<table>
<thead>
<tr>
<th>Centre name</th>
<th>Beechlawn House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000115</td>
</tr>
<tr>
<td>Centre address</td>
<td>Beechlawn House Campus, High Park, Gracepark Road, Drumcondra, Dublin 9.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>01 836 9622</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:catherine.condon@olc.ie">catherine.condon@olc.ie</a></td>
</tr>
<tr>
<td>Type of centre</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider</td>
<td>Sisters of Our Lady of Charity</td>
</tr>
<tr>
<td>Provider Nominee</td>
<td>Catherine Condon</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s)</td>
<td>Jim Kee;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection</td>
<td>40</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
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About monitoring of compliance

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 16 September 2015 09:30  
To: 16 September 2015 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Notification of Incidents</td>
<td>Non Compliant - Major</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was an unannounced thematic dementia care inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia, living in the centre. Inspectors focused on six outcomes and followed up on actions from the last monitoring inspection, which took place in June 2014. Seventeen of the 40 residents in the centre had a diagnosis of cognitive impairment, Alzheimer’s disease or dementia. The centre did not have a dementia specific unit, however, most of the residents with dementia were living in the high dependency unit or what was named the Ladies side of the centre.

Prior to this inspection the provider had submitted a completed self-assessment document to the Authority along with relevant polices and inspectors reviewed these documents prior to the inspection. The judgments in the self-assessment and the inspection findings are outlined in the table above. Most of the actions followed up from the last inspection had been addressed they are all mentioned in this report.

Inspectors found the centre provided a service which met the health and welfare needs residents with dementia. Social assessment and care plans required
improvements and staff had minimal interaction with non-verbal residents and those with end stage dementia. Staff had received training to equip them to engage with residents and work therapeutically with residents who had dementia. However, the process of implementation of improved care for people with dementia was at an early stage. Residents were being consulted with, but this was not occurring as frequently as planned. The premises was undergoing refurbishment in line with conditions of registration. At the time of inspection the environment did not support residents with dementia to flourish and it did not ensure residents privacy and dignity was maintained at all times.

The revised complaints policy did not meet the legislative requirements and the management of complaints required review. A reported incident of alleged abuse had not been recognised as alleged abuse and had not been reported to the Authority.

The action plans at the end of this report reflect where improvements need to be made.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The nursing, medical and associated healthcare needs of residents with dementia were met to a high standard. Residents social care needs were assessed. However the emphasis was on disability rather than the capacity of residents for social engagement. The care plans and records of activities required improvement.

Residents had access to medical and allied health care professionals of their choice. There was written evidence that each resident had chosen their general practitioner and pharmacist. The centre had access to a consultant geriatrician and psychiatrist accessed at the local acute hospital by referral by the resident general practitioner. Inspectors saw evidence of referrals to allied health care team members, copies of their assessments and recommendations made were available in resident files. The provider sought external companies to come in and assess residents’ eyesight and allied health care professionals were accessed via community based or private providers. For example, inspectors saw that residents who had been identified as having issues with their seating had been assessed by an external occupational therapist and recommendations made had been implemented.

The general practitioner chosen by most residents visited the centre on a weekly basis. There was evidence that all residents had their medical needs reviewed when required. Inspectors saw evidence in the four resident files reviewed that all four residents had been seen at least once per month and had a full medical review within the past year.

Medication management practices reviewed reflected good practices. The pharmacist chosen by most residents delivered and removed medications from the centre. Inspectors saw the pharmacist completed an audit of medication management practices every six months. A clinical nurse manager, the residents practitioner and pharmacist reviewed each resident's medications on average once every four months. Written evidence of these reviews were available in residents' files and included reviews of psychotropic drugs. The person in charge was now conducting monthly audits on the use of psychotropic drugs within the centre.
Each of the four residents files reviewed had a completed pre admission assessment form on file and had comprehensive assessments completed on admission. Each identified need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis and care plans were updated with recommendations made by allied health care team members who had reviewed the resident. For example, a dietician had reviewed a resident who had unintentional weight loss. The recommendations made by the visiting dietician had been added to the resident's care plan and were being implemented by staff. There was written evidence that residents' families were involved in the residents' care plans and staff updated them on a monthly basis depending on the resident's status. Residents social care assessments included the resident's past hobbies, interests and employment history, however, the inspectors noted they focused on what the resident was incapable of participating in due to their diagnosis rather than what they potentially may enjoy. One to one activities named in all those assessments reviewed named aromatherapy and hand massage omitting one to ones linked with their past hobbies, interests and employment history which they potentially may enjoy. Social care plans in turn were not person centred as they did not name the type, frequency, place and by whom the activity chosen by the resident was to take place. Records of activities attended by residents were vague. For example, they reflected that the resident participated in 1:1 but did not state what this 1:1 was, how long it lasted, who provided it and most importantly if the resident enjoyed participating in the activity or not.

