Pressure relief:

There was a lack of consistency in pressure relief measures. During dinner, a resident told staff members that she was in pain and discomfort but she was not responded to by staff. After lunch, inspectors reviewed the resident's file, and noted that she had a pressure sore on her bottom. During lunch, she was using a wheelchair which did not have any pressure relief measures. When inspectors asked the provider and acting person in charge about this, they were informed that the resident had pressure relief cushions on her chairs. The provider and acting person in charge were not aware that the resident had been brought to lunch in a wheel chair without her pressure relief cushions. Her wheelchair did not have foot plates.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Residents' bedrooms were spacious and well furnished. The rooms contained personal items, which gave them a homely feel.

Some improvements required

Throughout the day, inspectors observed residents being moved in wheelchairs which did not have foot plates.

Inspectors noticed that the curtains in some of the bedrooms did not have enough curtain hooks, and were falling down.

Significant improvements required

Odour:

On arrival at the centre, the inspectors noted a strong smell of urine. This smell persisted throughout the inspection and was particularly strong in the foyer. When this was discussed with the provider and the acting person in charge, they said that they had not noticed the smell. This persistent smell might have been due to the use of carpets as a floor covering in the foyer.

Health and safety:

Due care was not taken with potentially harmful cleaning chemicals. In the morning, inspectors noted that the cleaning trolley had been left unattended in the hallway, with easy access to cleaning agents and chemicals. This was removed and stored away later in the morning.

Reasonable measures were not taken to prevent accidents. On a number of occasions during the day, inspectors saw a vacuum cleaner pipe left on the floor in the hallway. On one occasion, it was left on the floor near a hoist and the laundry skip. Inspectors saw a resident with a walking aid moving through the hallway with difficulty and catching her walking aid on the laundry skip.

Infection control:

Inspectors did not find evidence of adequate measures to promote infection control for residents, staff and visitors.

There were no alcohol gels or wipes available in the centre. When asked by an inspector, the acting person in charge said that research indicated that good hand washing was as effective as alcohol gels and she had decided not to provide the gels.

The laundry room was very cluttered and disorganised. The layout did not prevent the risk of cross infection. Clean laundry was drying in the area where dirty laundry was being loaded into the washing machine. Clean laundry taken from the washing machine to the dryer had to be brought across the storage area for dirty laundry.

Inspectors saw equipment such as wheelchairs and weighing scales being stored in each of the sluice rooms giving rise to risk of cross infection.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The centre had systems to ensure information was passed from staff on one shift to those on the next. At the start of each shift there was a hand-over meeting. After this, the nurse on duty read the communications book and the nurses' appointments book. The nurse on duty told inspectors that when staff members have been off duty for a period of time, they are given a verbal update at the start of their shift, and are required to read the communications book and the nurse's appointments book.

Some improvements required

Some information about the centre and its services was available for residents and relatives however, this information was not easily accessible. The centre provided information on the services available, the menu plan and the complaints process in a folder on an information stand in a corner of the foyer. The information stand was not very obvious and was easily missed.

Information on the statement of purpose and the complaints procedure did not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Information in the care plans was not shared with care assistants in a consistent manner, such as interventions and instructions for working with residents. Care assistants did not have access to care plans, and inspectors could not find any written guidelines to be implemented by care staff in the care plans. When asked about this, the acting person in charge said that care assistants were informed of interventions verbally. She said that she monitored practice and corrected care assistants where necessary. There was no formal method for ensuring that care assistants were implementing care plans consistently.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

The centre demonstrated a strong commitment to staff training. Annual training needs assessments had been conducted and all care assistants were trained to Further Education and Training Awards Council (FETAC) Level 5. All new staff participated in a detailed induction process. This was confirmed by the inspector in a review of the training plan and the training folder.

Some improvements required

The centre did not have all of the items required in staff records. Three staff members' files were reviewed by the inspector. There were no Garda vetting forms, but the provider said that the centre had applied for Garda vetting for all existing staff and would be applying for all new staff.

Not all files had a copy of staff members' birth certificates. The centre relied on a self-declaration by staff members to ensure that they were mentally and physically fit, and did not have any evidence to support this.

There was no evidence of formal staff supervision and appraisal procedures. Staff members were given feedback on their performance in an informal manner during the shift.

