

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechtree Nursing Home
Centre ID:	OSV-0000116
Centre address:	Murragh, Oldtown, Co. Dublin.
Telephone number:	01 843 3634
Email address:	info@beechtree.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechtree Healthcare Limited
Provider Nominee:	Nuala Walsh
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	2

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: 02 December 2015 10:00 To: 02 December 2015 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

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 53 to 79. As part of the inspection the inspector reviewed the new bedrooms, communal day and dining rooms and external grounds.

As part of the inspection notifications, and unsolicited information received by the Authority were also inspected against. Further to this the inspection the inspector was satisfied that the provider and person in charge had a good and consistent standard of governance and sufficient safeguards in place to monitor quality and safety of care at the designated centre.

All the bedrooms were viewed and were found to be comfortable, hygienic well furnished and adequate to meet the needs of the proposed residents. They were all en-suite and suitably decorated to ensure a homely safe environment for residents to live in. The communal spaces had been developed and increased on each floor and was an appropriate size and furnished to meet residents' needs. Improvements were

in progress to the hair salon and painting and maintenance had taken place since the last inspection.

The statement of purpose largely reflected the service to be provided to 79 residents.

Residents spoken with expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and welcomed the improvements to the premises. Additional nursing and care staff were in the process of being recruited by the provider. Additional governance and a new health care manager have been recruited to support current care practices and work closely with care staff. Arrangements for admissions and a schedule to support same was clearly outlined in the application to vary made to the Authority. These were acceptable subject to recruitment of suitable and sufficient staff.

The centre was found to be in full compliance with 10 of the 11 outcomes inspected against. There were no major non-compliance and the provider indicated she was in the process of addressing the matters relating to the premises and accessibility. The provider agreed to re-submit a revised statement of purpose and proposed staffing rosters.

The action plans at the end of this report reflect the non-compliance found and the improvements required. A full monitoring inspection will be required when the centre fully reaches full capacity.

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 draft statement of purpose was submitted as part of the application to vary condition, and accurately described the services provided. The information provided on the statement of purpose was in line with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The provider and person in charge agreed to review and re-submit the finalised statement of purpose.

Judgment:

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:

Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and guidance on maintaining standards of clinical documentation. A system of audit of clinical documentation was in place. Clinical records were well maintained and records reviewed were found to be person centred and accurate. Improvements were noted since the time of the last inspection.

The inspector found that the risk register had been completed and had up to date risk assessments and detailed measures to mitigate any identified risks, including fire safety risks associated with new extension.

The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

The inspector reviewed the admissions policy and arrangements for any pre-admission assessment, and found that the policy was based on best evidence based practice. The statement of purpose has admission criteria clearly outlined for any future residents and their representatives. The importance of a careful transition to living in a new environment and supports were included to inform and guide staff. Both the provider and person in charge confirmed that future residents would be invited to visit the premises to ensure suitability.

Judgment:

Compliant

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 person in charge had not changed since the time of the last inspection and she worked full-time in this role. She provided a good standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse, and experienced with the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about each resident and person centred in her approach.

There was a clearly defined management structure in place to support the person in

charge. The person in charge implemented systematic audit of quality and safety at the service, supported by the provider and staff team.

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 inspector found that the risk register had been completed and had up to date risk assessments and detailed measures to mitigate any identified risks. The inspector reviewed the documentation relating to assessment of bed rails and restrictive practices including one for the use of a therapeutic hold which had been notified to the Authority as required under the regulations. The assessment and behavioural support plan in place was comprehensive and adequately informed and guided staff in care practices at the centre.

Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and guidance on maintaining standards of clinical documentation. A system of audit of clinical documentation was in place. Clinical records were well maintained on an electronic record keeping system. Records reviewed were found to be person centred and accurate.

The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner, which focused on each person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. A risk register relating to the use of any restrictive practices was maintained and reviewed by the inspector. Bed-rails were used for a small number of residents. The use of these had been considered only after alternatives trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review. Residents were fully involved in any decision to use bed rails.

Efforts were made to identify and alleviate the underlying causes of any behaviours of concern, and this area was well managed. Resident and family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of any behaviours.

Further to review and audit of incidents and accidents the person in charge had identified an incident of peer to peer interaction which required further investigation; this was reported in line with legislative requirements. The inspector reviewed the report submitted and found that the response was robust and measures in place safeguarded all residents adequately.

A record all visitors to the centre was maintained and administrative staff were on duty assist in the monitoring of visitors in and out of the centre.

Judgment:

Compliant

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

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Aspects of this outcome were reviewed at the time of this inspection as part of the review of the premises and new extension. The provider had reported to the Authority an incident relating to activating the fire alarm which related to ongoing building works which was managed locally. There had been not further incidents and the building works were now fully completed. The inspector was satisfied that this incident had been managed appropriately, and measures put in place to mitigate further risk of incident.

A detailed risk management policy was in place. Satisfactory arrangements were in place for staff training relating to fire procedures was confirmed following a review of mandatory training records. Fire fighting equipment was in place and available in all parts of the designated centre. The servicing of this equipment had taken place in October 2015. The fire alarm was serviced and maintained as part of a documented maintenance programme. A review of the premises was completed and the inspector noted that staff training and fire instructions including zones had been updated to include the new part of the centre.

Adequate measures, training and precautions were in place relating to infection prevention and control in line with best practice.

Staff training for ski-pad evacuation equipment on the first floor was planned with an external provider in early January 2016.