An end of life policy had been developed and implemented since the last inspection. Staff had received end of life training and staff were providing end of life care to residents with the support of their general practitioner and the palliative care team if required. Each of the residents had their end of life preferences recorded and those who had chosen to have an end of life care plan had one in place. The care plans reflected each resident's wishes and preferred pathway at end of life care. They were detailed and included input from both the resident and their family. As identified on the last inspection there was no single bedroom where each resident could receive end of life care in private. Inspectors were informed that a room specific for end of life care was included in development plans which had commenced on Monday 14 September 2015 and were due for completion in September 2016.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents' nutritional needs were met and they were supported to enjoy the social aspects of dining. The menu provided a nutritious, varied choice of meals to residents. Inspectors saw that residents were given the choice as to where they wanted to eat their meals; their choice was respected and facilitated by staff. Residents who required support at mealtimes were provided with timely assistance from staff. Inspectors saw this was provided in a quiet, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. However, inspectors noted that all residents requiring assistance were not seated at a dining room table.
Residents had a malnutritional risk screening tool (MUST) completed on admission and this was reviewed on a monthly basis. They were also routinely weighted and had their body mass index calculated on a monthly basis. Those with nutritional care needs had a nutritional care plan in place and those identified as at risk of malnutrition were referred to a dietician when nurses felt their input was required. Inspectors saw that residents' likes, dislikes and special diets were all recorded. Those who required meals and drinks prepared to a certain consistency had them served as reflected in their assessment. Residents on special diets and who required foods and fluids consistency altered were known by both care staff and catering staff. For example, one resident had been assessed by a dietician who recommended the resident be given smooth puree diet using a teaspoon. Inspectors observed this resident in the main dining room at lunch time being assisted to eat her lunch using a teaspoon. The meal on the plate was of smooth puree consistency and the vegetable, potato and meat were presented separately on the plate. The resident was been provided with thickened fluids intermittently to aid swallowing.

This outcome was judged to be moderately non compliant in the self-assessment. However, inspectors judged it as substantially compliant.

**Judgment:**
Substantially Compliant

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

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

**Findings:**
There were systems in place to protect residents with dementia being harmed or suffering abuse. Residents spoken with stated they felt safe in the centre and there was a policy and procedures in place for the prevention, detection and response to abuse. Staff spoken with demonstrated a good knowledge of what constituted abuse and they all had up-to-date refresher training in place.

However, inspectors noted on review of the complaints folder that one complaint reflected potential alleged elder abuse. In discussion with the person in charge he stated he had not identified the incident as alleged abuse at the time and had not reported it to the Authority within 3 working days. This is actioned under outcome 10. Inspectors were not satisfied that the complaint made was investigated in a manner that ensured that all residents were protected from potential elder abuse at the time. The issue of complaints management is discussed further and actioned under outcome 13.

There was a policy in place for the safe management of residents' monies. The practice explained to inspectors and reviewed were safe. The person in charge and clinical nurse
manager checked these on a monthly basis. The chief executive officer also checked them on a regular basis. The person in charge was the only one with access to the key of the safe where monies were safely stored.

One resident who displayed behaviours that may challenge from time to time had a behavioural assessment in place and a care plan; they also had a behavioural monitoring sheet which was reviewed by the resident's General Practitioner and their consultant on a frequent basis.

The use of restraint in the centre had been reduced dramatically since the last inspection. Alternatives to restraint had been purchased and made available for staff to use. These included low, low beds which 30/40 residents now had in place, crash mats, fall alarm mats and protective side bed wedges. A single digit number of residents had bedrails and/or psychotropic drugs in use as a form of restraint. Those with restraint in use had assessments in place to reflect their use and alternatives tried prior to there use were clearly recorded. Residents with bed rails in use all had a safe environment care plan in place.

