

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Beneavin Lodge Nursing Home
Centre ID:	0117
Centre address:	Beneavin Road Glasnevin, Dublin 11
Telephone number:	01-864 8576
Email address:	beneavinlodge@firstcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Beneavin Lodge Limited
Person authorised to act on behalf of the provider:	Mervyn Smith
Person in charge:	Charity Shawa
Date of inspection:	13 and 14 August 2013
Time inspection took place:	Day 1: Start: 10:30 hrs Completion: 17:30 hrs Day 2: Start: 09:25 hrs Completion: 13:15 hrs
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Damien Woods
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 18 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints file, policies and procedures and staff files.

Prior to the inspection, inspectors reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire and

planning authorities in relation to the use of the building as residential centre for older people. All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The inspectors confirmed that the provider had fully addressed all five actions from the last monitoring inspection which took place on 15 and 16 August 2012.

Overall, the inspectors found the provider and person in charge were prepared for the registration inspection and demonstrated this by meeting 17 of 18 Outcomes. The provider and the person in charge were found to be operating in compliance with the conditions of registration. Although not yet in substantial compliance with 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*.

The one outcome not met related to medication management as detailed in the report. The action plan at the end of the report relates to this non-compliance.

Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

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

Inspection findings

The inspector reviewed the statement of purpose and found that it described the services and facilities provided in the centre and the information were in accordance with Schedule 1 of the Regulations. The written statement of purpose reflected the most recent registration certificate issued to the provider on 11 July 2013 following a change in the management team.

Outcome 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Samples of contracts of care were reviewed. All residents had agreed a contract of care with the provider which included details of the services to be provided for that resident and the main fee to be charged. They also included the fees and costs of additional services as outlined in the application for registration.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge (PIC) was on duty during the inspection. She has worked in the centre since 3 December 2012, was interviewed by the Authority and deemed fit to hold the post of PIC on 12 December 2012. Details of her nursing experience included 3/6 years of working with older people. She works fulltime, is a registered general nurse and has completed a management course titled "Leading an Empowered Organisation Programme". Residents' and relatives spoke highly of the person in charge. They praised her knowledge and manner.

The person in charge is supported in her role by two clinical nurse managers, one of whom manage the centre in her absence together with the Provider, Director of Operations and the Operations Manager. The person in charge has line management responsibilities for the nursing, care staff, administration, household, catering and maintenance.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings:

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

Residents' Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had not been absent for more than 28 days which required notification to the Authority. The person in charge was aware of her reporting requirements to submit appropriate notifications. As mentioned under Outcome 3, the one of the clinical nurse managers' was nominated key senior manager to take charge in the absence of the person in charge.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a policy in place covering “the prevention, detection and response to abuse” it reflected practice described by staff spoken to on inspection. Staff were aware of the types of elder abuse and their responsibilities in reporting suspected cases. Records reviewed confirmed that staff had received training on identifying and responding to elder abuse. Garda Síochána vetting was in place for staff. This was evidenced by a review of a sample of five staff files.

Residents spoken to confirmed that they felt safe in the centre. Entrance and exit doors were secure. There was a member of staff on the reception desk from 09:15 hrs to 21:30 hrs, where all visitors to the centre were asked to sign in and where non relatives were given identification badges to wear.

Safe procedures were followed with clear and concise records held for the management of residents' petty cash.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

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

Inspection findings

The risk management policy in place was compliant with the legislative requirements. A risk register was completed and was continually updated by the management team. A culture of managing any identified risk was evident and resident safety was a management priority. The health and safety policy and safety statement was in place and in date.

There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing. An emergency plan was in place to outline clear procedures to follow in the event of an emergency. An infection prevention and control policy was in place. Hand-washing and drying facilities were available in all

ensuite, bathrooms and clinical/ medication rooms and hand disinfectant gels were available at the reception.

