

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bethany House Nursing Home
Centre ID:	OSV-0000015
Centre address:	Main Street, Tyrrellspass, Westmeath.
Telephone number:	044 922 3391
Email address:	info@bethanyhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MPM Nursing Home Limited
Provider Nominee:	Madeline Corboy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 2 day(s).

The inspection took place over the following dates and times

From: 07 December 2016 09:45 To: 07 December 2016 18:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre.

Inspectors also considered pre-inspection documentation forwarded by the provider/person in charge, notifications and other relevant information. HIQA received unsolicited information in May 2016 regarding monetary burden placed on a resident for their assistive equipment which was not provided for under the Nursing Home Support scheme. Inspectors found that the provider met their legislative responsibility and the information was not substantiated. All actions from the last inspection of the centre in November 2015 were found to be satisfactorily completed.

Inspectors also reviewed an application by the provider to change two conditions of registration submitted in Oct 2016.. These conditions were:

- change of the due date for completion of a new extension from 31 October 2016 to

31 July 2017 and

- increase of occupancy from 31 to 57 residents. The application to increase occupancy could not be progressed until the new extension which was at an advanced stage is completed.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents' accommodation in the centre was provided at ground floor level and residents with dementia integrated with the other residents. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. Every effort was made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre. This commitment was clearly demonstrated in work done to date to optimize the environment, the physical and mental health and quality of life for residents with dementia living in the centre.

Inspector met with residents and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia using a validated tool were observed by the inspector. This observation evidenced that staff engaged positively with residents with dementia. Inspectors reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection.

There were policies and procedures in place to inform safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and the use of restraint in the service. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to any plans of care that were in place to support them to live fulfilling lives.

Residents physical and mental health needs were met to a good standard. Residents with dementia were supported to participate in activities that met their interests and capabilities.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents in the centre with dementia is comprehensively covered in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed and reviewed accordingly. All the care plans examined held an end of life care plan which reflected the wishes of residents. The nutritional and hydration needs of residents with dementia were met. Residents were protected by safe medication policies and procedures.

The centre catered for residents with a range of healthcare needs. On the day of this inspection, there were a total of 31 residents in the centre. 16 residents had dementia. The inspectors focused on the experience of residents with dementia on this inspection. They tracked the journey of a sample of residents with dementia and also reviewed specific aspects of care such as safeguarding, nutrition, wound care and end-of-life care in relation to other residents with dementia in the centre.

There were systems in place to optimise communications between residents/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital or their home in the community prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

A copy of the Common Summary Assessments (CSARs), which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme, was available in addition to pre-assessment documentation completed by the person in charge. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation. The person in charge was

developing communication passports to support residents with dementia accessing services outside the centre. This communication tool will outline residents' individual preferences, dislikes and strategies to prevent or to support their physical and psychological symptoms of dementia (BPSB).

There was evidence that residents received timely access to health care services including support to attend out-patient appointments. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving residents a choice of general practitioner. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had good access to allied healthcare professionals. Physiotherapy occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Community psychiatry of older age specialist services attended residents in the centre. This service supported GPs and staff with care of residents experiencing behavioural and psychological symptoms of dementia as needed. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary.

A care plan was developed for each resident within 48 hours of admission based on their assessed needs. Care plans contained the required information to guide staff with caring for residents. Care plans were informed by comprehensive assessment of care needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, level of cognitive function and skin integrity among others. The information captured and documented was clear and person-centred to a high standard. Daily progress notes entered by staff and viewed by inspectors was meaningful and was linked to care plans. This information clearly referenced how residents spent their day and care they received. Residents' care plans were updated routinely on a four monthly basis and thereafter to reflect their changing care needs. This process was completed in consultation with each resident or a family member on their behalf. The inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and care needs. Residents had a section in their care plan that addressed their communication needs. A communication policy document was available to inform residents' communication needs including residents with dementia.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. No residents were in receipt of end-of-life or palliative care services at the time of this inspection. A pain assessment tool for residents, including residents who were non-verbal was available and in use to support pain management. Some residents with chronic pain symptoms had a care plan in place to inform their care. The inspectors reviewed a number of 'end of life' care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of-life care was also recorded. One resident was supported to return to their home for their end-of life care as response to their wishes. Single rooms were