Significant improvements required

Level of staffing:

The level of staffing planned on the rota was not based on the assessed needs of residents. Inspectors observed that staff members were very busy and task-focused and did not have enough time to engage with residents apart from brief, hurried conversations while completing tasks. This view was also expressed by residents, who spoke about staff being very busy and not having time to chat with them. In the feedback meeting, inspectors said that they considered the staffing levels to be low. The provider said that she believed the staffing levels to be adequate, but

acknowledged that the service did not currently have a formal system for basing staffing levels on the assessed needs of residents

Report compiled by

Finbarr Colfer
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

27 October 2009

Provider's response to inspection report

Centre:	Beach Hill Manor
Centre ID:	320
Date of inspection:	20 August 2009
Date of response:	10 December 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The privacy of residents during personal activities was not assured, including privacy while sleeping and toileting.

Action required:

Introduce measures which promote the residents' rights to privacy and dignity.

Reference:

Health Act 2007
Regulation 10: Residents Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

Timescale:

<p>Provider's response:</p> <p>Privacy and dignity are of the highest concern to all staff in Beach Hill Manor and underscores each and every interaction with residents. The importance of this has been further reinforced at subsequent Staff Meetings during discussions with all staff on the review of policy regarding privacy and dignity</p>	<p>Completed</p>
<p>All care practices are personalised to respond to individual resident requests, as with a number of residents choosing to have their bedroom doors open when in bed. We acknowledge that this choice may not have been immediately apparent to the inspection team and have taken steps to ensure that residents' decisions regarding their care are highlighted using a new "Residents 'Profile". All residents have now had this new profile created.</p>	<p>Completed</p>
<p>To ensure that privacy and dignity remain a focus of our care we have commenced a system of auditing resident satisfaction. The first audit has been completed and will be carried forward on an ongoing basis every 3 months.</p>	<p>Completed and ongoing.</p>
<p>Respect for privacy and dignity will also form part of our formal staff appraisal process. This process will be commenced after the policy and procedure in relation to staff appraisal has been ratified with the management team.</p>	<p>End of January 2010</p>

<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p>	
<p>All parts of the designated centre are not kept clean, and there was a strong odour of urine, particularly in the foyer area.</p>	
<p>Action required:</p>	
<p>Take action to ensure the smell of urine is eliminated, and that all parts of the centre are kept clean.</p>	
<p>Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

<p>Provider's response:</p> <p>As I was present on the day of this inspection, I am satisfied the odour referred to was neither as stated nor was it contained in our foyer carpet.</p> <p>In line with our commitment to continuous improvement, we have carried out an audit to look at all aspects of housekeeping including use of cleaning products and control of odour. This audit will be repeated on a monthly basis.</p> <p>Recent staff meetings have addressed the importance of environmental and personal hygiene.</p>	<p>Completed and ongoing</p> <p>Completed</p>
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate facilities for the occupation and recreation of residents during the day. Arrangements were not in place to meet the needs of residents in their daily routines, social interaction, access to information concerning current affairs and safe access to external grounds for all residents who chose to avail of it.</p>	
<p>Action required:</p> <p>Deploy staffing and other resources in a manner that ensures suitable and sufficient care to maintain the residents' welfare and wellbeing.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General welfare and Protection Regulation 10: Residents Rights, Dignity and Consultation Regulation 19: Premises Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A systematic review of resident activities has already taken place. All residents have had an activity assessment completed and the daily activity schedule has been amended to reflect this.</p> <p>In order to provide variety we will periodically review this schedule in conjunction with the Residents' Forum and make amendments to the daily activities as dictated by the residents.</p>	<p>Completed</p> <p>Ongoing</p>

<p>All care staff are scheduled to receive training in activity provision for older people</p>	<p>Mid January 2010</p>
<p>In addition to planned provision of a formal activity programme we currently have links forged with the MS Society, Parkinson's Society, Age Concern, Age Action Ireland and The Legion of Mary to further develop our activity provision for all residents.</p>	<p>Ongoing</p>
<p>We have been in touch with several local Secondary Schools and with the local branch of Foroige in anticipation of developing a structured social programme. This has been somewhat delayed with the need to await Garda vetting before programme can commence.</p>	<p>Ongoing</p>
<p>We will continue to have our regular contact with local religious groups to continue to provide spiritual services to our residents as follows:</p> <ul style="list-style-type: none"> • Weekly communion and monthly mass for all Roman Catholic residents • Sacrament of the sick and confessions on request for Roman Catholic residents • The local Church of Ireland Minister will continue to engage in individual visitation with his congregation who are resident 	<p>Ongoing</p>
<p>Our additional trips outside into the local community will continue as before and at present the Residents' Forum is in the process of arranging the agenda for early 2010.</p>	<p>Mid January 2010.</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Care plans were limited to addressing the health and medical needs of residents and not the residents' personal and social needs. Specific health supports such as pressure relief management, were not implemented consistently and resulted in pain and discomfort for the resident. The plans are not developed with residents and residents do not have access to them.</p>
<p>Action required:</p> <p>Set out and ensure a consistent response to the needs of each resident in an individual care plan that is developed and agreed with each resident, and available to each resident.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan</p>

Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We accept that our care plans were limited to addressing the health and medical needs of our residents. Our action plan to include the personal and social needs of the residents in their care plans is being addressed as follows:</p> <ul style="list-style-type: none"> • Outcomes of the activity assessments are being added to all resident care plans • Individual Resident Profiles are being compiled in consultation with residents. <p>We are in consultation regarding the provision of access to personal information to residents/families/staff. We hope to have devised a comprehensive system to improve our performance in this area.</p>	<p>January 2010</p> <p>End of January 2010</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Adequate precautions were not in place to control risks of accidental injury to residents or staff, particularly obstructions in the corridors.</p>	
<p>Action required:</p> <p>Identify risks to the safety of residents and others and put precautions in place. Make all staff members aware of their role in implementing the risk management policy.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our management team are currently reviewing our policies to include a comprehensive risk management policy. When the management team are satisfied with the content of this policy and</p>	

its operational procedures, as with all our policies, it will be implemented following consultation at a staff meeting. Our staff meetings are held monthly and include a review of policy issues.	End of January 2010
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6. The provider is failing to comply with a regulatory requirement in the following respect:	
The centre does not have adequate operational policies and procedures relating to the health and safety of residents, staff and visitors in the management of infection control.	
Action required:	
Introduce infection control procedures and practices that promote the health and safety of residents, staff and visitors.	
Reference:	
Health Act 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety, Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Alcohol Hand Sanitizers have been strategically placed throughout the designated centre.	Completed
Update training in hand hygiene, provided by HSE (including use of hand sanitizers) has been completed by all staff	Completed
Mandatory Infection Control Update training has been scheduled for all staff in early 2010	End January 2010
We have developed an audit tool to continue to monitor infection control procedures within the designated centre.	Completed
This audit will be repeated on a quarterly basis to determine compliance with our associated policy and procedures in relation to infection control and hand hygiene.	Ongoing

7. The provider is failing to comply with a regulatory requirement in the following respect:

Adequate precautions were not in place to control the risks associated with uncontrolled access to chemicals and cleaning agents.

Action required:

Establish arrangements for the safe storage of cleaning agents and chemicals during cleaning.

Reference:

- Health Act 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety
- Standard 29: Management Systems

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

Timescale:

Provider's response:

As part of Risk Management Policy development and in the interests of health and safety within the designated centre, the safe storage of cleaning products while in use is being reviewed.

Mid January 2010

The housekeeper in question has been spoken to regarding this breach of her duties as her actions were contrary to our current policy and procedure

Completed

We would like it noted that all cleaning agents we use are non-corrosive and non-toxic (except bleach – which is always kept locked in housekeeping store). The cleaning trolley is maintained in a locked housekeeping store when not in use.

Completed

8. The provider is failing to comply with a regulatory requirement in the following respect:

The administration of drugs and medicines by nurses was not in accordance with the relevant professional guidelines.

Action required:

Change and up date the procedures and practice for recording and administering medication so that they are in accordance with nursing professional guidelines.

<p>a resident. These assessments form the basis for a resident's 'dependency level'.</p> <p>There is currently no nationally agreed tool to determine staff/resident ratios. Therefore we review the number and skill mix of staff on duty to respond to ever changing resident needs and dependency levels.</p>	Ongoing
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<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The Complaints Policy of the centre did not meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2007. Residents and families were not aware of the complaints procedure.</p>	
<p>Action required:</p> <p>Develop and provide a complaints procedure which contains all aspects of the regulations. Make residents and relatives aware of the complaints procedures</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A complaints procedure which contains all aspects of the new of the new regulations has been completed and implemented by the management team in consultation with staff. Completed</p> <p>The procedure for registering a complaint or referring to an external agency is displayed, as always, on the wall in our front foyer. Completed</p> <p>The full policy and operating procedures are included in our information booklet which is on display on a lectern in the foyer. Completed</p> <p>A copy of this policy and procedure has been circulated to all current residents and/or their appointed representative and will be presented to all prospective residents and/or their representatives on admission Completed</p>	

11. The provider is failing to comply with a regulatory requirement in the following respect:

The role of the previous Person in Charge was full time, but the role of the Acting Person in Charge has not been full time. The Acting Person in Charge has been working on the roster for the past eight months.

