

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Beechfield Manor Nursing Home
Centre ID:	0013
Centre address:	Shanganagh Road
	Shankill
	Co. Dublin
Telephone number:	01 2824874
Fax number:	01 2827027
Email address:	mary@beechfieldmanor.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Manor Care (International) Ltd.
Person in charge:	Mary Clear
Date of inspection:	4 October 2011
Time inspection took place:	Start: 09:30 hrs Completion: 18:50 hrs
Lead inspector:	Linda Moore
Support inspector:	None
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Beechfield Manor Nursing Home is a Victorian house with a three-story purpose-built extension. There are 57 places, with 51 single bedrooms and three twin bedrooms. The lower ground floor consists of 12 bedrooms, 11 en suite bathrooms with toilet and wash-hand basin. The communal rooms are on this floor and include the two dining rooms, two sitting rooms and a conservatory room used for activities and recreation. There are also two toilets and one shower room. The kitchen is also located on this floor.

The ground floor consists of 15 single en suite bedrooms with toilet and wash-hand basin, four single bedrooms and one twin bedroom. There is also a sitting room, two toilets and two shower rooms. The nurses' station and nurses' office are located on this floor.

The first floor has 16 single en suite bedrooms with toilet and wash-hand basin, four single bedrooms and two twin bedrooms. There is also one sitting area, two shower rooms with toilets, one assisted bathroom and one toilet and there is lift access to all floors. A garden with mature trees is to the front and side of the building and there is also a secure patio area at the front. Car parking is available at the front and side of the building.

There are retirement apartments on the grounds of the centre. Some of the bedrooms have been closed to facilitate the development work.

The new extension consists of two separate areas which join the existing premises, the east and west wings. The east wing includes a large dining room, sitting room, quiet room, laundry room and one bedroom which are all in use. There is a treatment room, medication room and store room in this area, which were not in use at the time of the inspection. The west wing includes 18 bedrooms with ensuite toilet and showers, three cleaning rooms and two sluice rooms, which were not completed or in use at the time of the inspection.

Location

The centre is located close to Shankill village in South Dublin. It is adjacent to the N11 Loughlinstown roundabout and is convenient for the shops, churches and bus routes as well as a short walking distance to the dart.

Date centre was first established:	January 1987
Number of residents on the date of inspection:	47 + 2 in hospital
Number of vacancies on the date of inspection:	8 due to the construction

Dependency level of current residents	Max	High	Medium	Low
Number of residents	17	10	16	6

Management structure

The provider is Manor Care (International) Ltd. The person nominated to act on behalf of the provider is Ciaran Larmer who is the General Manager. The Person in Charge, Mary Clear is known as the Director of Nursing and she reports to the Provider. The Provider reports to the Board of Directors. A senior nurse is nominated to deputise when the Person in Charge is absent. There are two clinical nurse managers (CNMs), one on each shift. Staff nurses and care assistants report to the Person in Charge. The laundry and house keeping staff report to the Housekeeping Supervisor. The catering staff report to the Chef. The Housekeeping Supervisor, Chef, activity coordinators, receptionist and maintenance personnel all report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3*	9	3	4	1	3

* An additional nurse was on duty from 2.00 pm to 8.00 pm

The Provider and Housekeeping Supervisor was in the centre on the day of the inspection. There are two activity coordinators working 9.30 am to 1.30 pm and 11.00 am to 3.00 pm

Background

A registration inspection of Beechfield Manor Home was carried out by the Health and Information Quality Authority (the Authority) on 11 and 12 January 2010 and this centre is now registered. This inspection report is available on www.hiqa.ie.

The action plan from that inspection report highlighted ten issues to be addressed and made four recommendations. This inspection was carried out to review the actions required from the registration inspection.

On this first inspection, the provider and the person in charge demonstrated a strong commitment to developing and improving the service and the quality of life for the residents. The person in charge showed clear leadership to staff and implemented a team approach to delivery of care. Inspectors found the centre to be well-managed and organised. The provider, person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences.