Judgment:

Compliant

***Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.*****Theme:**

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a good standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. Competency assessments were also completed with new nursing staff and on an ongoing basis by the person in charge or her deputy. The inspector observed medication administration and found that medication was administered in line with the policy and best practice. All staff nurses involved in the administration of medications had undertaken medication management training.

Medication was stored in locked cupboards in a central clinical storage room accessed only by staff. Medications which required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift.

Each of the two new areas had in place secure rooms for storage of medication and records proximal to resident accommodation. Medication audits were completed by the person in charge or her deputy.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The Authority was in receipt of information relating to provision of continence wear. The provider and person in charge had been in receipt of feedback of dissatisfaction with this provision and associated costs at the time directly. The provider and person in charge had facilitated the residents continence needs through the provision supplied by the Health Services Executive. The inspector reviewed current provision, and all records of complaints received since the time of the last inspection. The provider assured the Authority that the matter was now resolved. Sufficient supplies of continence products were seen to be available at the centre.

The residents' healthcare needs were met through timely access to medical treatment and access to allied health care services/acute care was fully facilitated by the provider and person in charge. A sample of residents with health care needs and associated care plans were reviewed by the inspector. Documentation of care inclusive of care plans, and pre-admission assessments was found to be complete and were maintained to a good standard. The care of residents with assessed and changing needs was fully documented, with appropriate care plans in place to inform and guide staff. Systematic methods of reviewing records and improvements were clearly evidenced. Persons participating in management are fully involved in reviewing documentation in a structured and meaningful way. Residents were involved with the assessment, care planning and review process. Residents also exercised their right to refuse treatment. The inspector observed a high standard of communication and respect for residents' choice and autonomy in their daily lives.

Judgment:

Compliant

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:

The inspector reviewed the 30 new en-suite bedrooms and found that they were spacious and adequate to meet the needs of the proposed residents. Some improvements regarding accessibility and privacy were discussed with the provider, who

actioned same on the day of the inspection.

All residents' proposed accommodation was fully fitted with appropriate furnishings, curtains, and assistive equipment in readiness for occupation. Two of the rooms are noted to be wheelchair accessible in the statement of purpose. A passenger lift had been put in place and was operating between both floors. Each floor of the two storey extension had a fully equipped sluice room, nurses storage and clinical room and separate day space. A fully-equipped spacious bath/shower room was in place on the first floor, residents on the ground floor could access the assisted bathroom in the existing centre located nearby.

Adequate screening was in place to facilitate privacy and dignity of residents. However, a small number of rooms on the ground floor and first floor were identified as requiring additional screening as the rooms were proximal to the bungalows on the site. The provider had screened a number of the rooms using net curtains and planned to use this method in other rooms. Signage for some areas had not yet been finalised and pictorial appropriate signage was being sourced to guide and inform residents about facilities.

All rooms had a level access shower en-suite facility, temperature controlled water and had appropriate heating in place. The lighting and storage was adequate and each room had an emergency call bell in place both in the bedroom and en-suite to call staff if required. Day spaces and the re-furnished dining room were adequate, and were intended for use as dining and leisure rooms. A visitor's room and small roof garden was in place on the first floor. All rooms were furnished to a good standard and colours were in place in private and communal accommodation.

A discussion was held with the person in charge in relation to the provision of meals for the proposed residents. Meals will be prepared from the main kitchen facility and a mobile heated unit has been ordered to facilitate transport; the provider confirmed the environmental health officer had inspected both the kitchen and the two new kitchenette facilities in the extension and made some recommendations which had been addressed.

The following issues required addressing:

- review by a qualified occupational therapist of the accessibility of the two sinks in two accessible rooms, and bath in an assisted bathroom
- move one of the call bells in assisted bathroom to be near bath
- provision of blinds or screening in rooms overlooked

Judgment:

Substantially 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 were in the process of recruiting additional staff to adequately provide for the increase in residents by 30 to 79. The person in charge and provider had discussed a provisional admissions schedule. The inspector reviewed the current resident dependencies and staffing rosters in place for day and night and found them satisfactory.

The staffing outlined in the statement of purpose submitted to support this increase is being recruited and planned for; this will be a requirement to ensure safe levels of care are maintained. The provider and person in charge have considered this requirement in detail and are actively recruiting a health care manager, registered nurses and care assistants to staff the additional new beds.

Mandatory training was up to date further to a review of the records provided by the person in charge. Provision of additional training had taken place since the last inspection including the following:

Challenging behaviours and dementia

Restraint

Continence

Chemical training

Infection control

Nutrition (dysphagia)

Nutrition (dementia)

The proposed staffing complement as outlined in the revised statement of purpose was adequate to meet the needs of 79 residents, inclusive of catering, household and ancillary staff provision.

The person in charge confirmed to the inspector that decisions about staffing are reviewed and monitored closely and he can approve additional staffing on an as required basis. Supervision and performance reviews take place and were documented.

The proposed rosters for the additional beds were requested to be submitted for review.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beechtree Nursing Home
Centre ID:	OSV-0000116
Date of inspection:	02/12/2015
Date of response:	09/12/2015

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 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 required addressing:

- review by a qualified occupational therapist of the accessibility of the two sinks in two accessible rooms, and bath in an assisted bathroom
- move one of the call bells in assisted bathroom to be near bath

1. Action Required:

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

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 accessibility of both wheelchair assisted sinks and bath in assisted bathroom is being reviewed by qualified Occupational Therapist on 11/12/2015. The works to be carried out following her recommendation will be completed by 21/12/2015.

The call bell in assisted bathroom will be relocated to ensure it is nearer to the bath – this will be completed by 21/12/2015.

Proposed Timescale: 22/12/2015