The fire alarm, fire fighting equipment and emergency lighting was maintained and records reviewed showed they were checked on a frequent basis by professional personnel. There was evidence to show that all staff had attended fire safety and evacuation training and fire drills were practiced with staff on a frequent basis. Staff spoken with had a good knowledge of the procedure to follow in the event of a fire. Means of escape were clear and unobstructed; these were checked daily by staff.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

The action(s) required from the previous inspection were not satisfactorily implemented and appear for the second consecutive inspection report.

Inspection findings

Inspectors reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

Inspectors reviewed medication management practice and found administration of medication was not safe or in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives as staff nurses were not checking the right time. The prescription charts did not include the times medications were to be administered at and the staff nurses were not always documenting the time they administered medications for either regular or/and PRN medications.

A record of medications received and returned to and from pharmacy was maintained. At each shift change the medications that required strict control measures (MDAs) were checked and counted. The inspector found record keeping was to a high standard in this area and in line with best practice. However, inspectors observed MDA medication patches with two different batch numbers were stored in one box. This was not best practice.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors cross referenced notifications submitted to the Authority since the last inspection with records of all accidents and incidents recorded in the centre since the last inspection. All serious accidents and incidents had been notified to the Authority by the person in charge in a timely manner.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The management team had completed audits on the many areas of practice. For example, medication management, falls, environment and nursing documentation. These were reviewed on inspection and inspectors found the audit tools used for some of the audits could be developed further to improve the quality of information obtained from the audit process. Inspectors were informed that the system for auditing practices was going to be developed further by using a computerised method of auditing developed specifically to meet needs of the centre.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

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

Inspection findings

Residents and their relatives stated they felt their healthcare needs were being met and confirmed that they were facilitated to access their general practitioner (GP) and allied health professionals. A review of a number of residents' documentation confirmed that they had been referred to allied health professionals without delay. Inspectors did not observe draw sheets in use in the centre and were informed the use of them had ceased.

Activities were provided by activity staff. A timetable displayed what activities were planned for the week and daily activities were displayed in the front foyer. The residents spoken with were satisfied with same.

Records were completed accurately and immediately post care was given. For example, wound records were clear and concise and reflected best practice guidelines and the centres own wound management policy. Accurate change of position records were now in place.

Nursing documentation was in the process of being transferred from a paper based method of recording to a computerized method. Inspectors reviewed a number of residents nursing records and found the assessments and care plans in place were

person centered and reflected the resident, met by inspectors'. However, death and dying assessments were noted not to be completed for a number of residents' and some do not resuscitate orders had not been reviewed for over one year by the inter disciplinary team.

Residents' and relatives' told inspectors that they were involved in the development and review of resident care plans. Inspectors saw documented evidence that care plan reviews took place on a three monthly basis.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found the centre to be clean and tidy. Residents' confirmed their satisfaction with the level of cleaning of both their personal space and the communal areas.

Residents had independent access to internal courtyards on the ground floor. The premises were found to reflect the description outlined in the centres Statement of Purpose.

Inspectors found the centre had a good supply of equipment to meet the needs of residents and records showed that this equipment was serviced on a regular basis.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors spoke with residents and relatives, they were clear about who they would complain to if they had a complaint. Both groups felt their complaints were heard and dealt with. Inspectors found that the complaints policy reflected the legislative requirements. A review of the complaints file confirmed that they were being addressed promptly and contained records detailing the investigation, outcome of the complaint and whether or not the complainant was satisfied for each complaint on file as required by the legislation.

Outcome 14

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was one resident receiving end of life care at the time of this inspection. This resident appeared comfortable. A relative confirmed the family were being facilitated to stay overnight and that a high standard of care was been delivered to the resident. There was also an oratory available for use by residents and their families.

Access to Community Palliative Care Services was available to support residents requiring their services.

Outcome 15

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

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors observed lunch time service in the dining room. Overall, residents told inspectors they enjoyed the food and the choices available to them. The dining room was appropriately furnished and welcoming. Inspectors saw table settings were pleasant and included condiment, napkins and appropriate place settings for all residents.