During that inspection areas for improvement were identified in the design, size and layout of the premises. Following the registration inspection the provider began a programme of refurbishment of the existing building and the development of an eighteen bed extension. There has been ongoing communication between the provider in Beechfield Manor Nursing Home and the Authority with regards to the construction programme. An advisory meeting was held with the provider and the Authority on 31 March 2011.

The inspector visited the new extension in the east wing and six of the bedrooms in the west wing extension to verify that facilities in the new building were suitable for residents needs. The inspector found that this area had been completed to a safe and appropriate standard and upon receipt of the appropriate documentation - six residents will subsequently be transferred to this area over a phased period agreed with the Authority.

Summary of findings from this inspection

This unannounced inspection was carried out on 4 October 2011 by the Health Information and Quality Authority (the Authority). This inspection followed up on the actions from the previous inspection report and the inspector visited parts of the new extension. The provider had not increased bed numbers or applied to vary conditions at the time of this inspection.

Residents' healthcare needs were well met and residents had good access to general practitioner (GP) services. Residents' care plans were in place, which in many parts reflected their individual needs but needed some improvement to detail clear interventions to guide staff practices. Residents enjoyed a good quality of life and had access to planned activities which created interest and variety in their daily routine. Residents appeared well cared for and the person in charge and staff demonstrated a comprehensive knowledge of residents' needs.

While areas for improvement were identified, overall inspectors found that the provider and person in charge continued to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner.

The provider was in the process of completing an extensive renovation programme since the previous inspection. The residents were very satisfied with the ongoing daily communication about the project and many enjoyed monitoring the progress of the building work.

The inspector found that the provider had completed five of the actions, partly addressed four actions and was in the process of addressing the one remaining action which related to the building, and this was within the agreed timeframe.

The inspectors found that the following key measures had been completed by the provider in response to the previous action plan:

- medication management procedures had been reviewed and were mainly in compliance with requirements
- clinical risk assessments were dated and nursing records were maintained in line with An Bord Altranais requirements
- increased communal spaces were provided
- a new laundry had been created
- alarms were fitted to the fire doors to maintain safety
- data was collected to monitor the service and an audit was undertaken
- care planning had improved
- locks were fitted to ensuite bathrooms and communal shower rooms.

Improvements were still required to formalise the risk management programme and the premises. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Issues covered on inspection

There were a number of areas which the inspector reviewed as part of this inspection which did not relate to the actions required from the registration inspection.

Food and Nutrition

The inspector was satisfied that residents continued to receive a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a new large central dining room and a smaller dining room for residents who required assistance. The smaller room was not in use on the day of the inspection. Residents chose where to have their meal. Some residents stayed in their bedrooms and they told the inspector that this was their choice. The inspector noted that meals were well presented.

Residents told the inspector they could have anything they wanted at meal times and the inspector saw that a variety of dishes were served. The chef told the inspector that he welcomed any suggestions made by the residents. For example, he said he often provided strawberries and custard as that was what the residents wanted. Residents told the inspector that they could have tea or coffee and snacks at any time. One resident said she often gets a cup of tea during the night if she is awake. The provider said the new building would allow for residents and relatives to have independent access to tea and coffee making facilities.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk. There was currently no resident at risk of weight loss. The person in charge and staff told the inspector that residents had access to dietetic services as required.

Statement of Purpose

The inspector was satisfied that the statement of purpose accurately described the existing service provided in the centre and met the requirements of Schedule 1 of the Regulations.

The provider had not amended the statement of purpose to reflect the fact that the nursing home had undergone a major redevelopment and that six new bedrooms were in use while the existing refurbishment was underway. The provider was advised of this requirement at the inspection. The statement was available at the nurses' station but due to its location, it was not easily accessible by the residents.

Safeguarding and Safety

The inspector found that measures were in place to protect residents from being harmed or abused. Staff had received training on identifying and responding to elder abuse in 2011. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents confirmed to inspectors that they felt safe in the centre despite the construction work. They primarily attributed this to the staff being available to them at all times and the safety procedures in place such as the locking systems on the exit doors and call bells.

