

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beneavin House
Centre ID:	OSV-0000694
Centre address:	Beneavin Rd, Glasnevin, Dublin 11.
Telephone number:	01 864 8516
Email address:	beneavinhouse@firstcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beneavin House Limited
Provider Nominee:	Mervyn Smith
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Jim Kee
Type of inspection	Announced
Number of residents on the date of inspection:	127
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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 February 2015 10:00 To: 25 February 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to assess the application made by the provider to vary condition seven of the current registration certificate, that is to increase the total capacity of residents' from 127 to 150.

Inspectors reviewed the newly developed bedrooms and followed up on one outstanding action plan from the last registration inspection which took place in January 2013 and four action plans from the last thematic inspection which took place in May 2014. Inspectors found all of these action plans had been addressed in full by the provider. Also, inspectors followed up on the management of accidents and incidents and issues brought to the attention of the Authority since the last inspection. The centre was found to be in compliance with seven of the eleven outcomes inspected against.

The newly developed bedrooms were adequate to meet the needs of residents. They were all ensuite and suitably decorated to ensure a homely safe environment for residents to live in. The communal space had been re-developed on each floor and was an appropriate size to meet residents' needs. The statement of purpose reflected the service to be provided to 150 residents however, a few minor changes were needed to ensure compliance with current regulations. Residents spoken with and

those who completed pre-inspection questionnaires expressed a high level of satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and newly developed premises.

Additional care staff had been recruited and some had commenced their induction programme. Recruitment had also begun to fill vacancies in the clinical management team. Falls prevention and risk required review and a more robust system for the notification of incidents was required. Recruitment had also begun to fill vacancies in the clinical management team.

The action plans at the end of this report reflect the improvements required.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is 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.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose was updated in February 2015 and accurately described the services provided. However, it required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, the whole time equivalent of staff was not reflective of those currently working in the centre.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a strong management structure in place to support the person in charge. However, some posts had recently become vacant and required filling.

The person in charge was supported in her role by a team of people. which included an operations manager, a managing director and the provider. She was also supported by two deputy directors of nursing and four clinical nurse managers however, a deputy director of nursing post and two clinical nurse manager posts had recently become vacant. Inspectors were told the deputy director of nursing post had been filled and the management team were actively recruiting to fill the two clinical nurse manager posts.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. She has been person in charge of the centre since September 2012 and was employed on a full time basis.

Her deputy covered in her absence and one of the senior clinical management team

were on call at night time and one on duty in the centre every weekend.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The contracts of care were the only documents reviewed under this outcome as they were not in compliance during the registration inspection carried out in January 2013.

Inspectors reviewed a number of contracts of care for residents. These contracts contained a record of the designated centre's charges to residents, including any extra fees payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident.

However, one of the residents who had recently been transferred to this centre did not have a contract of care, and staff explained that this resident's solicitor had been contacted on numerous occasions to have this rectified.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Concerns had been raised regarding the suitability of some staff, and the resultant safety of residents in this centre. The only aspect of this outcome examined on inspection related to the centres vetting process for staff to ensure all residents were protected by the centre's staff recruitment process.</p> <p>Residents were protected by the centre's appropriate vetting of suitability of staff members to work directly with residents.</p> <p>A sample of staff files were examined by inspectors and all contained the necessary documentation regarding identity, details of current registration (nursing staff), appropriate references, and either current Garda vetting clearance or an application for vetting in process.</p>
<p>Judgment: Compliant</p>

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

<p>Theme: Safe care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A review of falls, falls risk assessments and care plans were the only aspect of this outcome which were reviewed. Inspectors found that when residents' sustained a fall including those who were transferred to hospital as a result of a fall were not being re-risk assessed post the fall. As a result, inspectors formed the view that all reasonable measures were not being taken to prevent residents being involved in a repeat accident.</p> <p>Inspectors also found that although there was efficient recording and notification of incidents, there was no effective system for investigating and learning from incidents/accidents.</p>

<p>Judgment: Non Compliant - Moderate</p>
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Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the newly developed ensuite bedrooms and found that they were adequate to meet the needs of residents. The newly developed kitchen/dining/living rooms were also viewed. All rooms were appropriately heated and lit.