Residents were offered a choice at lunch time and obtained their preferred food choices. Staff spoke to residents throughout attending to their requests during the meal. The inspector was satisfied the mealtime experience was enjoyed by residents who took their meals in the dining room and to those who ate their meal in their bedroom. Appropriate assistance was offered to residents who required assistance in both their own room and in the dining room. Inspectors observed that a small number of residents were assisted to eat their lunch in one of the two sitting rooms. Inspectors observed that this small number of residents' spent a long period of their day in this sitting room. It was not clear why they were not brought to the dining room to enjoy the dining experience and it was not reflected in their care plan.

Documentation showed that each resident's weight was checked on a monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk and monitor progress with nutritional supplementation. There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. However, as mentioned under outcome 4 this needed to be reviewed.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There were policies in place to address communication in the centre including the communication needs of residents'. Inspectors saw several examples that demonstrated that residents were facilitated and encouraged to communicate. As evidenced under outcome 10 their views were sought through conducting audits. Minutes of residents' meetings were available for review.

Inspectors saw residents' taking part a variety of activities. A range of interests were facilitated. A programme was in place and displayed in the centre. Staff kept records of the activities residents' took part in and their level of participation. There were also specific activity sessions targeted towards residents with dementia where personal acknowledgement, sensory and music prompts were used to help their recollections and memory recall. Residents confirmed that they were treated with respect and dignity and said that they felt valued.

Inspectors observed that residents knew the person in charge by her first name. Residents' and relatives told the inspectors that they would go to the person in charge with any issue they had. They stated she was most approachable and always available.

Outcome 17

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The policy on personal belongings was in place. Resident clothing was individually labelled by laundry staff on admission and any new clothing brought in thereafter was also sent to the laundry for labelling. Inspectors saw and residents' confirmed that they had plenty of space to store personal possessions. Residents confirmed

that a lockable storage area was available to them if they wanted it and this was reflected in the policy.

A record of their personal possessions was logged on admission and was kept up-to-date for all residents by the laundry staff.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

Action(s) required from previous inspection:

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

Inspection findings

Inspectors were satisfied that the staffing levels and skill mix on day and night duty were now adequate to meet the needs of residents. Since the last inspection there was an increase of one care assistant on night duty on the ground floor. Staffing on night duty now included one staff nurse and two care attendants on both floors. On the day of inspection staffing included the person in charge, two clinical nurse managers, three staff nurses was and thirteen care assistants providing direct care to residents with dependency levels as follows: 34 residents' at maximum dependency, 16 at high, 8 at medium and 10 at low. Residents spoken with confirmed that they did not have to wait for long periods to have their call bell to be answered. Residents who completed pre-inspection questionnaires were satisfied with current staffing levels.

Staff spoken with told the inspector that they enjoyed working in the centre and confirmed they had all the required mandatory training in place and records provided to inspectors confirmed this. A selection of staff files reviewed showed that staff files were in compliance with schedule 2.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, director of operations, operations manager and both clinical nurse managers to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Sheila Mckevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

22 August 2013

Provider's response to inspection report *

Centre Name:	Beneavin Lodge Nursing Home
Centre ID:	117
Date of inspection:	13 and 14 August 2013
Date of response:	10 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Safe care and support

Outcome 8: Medication management

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

Nurses were not administering medications to residents in accordance with the centres policies as there was no times on the medication prescription charts and therefore they did not check the time were not administering medications in line with with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives.

Nurse were not always recording the time medications were administered at.

Medication patches stored in the controlled drug cupboard were not always stored in a safe manner.

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

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:
<p>Provider's response:</p> <p>As discussed on the day of inspection, FirstCare is in the process of changing from a 'paper based' nursing record system to a computerised system. Currently we are working with Epic Care to ensure the Medication Management System (which as not been implemented yet) contains all the elements we require to comply with ABA and our own in house policies and procedures. It is envisaged that we will commence our computerised medication management system in November of this year. The areas of concern discussed on the day of inspection have already been addressed as part of the computerised system. In the interim all residents prescription charts will now contain the times medications are to be administered and RN's will document the time of administration of all PRN and regular medications.</p>	Completed