Staffing

The inspector examined one staff member's file. This staff member had been recruited since the previous inspection. The file did not contain three references and the self declarations of medical fitness did not meet the Regulations.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector. Staff were allocated to specific areas during the day and staff explained that they were each accountable for the care and welfare of specific residents. The inspector read the care assistant's daily care records which included information about care provided and each resident's dietary requirements, dependency and risk of falling.

The provider and person in charge continued to be committed to providing ongoing training to staff. Training provided in the last 12 months included medication management for the person in charge and all nurses. The inspector read the training records and staff spoken with confirmed that they had attended. All staff had attended mandatory training in moving and handling and staff presented as knowledgeable in this regard. The inspector observed good manual handling practices.

Most health care assistants had completed Further Education and Training Awards Council (FETAC) Level 5 training and there were two staff who were attending the programme. All staff had undertaken training on behaviours that challenge in September 2010. A number of staff had undertaken a 'train the trainer' course in palliative care and provided three training sessions to the staff.

The inspector viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. The staffing levels appeared appropriate to meet the needs of the residents. The provider had maintained the staffing levels during the construction work despite the reduction in bed numbers as he wanted to ensure that there would be adequate staff to support residents in their new environment. The staff roster detailed each staff member's position and full name. A registered nurse

was on duty at all times including night duty. The person in charge was supernumerary Monday to Friday and available to support and supervise staff. She said she often visited at the weekend or made a phone call to the staff. The person in charge was on call at all times and staff were aware of how to contact her. There had been two CNMs appointed since the last inspection and this had strengthened the management structure.

Fire Precautions and Records

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. Inspectors read the records which showed that daily inspections of fire exits were carried out. The fire panels were in order and the inspector noted that fire exits were unobstructed. The fire alarm check was carried out weekly. Inspectors read the training records which confirmed all staff had attended training including a fire drill in July 2011. Additional training was provided to new staff in January and April 2011 by the provider who is a trained fire officer. The provider also provided training for staff in April 2011 which included instructing all staff about the new evacuation procedures during one of the phases of the construction process. All staff spoken with were very clear about the procedure to follow in the event of a fire. Staff explained that a staff member was appointed as the designated fire warden on each shift. The provider told the inspector he planned to carry out a second fire drill in December 2011 which would include the fire procedures for the new extension. The provider had commenced an extensive renovation programme since the previous inspection. The provider had submitted confirmation of compliance with fire and building control regulations from a competent person and a partial completion document from the architect for use of the east wing to the Authority.

Quality of Life and Communication

Information about the renovations and the new extension were effectively communicated to residents and relatives. Records maintained indicated that information such as residents' feelings about the possible move were discussed prior to the move and taken into consideration. Some residents had chosen not to change room and their wishes had been respected by the provider. The inspector spoke to some of the residents who had been moved to other bedrooms to facilitate the building work and they confirmed that they were consulted at all times and were pleased with their new bedrooms. One resident was transferred to a new bedroom and she told the inspector she was pleased with the room and the view. The provider said that all rooms would be fitted with flat screen televisions and phone points when the extension was complete. The inspector spoke to a resident who had a telephone recently installed in her bedroom. This resident was very satisfied that she could contact her family directly.

The inspector joined residents who were taking part in activities in the day room. The activities coordinators knew the residents very well and were observed encouraging and supporting residents to become actively involved in the activities. Other staff were also observed engaging and chatting with residents. The provider said he was in the process of training carers in activities provision to ensure they would take an active role in this process. The activities coordinators told the inspector of the activities programmes in place for residents who are independent and those with a cognitive impairment and records of resident participation were

viewed. For example, Sonas and reminiscence therapy were provided up to four times per week and activity staff spent time with the residents who wish to remain in their bedrooms.

Actions reviewed on inspection:

1. Action required from previous inspection:

All medications should be checked as required by legislative requirements.

Develop appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing, administration and disposal of medicines to residents.

This action was partly addressed.

The inspector found evidence of good medication management processes but there were still some areas for improvement. There were comprehensive medication management policies. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais guidelines. The person in charge maintained records of the medication errors and used these to improve the service.