Action required:

Make the role of Person in Charge full time, and ensure the Person in Charge is supernumerary on the roster.

Reference:

Health Act 2007
Regulation 15: Person in Charge
Standard 27: Operational Management

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

Timescale:

Provider's response:

The Person in Charge has been made supernumerary. This position is also supported by the recent appointment of a Deputy Manager who also acts as a Staff Nurse on the roster.

December 1st
2009

12. The provider is failing to comply with a regulatory requirement in the following respect:

Staff members are not supervised on an appropriate basis, and there is no formal staff development and appraisal policy.

Action required:

Introduce a formal staff supervision and appraisal process.

Reference:

Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

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

Timescale:

<p>Provider's response:</p> <p>Induction continues for all members of staff and this is tailored to provide the most relevant information applicable to each position.</p> <p>Since July 1st 2009 we have implemented a system whereby all new employees are reviewed on a monthly basis using a performance appraisal system. This has been devised for the purpose of improving communication and providing improved feedback. It tracks the 6 month probation period acting as a formal written Performance Management tool. Good practices are recognised and applauded. Limitations are identified and a plan to address these is devised with further training and development supporting the process. Staff feedback is positive and management are seeing the advantages it provides.</p> <p>The management team, in consultation with staff, are in the process of bringing a similar, ongoing appraisal system into operation for all of our employees. We hope that, in listening to residents and taking on board their ideas, this new system will contribute actively and impact in a positive way on the lives of employees and residents alike into the future.</p>	<p>Current</p> <p>Implemented from July 2009 and Ongoing</p> <p>February 2010</p>
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Any comments the provider may wish to make:

Provider's response:

This unannounced inspection was in response to concerns raised with the Chief Inspector regarding Wound Management and Nursing Care, as stated in Paragraph 1 of *Summary of findings from this inspection*. The substance of these concerns was not provided to me, despite requesting this information. I believe that all concerns need to be addressed openly and promptly, this is not possible when we simply do not know what the concerns are.

I am pleased that Paragraph 4 of this section states that:
'Evidence viewed by the inspectors demonstrated that the medical and health needs of residents were responded to appropriately'.

Reflecting the fact that the 'concerns' were unfounded.

As the Registered Provider of the five centres, which form our group, I have embraced the introduction of legislation and the development of standards to improve life for all who choose to reside in our home. I am committed to working with HIQA to ensure that standards are implemented within our centres and I have been involved in the process from the outset, having been a member of the Owner/Manager Panel formed by HIQA at the consultative stage.

I have now experienced four inspections throughout my group, a pilot prior to July 1st 2009 and three since then, two of which were announced inspections. With regard to this unannounced inspection in Beach Hill Manor, I am disappointed with the manner in which the entire process was conducted. The *Quality Assurance Inspection Feedback Questionnaire*, which I submitted following inspection, reflects my feeling regarding the inspection day itself.

Some examples of my disappointment relates to the feedback meeting held at the end of the inspection. One of the inspectors stated that in the demesne of *'Governance and Management'*, there was not time to look at Good Practice'. This contradicts the information detailed in the HIQA information folder (page 28.12) which states:

Before concluding the inspection, inspectors will hold a feedback meeting with you, the provider and your person in charge to give you an opportunity to know the outcome of the inspection... The purpose of the meeting is for inspectors to report on their findings, highlighting both good practice and where improvements are needed.

The inspection report then lists one item under Evidence of Good Practice in this demesne that:

The directory of residents was up to date.

HIQA Information folder (page 28.13) states:

An inspection report is drafted and sent to you within 28 days of the inspection visit. This inspection took place on August 20th 2009; I received the report, dated October 27th 2009, on November 6th 2009, 78 days from date of inspection to date of issue and 88 days to date of delivery.

I am saddened that I did not have an opportunity to meet with HIQA to discuss my concerns regarding the manner in which this inspection was conducted, despite my written request to do so. I do however wish to thank HIQA's Manager for this Region, for his time and consideration.

I trust that the action plan, which precedes these comments, shows that both my management team and I are committed to continuous improvement for the people who choose to reside in our home. My hope is that we will proceed into the future in a respectful, constructive and consultative manner with HIQA.

Provider's name: Amanda Torrens

Date: 10 December 2009