This outcome was judged to be substantially compliant in the self-assessment, inspectors judged it as major non-compliant due to the failure of the person in charge to manage a complaint in a manner that ensured that all residents were protected from potential elder abuse.

Judgment:
Non Compliant - Major

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Residents with dementia were consulted with, and participated in the organisation of the centre. Residents were facilitated to communicate and exercise choice and control over their lives. Each resident had opportunities to participate in activities, however these were not always meaningful or in line with his or her interests and preferences. Each resident’s privacy and dignity was not respected at all times.

Residents were consulted with about the day to day running of the centre which directly impacted their quality of life. Inspectors saw evidence that two residents meetings had taken place to date in 2015. Residents with dementia had attended both of these meetings. However, the person in charge had stated in their self assessment that these meetings would take place once per month. This was not evident on inspection. A
The resident satisfaction survey was carried out in June 2015, the results of which had been analysed, reported and an action plan put in place to address issues/areas where dissatisfaction were expressed.

Residents confirmed that they were treated with respect and dignity. They described staff as kind and keen to assist them. Inspectors observed some staff speaking to some residents in a respectful manner. However, inspectors overheard two staff address residents using pet terms which were inappropriate forms of address for adults. Inspectors observed that non-verbal residents with dementia were not spoken to or offered choices in the same way that other residents were. For example, a carer was observed coming into the high dependency unit and wheeling a non-verbal resident with dementia out of the room in her chair. The carer did not seek the resident's permission to explain to the resident where she was being taken. When the inspector made further enquiries the carer stated that the resident was been taken to activities room and explained the reason the resident was not asked was because she had dementia and could not speak. Another carer explained that a second non-verbal resident with dementia was not given the option to attend Mass because she had dementia and sometimes shouted out. Inspectors used a validated tool to formally observe the quality of interactions between staff and residents. Overall they found a good level of interaction between staff and residents with dementia. However, staff had a tendency to ignore the non-verbal less interactive residents. Inspectors held the view that staff required further training in communicating with non-verbal residents and those who had end stage dementia.

As mentioned in outcome 12 the privacy of residents in the high dependency unit was not respected at all times by staff.

During the day, residents moved around the centre and visitors were welcomed throughout the day at times that suited residents. They too were welcomed to participate or observe activities. A comfortable private visitor's room was used by residents to meet with visitors in private or for quiet time.

Residents told the inspectors that they enjoyed a variety of activities. A seven day activities schedule was in place with one full-time activity co-ordinator employed to deliver activities. A copy of the activities schedule was displayed in each of the residents' bedrooms. However, it was not on display in the high dependency unit where a number of residents with dementia lived. The schedule on display was a busy document and the pictures and font size were small which made it difficult for people with dementia or those with sensory deficits to interpret. There was a choice of group or one-to-one activities for residents to choose from. Inspectors saw a number of residents participating in group activities including exercise classes, dog therapy and bingo. Residents participating in these activities said they enjoyed the activities on offer. One to one activities such as hand massage was seen been provided to a small group of residents and staff lead a sonas group with up to seven residents after lunch. Residents with dementia were involved in all these activities. However, as mentioned under outcome 11, activities were not centred on the resident past interests and/or hobbies. Inspectors reviewed the activities schedule running over a 3 week period and found that there were not a wide variety of activities scheduled and the choice of 1:1 activities was not identified and as mentioned under outcome 11 when residents did participate in a 1:1
activity staff were not recording what this activity was or whether the residents did or
did not appear to participate or enjoy it. Within the recent satisfaction survey the
management team had sought feedback from residents on the activities, 60% expressed
satisfaction with the variety of activities on the weekly schedule and 40% with outings
organised. Residents had also expressed dissatisfaction with the lack of outings at a
residents meeting at the end of April 2015. The management were aware of the short
comings in the provision of activities and inspectors were informed that there was a plan
to employ an activities co-ordinator; this would enable them to increase in the variety
and choice of activities available to residents and increase the number of staff available
to escort residents on outings. The centre had their own vehicle suitable for use by one
wheelchair user.

The residents were all registered to vote at election time they were facilitated to vote
within the centre or in the community if they choose to do so. Newspapers were
delivered daily, and magazines and books were available. Notices and information to
inform residents was displayed. However the font size and design of these notices were
not always suited to residents with dementia.