The inspector noted that there was some improvement in how medications that required special control measures were managed but this practice was still not in line with best practice. These medications were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. Two nurses now signed and dated the register at the change of each shift. The medication management policy which the inspector read stated that "all MDAs are double checked by two nurses and in the event of only one nurse being available, a competent member of staff on duty can verify this". This was not the practice as the inspector read the MDA book and noted that the nurse on night duty who administered medication was the only signature recorded in this book.

The inspector noted that there was regular input from the pharmacist. She visited the centre every month and reviewed the medication prescriptions, administration records and stock balances. The GP reviewed every resident's medication every three months with the pharmacy and the person in charge and the records were reviewed by the inspector.

There were some medication management issues that required attention:

- the practice of taking medication orders over the phone was not in line with best practice or as per the policy
- the inspector reviewed the prescriptions and noted that one of these did not have the frequency of the administration of the medication recorded
- residents who required their medication to be crushed were not prescribed by the doctor as requiring to be crushed.

2. Action required from previous inspection:

Revise the risk management policy to reflect and guide the practice in place in accordance with the Regulations.

This action was partly addressed.

The risk management policy was revised since the previous inspection in accordance with the Regulations. A risk management committee consisting of the provider, person in charge and the housekeeping supervisor in Beechfield Manor and the person in charge in Glengara Nursing Home was established and met bi-monthly to discuss risks and control measures. The inspector read the minutes of the meeting in March 2011 and it included issues such as falls management, equipment, electrical safety, complaints, noise from the construction work and cleaning. The provider and person in charge had been reactive to risks identified in relation to the premises, but there was no documented environmental risk assessments undertaken.

3. Action required from previous inspection:

Carry out and document the risk assessments, prevention measures and interventions in relation to the fire doors which lead the first, ground and lower ground floors.

This action was completed.

The inspector observed that emergency alarms were fitted to all internal fire exit doors leading to the stairwells and key coded locks were fitted to the exterior doors.

4. Action required from previous inspection:

Supervise agency staff on an appropriate basis pertinent to their role until the provider has obtained in respect of that person the information and documents specified in Schedule 2 of the Regulations.

This action was addressed.

The provider said they no longer employed agency staff in the centre. The person in charge said that all staff absences are now covered by staff within the company.

5. Action required from previous inspection:

Update the complaints policy to include an independent appeals process.

This action was addressed.

The inspector found evidence of good complaints management. The complaints policy was reviewed since the previous inspection and now met the requirements of the Regulations. The complaints officer was named and the policy included the name of an independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint. The complaints procedure was displayed in a prominent place.

The inspector noted that a log was maintained of all complaints from residents and relatives. The inspector saw how these had been acted upon and documented in accordance with the policy.

Residents and relatives told the inspector they felt comfortable raising any concerns with the provider, person in charge or any member of staff should the need arise. Many residents and relatives said they never felt the need to complain.

6. Action required from previous inspection:

Establish and maintain a system to review the quality and safety of care and quality of life of residents in the centre.

This action was completed.

The inspector was satisfied that the quality of care and experience of residents was monitored and developed on an ongoing basis.

The person in charge had put a system in place to audit information related to pressure sores, falls, complaints, personal care and care plans. There was a system in place to collect clinical data such as residents with pain, uses of required restraint and falls. While the person in charge discussed the results of the audits with the staff nurses, there was no evidence to show that the information was used identify possible trends and for the purpose of improving the quality of service and safety of residents.

There was a residents' committee, which met bi-monthly. The inspector met the resident who chaired the meetings. This resident provided examples of the topics discussed at the meetings and actions taken to improve the service. For example, the chef had been invited to attend the residents committee meeting as residents wished to discuss the food. The minutes of the meeting confirmed that residents were consulted about the renovation project.

There were many opportunities for residents and relatives to provide feedback on the service and their experience was monitored and developed on an ongoing basis. The provider had undertaken a resident and relative satisfaction survey in 2011 and the results from this were positive. There were examples of where resident and relative feedback for the survey was used to improve the service. For example, an additional care assistant was allocated to the lower ground floor based on feedback.

7. Action required from previous inspection:

Assess residents' health, personal and social care needs prior to admission.

