

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Beech Park Nursing Home
<b>Centre ID:</b>	0012
<b>Centre address:</b>	Dunmurry East Kildare, Co Kildare
<b>Telephone number:</b>	045 534000
<b>Fax number:</b>	045 534002
<b>Email address:</b>	Beechpark02@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Quesada Developments Limited
<b>Person in charge:</b>	Sarah Mulpeter
<b>Date of inspection:</b>	5 December 2011
<b>Time inspection took place:</b>	<b>Start:</b> 14:00 hrs <b>Completion:</b> 16:30 hrs
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector:</b>	NA
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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

Beech Park Nursing Home opened in 2006 and is run by Quesada Developments Limited. It is a single-story purpose-built residential centre with 48 places. The provider has reduced the occupancy in the three-bedded room to two on a temporary basis and so currently there are 47 places. There were 46 residents living in the centre at the time of inspection, some of whom had dementia.

At the main entrance of the building, next to the reception area, there is a spacious sitting room which overlooks a large secure courtyard. This courtyard is accessible to residents and visitors from all corridors. There is one wheelchair accessible toilet and two standard toilets near the reception area. There are two lounges at opposite ends of the building. One of these rooms is used as a quiet room for residents and visitors.

There are 33 single bedrooms, 12 of which have en suite toilet, wash-hand basin and shower facilities, and 21 have en suite toilet and wash-hand basin. There are seven twin bedrooms, of which five have en suite toilet, wash-hand basin and shower facilities and two of these rooms have an en suite toilet and wash-hand basin. Two wheelchair assisted shower rooms are located close to these bedrooms.

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

There is ample car parking available to the front and side of the centre and closed-circuit television (CCTV) in public areas. Access to the centre is secured by use of a key-pad locking system.

### Location

The centre is located approximately two kilometres outside Kildare town. Nearby facilities include restaurants, shops, community hall, heritage centre and the Japanese Gardens. There is a bus and train service to Kildare town and taxi services available from the town.

<b>Date centre was first established:</b>	10 March 2006
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	17	6	5

**Management structure**

The Provider is Quesada Developments and the named person on behalf of the provider is Thomas Ryan. The Person in Charge, Sarah Mulpeter and the General Manager, Antoinette King, report to him. The care staff report to the nurses who in turn report to the Person in Charge. The laundry and housekeeping staff report to the Housekeeping Supervisor who in turn reports to the General Manager. The catering staff report to the Catering Manager who also reports to the General Manager.

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	2	8	3	2	0	2*

\* General Manager and Activity Coordinator

## Background

This was an unannounced follow up inspection and the centres third inspection. A Registration inspection was carried out on 5 and 6 May 2010. At a follow up inspection on 17 May 2011 the inspector found that 14 of the 19 actions from the inspection of May 2010 had been fully addressed and five were partially completed.

Overall, the inspector found that issues relating to governance and staffing levels had been addressed. Other issues such as the management of residents' finances, role clarity, and the emergency plan had all been appropriately addressed. Improvements were noted in the staff files but there was still some outstanding documentation required.

Issues around risk management had been completed. Improvements were noted in actions relating to health and safety but the inspector was concerned about the lack of hand-washing facilities in the laundry, sluice room and cleaning room.

Improvements were seen in the ongoing assessment of residents' needs including pre-admission assessments. However, further improvement was required around residents' involvement in their care plan. The inspector remained concerned about the use of restraint and its potential impact on the wellbeing of residents. Medication practices had improved but the inspector was concerned regarding the prescribing of crushed medication and the lack of auditing of medication errors.

Menu choices had improved and residents were provided with a range of interesting and meaningful activities.

These inspection reports can be found at [www.hiqa.ie](http://www.hiqa.ie)

## Summary of findings from this inspection

This third inspection was unannounced and focused on the areas where improvements were required from the previous inspections. The inspector found that three of the five actions were completed with the remaining two partially completed.

Improvements were noted in the care planning process and medication management systems. Personnel files met the requirements of the Regulations. Further work was needed around the use of restraint in particular the consideration of alternatives. The lack of hand-washing facilities remained an issue although plans were in place to address this in the New Year.

These issues are discussed further in the report and addressed in the Action Plan at the end of the report.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

Provide a high standard of evidence-based nursing practice

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

This action was partially completed.