**Judgment:**
Non Compliant - Major

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
implemented.

**Findings:**
The inspector saw that a revised complaints policy had been implemented in August
2015 and the complaints procedure was on display throughout the centre. The person in
charge was the complaints officer named within the policy. However, records reviewed
showed that the management of complaints was not in line with the with the revised
policy and it was not reflective of the legislative requirements.

The revised complaints policy did not provide time lines for responding to verbal and
written complaints by the named complaints officer. In addition, it did not name the
independent person responsible for overseeing complaints and there was no evidence to
show that any person had been overseeing complaints to date.

The person in charge confirmed he had not received any training on the management of
complaints and inspectors found that one of the two complaints on file had not been
thoroughly investigated. The records of the investigation completed were not detailed
enough. For example, they did not reflect why the resident involved had not been
interviewed or if the resident's next of kin had been informed of the alleged incident.
Residents told the inspector that they would speak to the person in charge or any of the staff with any issue/complaint they may have. A customer satisfaction survey done in June 2015 showed 70% knew how to raise a concern with management, 5% said this could be improved and 5% stated they did not know how to raise a concern with management.

Judgment:
Non Compliant - Moderate

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre. There was a training plan in place for 2015 which covered a number of varied topics related to dementia care. Staff had up-to-date mandatory training in place. They also had been provided with education and training in relation to meeting the needs of residents with dementia and associated behaviours that may challenge. This was provided by an external training provider and ran over one day. Staff had also been provided with training on end of life care, nutrition and wound healing, nutrition and diabetes, the use of restraint, person centred care and care at mealtimes. All staff nurses had completed training on medication management and use of the Malnutrition Universal Screening Tool (MUST) tool.

It was evident that the continuous education provided to staff resulted in positive outcomes for residents with dementia. This was clearly evident in the manner in which staff interacted with residents and included them as partners in all aspects of their care. Further training was required to support staff to communicate, engage and interact with non-verbal residents and those with end stage dementia. The action plan for this is under Outcome 3.

Staff spoken with confirmed they had an appraisal completed with the person in charge this year.

Inspectors saw that the recruitment policy had been reviewed and implemented since the last inspection. It met the legislative requirements. Staff files were not reviewed on this inspection as they were in compliance during the last inspection.

This outcome was judged to be substantially compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant
Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was not designed to meet the needs of residents with dementia. The high dependency unit contained ten beds (5 on each side of the unit) and one wash hand basin. The issues are discussed in the registration inspection report of June 2014. It was not adequate to meet the National Quality Standards for Residential Care Settings for Older People in Ireland; however, the provider was adhering to the conditions of registration regarding the reconfiguration of the centre. Contractors on site had commenced the planned reconfiguration of the centre, the three staged project was due for completion by 30 September 2016 in line with condition 8 on the certificate of registration dated 16 November 2014.

As mentioned previously in Outcome 3, the high dependency unit provided a minimum amount of personal space for each resident and although privacy screens were in place, the layout of the room impinged on the privacy of residents. For example, the screens surrounding 2 beds situated by one of the 3 doorways in the high dependency unit did not ensure privacy for residents who occupied these beds. The screens did not extend completely around the bed space, therefore, when people entering the high dependency unit through one door could see directly into the resident private bed space when intimate care was being provided.

Inspectors observed staff entering the high dependency unit via one door and exiting through another. They appeared to be using it as a thorough fare as maintenance and care staff were seen entering and exiting when residents were sitting up in their beds. Staff did not knock prior to entering and did not acknowledge residents present and awake. The related action plan is under outcome 16.

The building was safe and secure. It was situated in grounds behind a secure gate which was manned by a receptionist during the day and security company during the day. There arrangements enabled residents to move around freely within a safe environment. However, mobile residents with dementia did not have independent access to the safe secure outdoor space.

An adequate number of assisted showers, baths and toilet facilities were available. Sufficient communal dining and sitting areas were available for the number of residents accommodated. However, none of these were decorated in a manner that supported residents with dementia to find their way around. For example, the doors throughout the house were all the same colour. The sanitary wear and fittings were all white. The signs on some bathroom/toilet doors were not large of clear enough to enable residents
to find the toilet/bathroom without the assistance of staff.