Each of the 23 new bedrooms had a nurse call bell and overhead bed light. The bedrooms which were furnished at the time of this inspection had an adequate amount of storage space including lockable space. The majority of ensuite bedrooms contained a shower, toilet and wash hand basin, the four that did not have a shower were located close to a communal assisted shower room..

The twin bedrooms had curtains between bed spaces to ensure residents privacy. The newly developed kitchen/dining/living rooms were homely. Residents spoken with expressed satisfaction with the newly developed space.

The following minor issues required addressing:

- room 338 had no window just a glass door
- on Claremont there was no hand sanitiser on the corridor near the new bedrooms
- shelf in the ensuite of room 508 was too high to reach
- assisted shower room 409 required a pull down call bell to be installed
- roof area outside a window in room 443 was dirty and required cleaning.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Inspectors saw written information was now available to the relatives of the deceased residents. Leaflets containing information about understanding grief, making a will, adults grieving after death and living through the death of a partner were displaying in the relatives room.

Residents' end-of-life preferences were now recorded in an advanced end of life care plan available for each resident. Four were read and contained detailed personalised preferences requested by the resident.

The reviewed end of life policy had been implemented, staff spoken with confirmed this. Inspectors were informed that end of life training had been arranged for a number of staff nurse and this training had also been included in the induction programme organised for new staff.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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 discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The food and nutritional needs of residents were being met.

Inspectors viewed lunch being served to residents on two floors of the centre. Residents were offered a choice of main courses and deserts. All residents spoken to by inspectors were enjoying the food, and reported that the food served in the centre was consistently good.

Staff were observed assisting two residents to eat and drink. The staff involved offered assistance in a discreet, patient and sensitive manner and conversed with the residents throughout the lunch. There were sufficient staff present in the dining area to assist all the residents present.

The records of residents fluid and food input had improved since the thematic inspection of May 2014. Records of residents' having their fluid and food input recorded were reviewed and records held were completed in a comprehensive and timely manner.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The management team had completed a major recruitment drive for staff nurses. Ten new staff nurses were due to commence induction on the 02 March 2015 and six were in the process of been inducted. The management team outlined their plan for providing additional staff on three of the four floors as the capacity of these floors was increasing by 4, 7 and 11 residents. The 4th floor capacity was just increasing by one bed.

The provision of additional staff appeared to be adequate to meet the needs of 150 residents. Staff files reviewed contained all the required documents outlined in schedule 2 and all staff had Garda vetting on file or in process.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beneavin House
Centre ID:	OSV-0000694
Date of inspection:	25/02/2015
Date of response:	06/03/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Review the statement of purpose to ensure it contains the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and reflects resources currently in the centre.

Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of Purpose has been updated as requested at the time of inspection and accurately reflects the resources available in the Nursing Home at this present time. A copy of same forwarded to the Authority.

Proposed Timescale: 06/03/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Two vacant clinical nurse managers posts need to be filled to ensure the robust management structure was maintained.

Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

FirstCare are actively engaging with agencies at this present time and on an ongoing basis to ensure all vacancies within the Nursing Home are filled with an appropriately experienced individual who we believe will adhere to and follow the philosophy of the company and the standards as set out by the authority.

It needs to be recognised that the healthcare sector is experiencing a massive shortfall in good quality staffing at present. FirstCare have always worked hard to recruit a good calibre of staff and continue to despite the current difficulties. As discussed at the time of inspection FirstCare have been proactive in the area of recruitment and are continuously engaging with nursing personnel both in Ireland and abroad. We have successfully recruited, adapted and inducted nurses from India, Croatia, Portugal, Italy, Romania, Spain and Poland over the past 12 months.

Proposed Timescale: 05/06/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The following issues need to be addressed to ensure the residence would meet the

needs of all residents:

- room 338 had no window just a glass door
- on Claremont there was no hand sanitiser on the corridor near the new bedrooms
- shelf in the ensuite of room 508 was too high to reach
- assisted shower room 409 required a pull down call bell to be installed
- the roof area outside a window in room 443 was dirty and required cleaning.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Issues 2-5 noted above had been addressed prior to the end of the inspection. As identified at the time of inspection by the Nursing Home Management team the door in bedroom 338 was a temporary structure and a window for room 338 had been ordered and is due to arrive on March 25th. For very obvious Health and Safety reasons this room will not be utilised until this has been completed.

Proposed Timescale: Issues 2-5 Completed immediately on February 25th