Set out each residents needs in an individual care plan, developed and agreed with each resident.

This action was partly addressed.

The inspector reviewed some residents' files and noted that a nursing pre-admission assessment was now completed prior to admission to ensure that residents' needs could be met.

A range of risk assessments were carried out for residents, these were reviewed at least three-monthly. Nursing care documentation was now completed as per An Bord Altranais guidelines.

There was some progress in the area of care planning, but they continued to require further development. For example, the inspector read residents' care plans and noted they did not comprehensively guide the care to be delivered. The inspector read the care plan of one resident who had fallen and noted that it was not specific enough to demonstrate the good care that was being delivered. Staff told the inspector how they had begun the process of formally including residents and relatives in the development and review of care plans.

There was a comprehensive policy on the management of restraint which was not used to guide practice. The inspector noted that in August 2011 twenty two residents were using bedrails. There was one resident who also required a belt on the chair while seated and a table was placed in front of her during the day. In the sample of residents' records viewed the inspector noted that assessments for restraint were undertaken. However, these assessments did not document the alternatives tried, and this was not in line with the policy. There was a consent form for restraint completed by the nurse and the relative which would not be in line with best practice. While residents had care plans, there was little mention of the type of restraint to be used or the care of that resident while in restraint.

8. Action required from previous inspection:

Update the Residents' Guide to include all information as required by the Regulations.

This action was partly completed.

An addendum was added to the previous Residents' Guide in line with the Regulations. The provider said he planned to develop a new resident's guide when the extension is completed. Residents did not have access to the most recent report from the Authority.

9. Action required from previous inspection:

Ensure residents can undertake personal activities in private

This action was addressed.

Locks were fitted to all en suite bathroom doors and to the communal shower rooms so that residents under take personal care activities in private.

10. Action required from previous inspection:

Inform the chief inspector when planning permission has been received and submit the plan of construction. Put in place a plan to manage the impact of building works on the residents, during the construction stage and the time frames for this project.

This action was partly completed and was ongoing.

The provider informed the inspector that in conjunction with the architect he had used the Standards to design the new extension. The provider and person in charge said they had considered residents with a cognitive impairment when deciding colours and flooring and they had sought the advice of an expert in this area. The inspector viewed the east wing and the proposed six bedrooms on the lower ground floor of the new extension in the west wing and found that the layout and design of the new extension was suitable for its intended purpose. The inspector observed that grab rails had not been fitted in the six new residents' en suite bathrooms.

Specific features had been included in the design of residents' bedrooms to promote independence and safety. For example:

- all new bedrooms were fitted with a central alarm and light system independently controlled from the call bell system
- sensor lighting was provided throughout and non-slip flooring were installed in the en suite shower and toilets
- the provider said he ordered lockable space for residents to store personal belongings.

Since the previous inspection a variety of additional communal space had been provided for residents' use and the inspector found that it was sufficient. New laundry facilities, cleaner's rooms and sluice rooms would be provided in the new extension.

The provider and person in charge had not documented the measures required to facilitate the safe transfer of residents from the existing to the new building or for the increase in resident occupancy levels on completion of the entire construction project. A transfer assessment had not been completed before and after the one resident had moved into the new extension. The provider said this would be completed prior to transfer of the residents into the six rooms in the extension. An operational plan was forwarded the inspector the Authority on 11 October 2011.

The best practice recommendations had been implemented.

Suitable and appropriate seating in the dining room

The seating in the new dining room was suitable and appropriate for residents. The provider had ordered new tables for the dining room and these were delivered and installed on the day of the inspection.

Resident and relative involvement

The provider had developed and rolled out a quality/satisfaction survey with residents and relatives as planned. See Action 6 above.

Supervision of staff members

The provider and person in charge had completed staff appraisals with all staff in April 2010 and the inspector reviewed these records. The provider said they planned to repeat these appraisals and intended to link the findings of these to the training plans going forward.