Sufficient communal dining and sitting areas were available for the number of residents accommodated. However, all communal spaces, apart from the activities room, were sparsely decorated and very clinical in style. The colour schemes, fixtures and fittings were not suitable to meet the needs of residents with dementia. Communal rooms were not decorated in a homely manner and there were no points of interest for residents with dementia to encourage them to engage with or explore their environment.

Spacious, secure and well-maintained grounds with plenty of seating were available for residents’ and visitors to enjoy. However, the access doors to these were locked. Staff told inspectors that residents were only allowed out into the enclosed areas when accompanied by staff.

The amount of assistive equipment available to meet the needs of the residents had increased since the last inspection. As mentioned, under outcome 7, inspectors saw that a high number of residents were now been nursed in low, low electric beds. Crash mats, fall alarm mats were available for use together with a number pressure relieving mattresses, wheelchairs and comfortable seats to meet the needs of residents. Following up from the last inspection there appeared to be beakers available and an adequate amount of crockery available for residents use.

The wide corridors enabled easy access for residents using wheelchairs and those people using frames or other mobility appliances. The inspector observed residents moving independently around the corridors, using their individual mobility aids. Hoists and other equipment were all maintained and service records were up-to-date.

**Judgment:**
Non Compliant - Major

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
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<tr>
<td><strong>Findings:</strong></td>
</tr>
<tr>
<td>Inspectors observed that the risk associated with serving hot drinks to residents had been addressed. Residents were now being served tea using a cup and saucer or a suitable vessel to meet their needs. Side tables were made available to residents to rest their hot drink on.</td>
</tr>
<tr>
<td>The fire alarm, emergency lighting and fire fighting equipment were maintained, and all staff had attended fire safety and evacuation training. Means of escape were clear and unobstructed.</td>
</tr>
</tbody>
</table>
Judgment:
Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The Authority had received notifications in line with regulatory requirements with the exception of one incident of alleged physical abuse of a resident which was discussed in Outcome 2. Inspectors found the person in charge who had been appointed after the last inspection was not aware of his legislative responsibility to report alleged incidents of abuse within 3 working days. However, this had been addressed following the inspection.

Judgment:
Non Compliant - Major

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:
Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Beechlawn House Nursing Home
Centre ID: OSV-0000115
Date of inspection: 16/09/2015
Date of response: 09/10/2015

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: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The social care plans were not individualised enough, they did not reflect or incorporate the interests or hobbies residents had previously enjoyed, although this was identified in their social care assessment.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All our residents’ social care needs assessments and careplans will be re-assessed to make it more individualized to each resident, incorporating interests and hobbies they previously enjoyed.

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<tr>
<th>Proposed Timescale: 31/10/2015</th>
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<tr>
<td>Theme:</td>
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<td>Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The residents social care assessment was focused on residents' diagnosis and disability rather than their potential capabilities.

**2. Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All our residents’ social care needs assessments and careplans will be re-assessed to make it more individualized to each resident, incorporating interests and hobbies they previously enjoyed.

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<tr>
<td>Theme:</td>
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<tr>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Clear, concise and detailed records were not been kept of residents' participation in social activities.

**3. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The Organization is currently undertaking a review of its entire Activities programme. Our activities record form is currently being reviewed and re-designed to ensure more
details and records regarding social activities going forward.

**Proposed Timescale:** 31/10/2015

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A complaint which alleged physical abuse of a resident had not been recognised as potential abuse by the person in charge.

4. **Action Required:**
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

**Please state the actions you have taken or are planning to take:**
The PIC acknowledges this failure and has reviewed the regulations in relation to safeguarding and safety to ensure compliance in the future.

**Proposed Timescale:** 18/09/2015

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The range of activities offered to residents with dementia was not informed by their interests and hobbies. In addition the choice of 1:1 and group activities specific to meeting the needs of residents with dementia was limited.

5. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
All our residents’ social care needs assessments and careplans will be re-assessed to make it more individualized to each resident, incorporating interests and hobbies they previously enjoyed.

The Organization is currently undertaking a review of its activities programme to include more dementia care specific activities.
Funding has been secured for a second Activities Coordinator to assist in providing activities specifically requested in residents’ feedback information.

Proposed Timescale: Activities Programme 31/10/2015
New Post 30/11/2015

**Proposed Timescale:** 30/11/2015

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents residing in the high dependency unit did not have their right to privacy respected by staff as staff were using their bedroom/private space as thorough fare.