The inspector saw that new documentation had been introduced for assessment of residents prior to using restraint. A checking system was introduced to ensure that residents were reviewed on an hourly basis when restraint was in use. The inspector read completed copies of these. A record was maintained of any occasion on which restraint was used, the nature of the restraint and its duration, in respect of each resident.

However, the inspector remained concerned as there was still no consideration of alternatives. A section was available on the assessment form but this was not completed in the care plans reviewed. The alternatives listed included low-low beds and monitors but this equipment was not available within the centre.

### **2. Action required from previous inspection:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Revise each resident's care plan, after consultation with him/her.

This action was completed.

The inspector read a sample of care plans and saw that a new section had been added to allow for documentation of resident or relative involvement. The person in charge had written to all relevant relatives and asked that they make an appointment with the named nurse looking after their family member. The person in charge told the inspector that in some case the relatives or residents did not want to get involved and that they are now documenting this as well.

### **3. Action required from previous inspection:**

Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

This action was partially completed.

The inspector remained concerned that lack of facilities could pose a risk of cross infection. This action referred to the lack of running water or sink in the cleaning room which is located between the laundry and sluice room. In addition the inspector noted that there was no hand-washing sink available in any of these three rooms. A plumber had been engaged to provide an estimate on the cost involved in providing a hand-washing sink for use by staff entering or leaving the three rooms and the provision of a suitable sink and running water in the cleaners' room. The general manager said they intended to proceed with this in the New Year.

**4. Action required from previous inspection:**

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.

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Maintain, in a safe and accessible place, a record of any medication errors or adverse reactions in relation to each resident.

This action was completed.

New documentation had been introduced and the inspector saw where medication that required to be crushed was appropriately prescribed.

In addition staff had undertaken the Bord Altranais e-learning course on medication management. A competency assessment of medication administration was undertaken on each nurse. Meetings were ongoing with the supplying pharmacy to introduce additional independent audits next year. Additional training around medication management was planned for the New Year.

The inspector saw that medication errors were now being recorded. In addition the information was shared at staff meetings for the purposes of learning. Staff spoken with confirmed that this was the case.

**5. Action required from previous inspection:**

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 of the Regulations have been obtained in respect of each person.

This action was completed.

The inspector read a sample of staff files and saw that they contained all the information required by the Regulations. A register was maintained to show the documents available in each file.

**Best practice recommendations from previous inspection:**

The care plan reflects the assessment findings and sets out in detail the action to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the resident are met. Residents, including those with dementia/cognitive impairment, are actively encouraged to participate in this process.

The routines of daily life and activities are flexible and vary to suit the resident's expectations, preferences, previous interests and capacities, as outlined in his/her care plan.

Records of residents' participation or enjoyment in activities were not being recorded. The system in place was that a tick was placed beside the resident's name if they had been involved in any of the activities. The inspector was concerned that this was insufficient particularly for residents with dementia as it did not allow for any comments as to which activity was undertaken if the resident had participated and enjoyed it or not. This information should be used to inform the plan of care for each resident.

This action was completed.

The inspector saw that an assessment was undertaken of each resident's likes and dislikes and a varied activity programme was in place to meet this assessed need. This included both group and individual sessions. A daily record was maintained of each resident's participation or otherwise in the various events. This included comments on the level of participation of each resident.



**Report compiled by:**

Sheila Doyle

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

7 December 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
5 and 6 May 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
15 May 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Beech Park Nursing Home
<b>Centre ID:</b>	0012
<b>Date of inspection:</b>	5 December 2011
<b>Date of response:</b>	23 December 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:

Assessments for the use of restraint had been carried out but there was no evidence of consideration of alternatives.

#### Action required:

Provide a high standard of evidence based nursing practice

#### Action required:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident

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

<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 13: Healthcare Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  For residents using bedrails, their care plan will now refer to the hourly checks that take place. Alternatives will be discussed with resident/their representative at care plan review.	Ongoing

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The inspector remained concerned that lack of facilities could pose a risk of cross infection. There was no water or sink in the cleaning room which is located between the laundry and sluice room. In addition the inspector noted that there was no hand washing sink available in any of these three rooms.	
<b>Action required:</b>  Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Will be installed as soon as possible.	31/03/2012

**Any comments the provider may wish to make:**

**Provider's response:**

Once again we are happy with our follow up inspection and acknowledge the inspector's supportive and positive approach.

**Provider's name:** Thomas Ryan

**Date:** 23 December 2011