Report compiled by:

Linda Moore

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

5 October 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
11 and 12 January 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Beechfield Manor Nursing Home
Centre ID:	0013
Date of inspection:	4 October 2011
Date of response:	4 November 2011

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy did not guide the practice.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Reference:

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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All risks are being assessed on an ongoing basis to reflect our policy.</p> <p>We prepared a Risk Assessment of all areas affected by the building works and sent it into the Authority.</p> <p>We have a Risk Management Policy in place but we will review it to ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	<p>Ongoing</p> <p>October 2011</p> <p>January 2012</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The provider had not yet declared in the statement of purpose that the nursing home had undergone a major redevelopment and that the six bedrooms would be used while the exiting refurbishment was underway.</p>	
<p>Action required:</p> <p>Update the statement of purpose to describe the facilities and services which are provided for residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We will update the statement of purpose to describe the facilities and services which are provided for residents to include the new areas we have been approved to use which are as follows:</p> <p>Lower Ground Floor: Dining Room, 6 en suite bedrooms, Cleaners room, Laundry and Staff canteen Ground Floor: Sitting Room, Treatment room and pharmacy room First Floor: Quiet Room and one bedroom with en suite.</p>	<p>Completed</p>

3. The provider has failed to comply with a regulatory requirement in the following respect:

A staff member's file did not contain all of the information required by the Regulations.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standards 22: Recruitment

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

Timescale:

Provider's response:

All staff signed a medical declaration to say that they are fit to work.

Completed

All staff, at their next visit to their Doctor, will request a Doctors letter stating that they are fit to work.

Ongoing

We will review all staff files to make sure they comply with Schedule 2 of the Regulations.

March 2012

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

January 2012

4. The provider has failed to comply with a regulatory requirement in the following respect:

The medication management polices were not used to guide practice.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Medication Management policies have been reviewed. All staff nurses have read and signed the updated policies. All staff nurses have refreshed themselves on the ordering, prescribing, storing and administration of medicines.	Completed

5. The person in charge has failed to comply with a regulatory requirement in the following respect: The care plans did not comprehensively set out each resident's needs as agreed with the resident.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan 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:
Provider's response: Care Plans are being changed to ensure the needs of each resident are included in their Care Plan and agreed with the Resident.	April 2012

6. The provider has failed to comply with a regulatory requirement in the following respect: A high standard of evidence based nursing practice was not delivered in relation to restraint.	
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Action required:	
Provide a high standard of evidence based nursing practice in relation to restraint management.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Restraint policy has been updated to reflect current best practice and all residents will be assessed using our evidence based Assessment Tool.	Ongoing
New Restraint Care Plan in place.	Completed

7. The provider has failed to comply with a regulatory requirement in the following respect:	
A transfer assessment and operational plan had not been completed before and after the one resident had moved into the new extension or the proposed move of six residents into the west wing. The six bedrooms were not fully ready to use at the time of the follow up inspection as grab rails had not been fitted in the residents' en suite bathrooms.	
Action required:	
Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Grab rails have been fitted in all en suite bathrooms. Transfer assessment plan completed and delivered to the Authority in relation to six new bedrooms.	Completed

<p>Assessment of resident in one bedroom on East Wing – Pre-assessment of resident was completed before admission to this room. We will ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents. This will be completed before the use of any of the new bedrooms on the West wing.</p>	<p>Completed</p>
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<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The Residents' Guide was not developed in line with the Regulations.</p>	
<p>Action required:</p> <p>Produce a Residents' Guide which meets the Regulations.</p> <p>Supply a copy of the Guide to each resident</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</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>Produce a temporary Residents' Guide to include the new areas being used.</p> <p>New residents guide is planned to include all new improvements to Beechfield Manor and will be delivered on completion of the building works and increase of capacity from 57 to 70 residents. Supply a copy of the resident's guide to each resident.</p>	<p>November 2011</p> <p>Depending on date of completion of building works</p>

Any comments the provider may wish to make:

Provider's response:

We found the inspection to be a positive experience and are happy overall with the report. We would like to thank the Authority for their ongoing support during our upgrading and improvements to Beechfield Manor. Our residents and staff were encouraged by the positive comments received during the inspection.

Provider's name: Ciaran Larmer

Date: 3 November 2011