Some residents whose beds were positioned by 1 of the 3 doorways in the high dependency unit did not have their right to undertake personal activities in private respected

6. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
The Organization is committed in making sure that our residents have their right to privacy and dignity is maintained at all times.

Access has now been limited to clinical staff only in HDU unless there is maintenance urgently required. All routine maintenance and safety checks will be carried out at times when the Residents are not present in HDU. All non-clinical staff will now approach the CNM on duty before entering HDU.

Immediately following inspection, small static screens were placed in the areas highlighted by the inspectors as compromising residents’ privacy and dignity.

**Proposed Timescale:** 30/09/2015

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
*Not all staff treated non verbal residents who had dementia with the same level of respect as they gave to verbal residents.

*Some staff used inappropriate 'pet names' when addressing people with dementia.
*Staff did not interact sufficiently with non verbal residents with dementia.

7. **Action Required:**
Under Regulation 10(3) you are required to: Inform staff of any specialist needs referred to in Regulation 10(2).

**Please state the actions you have taken or are planning to take:**
All staff were informed about inappropriate use of pet names for our residents, this will also be highlighted on subsequent elder abuse training courses.

Training has been arranged for all clinical staff regarding Communication with non-verbal residents and residents on end stage of dementia.

**Proposed Timescale:** 18/11/2015

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### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy did not reflect legislative requirements:
*It did not name an independent person nominated to oversee complaints .
*It did not provide time lines by which complaints would be investigated.
*The nominated complaints officer had no training to support him to implement the policy.

8. **Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The complaints Policy has been re-written to include a 4 stage approach:

Stage 1: Local resolution – verbal complaints – Immediate or within 24 hrs
Stage 2: Local Investigation - Investigation and Full response within 28 days This stage is used for both verbal complaints that have not been resolved in stage one and also to manage formal written complaints
Stage 3: Internal Review – Full review and response within 14 days
Stage 4: Independent Review by the Ombudsman

The Management Team will receive training in the Management of Complaints on the 16th October.

**Proposed Timescale:** Policy Immediately following Inspection 17/09/2015
Training Complete 16/10/2015
Proposed Timescale: 16/10/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of one complaint, did not have sufficient evidence of a thorough investigation as detailed in the report.

9. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
Training for the Management team has been arranged for the 16th of October to incorporate “Effective Investigation and Complaints Management”.

Proposed Timescale: 16/10/2015

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Space around beds in the high dependency unit is restrictive and does not allow free movement around all furniture and equipment.
The signage throughout the centre did not meet the needs of residents with dementia.
The colour schemes, fixture and fittings in toilet and bathrooms did not enable residents with dementia identify the toilet, wash hand basin or shower/ bath.

10. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The development project commenced on the 14th September 2015 and will run for 72 week period taking in 3 phases. The existing High Dependency Unit will close in June 2016 when Phase 2 of the project starts to re-model that area into single en-suite rooms.
Phase 2 and 3 of the project includes a full re-furbishment of the existing Nursing Home which will include an environment to enhance the lives of all our residents including those with Dementia. Taking on board the Inspectors comments on the day of the inspection, the person Nominated on Behalf of the Registered Provider if currently working with the design team to establish which of the environmental elements of the re-furbishment can be carried out immediately.

Proposed Timescale: Closure of HDU 30/06/2016  
Completion of Phase 2 & 3 30/12/2016  
Environmental Improvements 30/11/2015

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| **Theme:**  
Effective care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Mobile residents with dementia did not have independent access to the enclosed outdoor space.

**11. 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:**
The campus has a large secure Garden to the back of the Nursing Home with 3 points of access for the residents, 2 next to the Director of Nursing’s Office and 1 with the Oratory. These doors are not restricted by key pads during the day but are locked for security reasons from 9pm each evening. The organisation acknowledges that signage around access to the Garden is poor and this is currently being improved.

All Residents with Dementia will be assessed as to their individual risk to enjoy time in the garden unaccompanied.

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**Outcome 12: Notification of Incidents**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The Authority had not been notified of one incident of alleged physical abuse which had been reported to the person in charge.
12. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
The PIC has reviewed the regulations and notifications and is committed not to repeat this failure and to ensure compliance in the future.

**Proposed Timescale:** 18/09/2015