available for end-of-life care and relatives were facilitated to stay overnight with residents at this stage of their lives if they wished. Staff outlined how residents' religious and cultural practices were facilitated. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as necessary. Residents were supported to attend the funerals of other residents in the local church. One resident was also planning to attend the funeral service of a neighbour who lived in their community before they moved into the centre.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of pressure related skin ulcers developing. There was no evidence of pressure wounds developing in the centre. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal if necessary. There were no residents with other wounds in the centre on this inspection. Inspectors saw that a woundcare policy was available to inform wound management procedures if required.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience dehydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. The inspectors saw that residents had a choice of hot meals for lunch and tea. Alternatives were also available to the menu if residents did not like the dishes on offer. Residents with dementia were supported with their choice of menu by staff showing them a sample of the plated meals available. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. Residents on weight-reducing, diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received the correct diets. Residents received discreet assistance from staff with eating where necessary. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Mealtimes were observed by inspectors to be a very relaxed and social occasion and a time clearly enjoyed by residents. Some residents spoken with also commented positively on the food provided to them. The inspectors observed that some residents also enjoyed refreshments in the dining room outside of mealtimes. Fluid dispensers were available in the communal rooms and staff were observed encouraging residents to drink. Inspectors were told that staff were trained to administer subcutaneous fluids to residents to treat dehydration if necessary, to avoid unnecessary hospital admissions.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed on admission and regularly thereafter for risk of falls. There was a low incidence of resident falls with evidence of identification and implementation of learning from fall reviews. HIOA was notified of three incidents of a resident falling during 2016, one of which was during a leisure activity in the community. There were no incidents of residents sustaining a bone fracture due to a fall since during the past 12 months. Procedures were put in place to mitigate risk of injury to some residents assessed as being at risk of falling including increased staff

supervision/assistance, hip protection, low level beds and sensor alarm equipment. All vulnerable residents were appropriately supervised by staff as observed by inspectors on the day of inspection.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented for the residents who were case tracked. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Medication prescribed on a p.r.n. (as required basis) stated the maximum dose to be administered in a 24 hour period and all medications administered in crushed format were individually prescribed. The pharmacist regularly reviewed the prescriptions and met recently with residents to give them information on influenza vaccination. The pharmacist was available to meet residents individually if they wished. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

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

Findings:

There were systems in place to ensure residents were safeguarded from abuse. However, improvement was required to ensure procedures for managing residents' finances were in line with best practice.

There was a policy and procedure in place for the prevention, detection and response to abuse. There were measures in place to safeguard residents, including those with dementia. The provider/ person in charge monitored the systems in place and ensured that there are no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. Staff who spoke with inspectors confirmed that they would feel comfortable reporting any concerns they may have to the provider/person in charge. Residents told inspectors that they felt safe in the centre. The inspector viewed records confirming that all staff had received training and there was an ongoing programme of training in prevention, detection and response to abuse for all staff.

The registered provider/person in charge confirmed that all staff had An Garda Síochána vetting completed.

There were processes in place for responding to any incidents of behavioural and psychological symptoms of dementia (BPSD) and residents with responsive behaviours. All residents who were at risk of BPSD or responsive behaviours had a behavioural support plan in place. Inspectors observed that these symptoms were well managed and residents with dementia were comfortable in their environment. Staff spoken with could describe personalised techniques they would implement to meet the needs of each resident. No residents were in receipt of PRN medicines (a medicine only taken as the need arises) to manage BPSB or responsive behaviours.

There was a policy and procedure in place for the management of restraint. A restraint-free environment was promoted in the centre. Full length bedrails which restrict residents freedom of movement were not used in the centre. The person in charge stated that when bedrails were required they used half-length bed rails, which was observed by inspectors and referenced in residents' care documentation. Risk assessments were completed prior to implementing any type of restraint. The inspectors observed that one resident was not given knowledge of the front door code to ensure their safety. As part of an action from the last inspection in November 2015, a new restraint register was introduced and was found to be accurately maintained. Use of restraint was frequently reviewed, and inspectors saw evidence of restraint being discontinued after being assessed as being no longer required.

There was a system in place to safeguard residents' money. Small amounts of cash held on behalf of residents was securely stored, with access limited to a number of senior staff. All transactions were recorded and had been dual-signed, including the resident where possible. A sample of resident account balances was checked by inspectors, all of these were found to be correct. An audit of residents' money was frequently carried out by the provider/person in charge, with evidence of this recorded in the appropriate documentation. Pension and social welfare payments were collected by the provider on behalf of a small number of residents. Documentation maintained by the provider clearly outlined all monies collected and paid out, and statements were regularly provided to residents or relevant persons. However, improvement was required to ensure that this procedure was clear and was managed in line with best practice.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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 inspectors found that residents were consulted regarding the planning and

organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. Activities available provided met the interests and capabilities of each resident. Inspectors found that residents including residents with dementia were empowered and assisted to enjoy a meaningful quality of life in the centre. Residents with dementia integrated with other residents in the centre.

There was evidence that feedback was sought from residents including residents with dementia on an ongoing basis. It was clearly evident to inspectors that no decisions were taken or decisions made without the input of residents. The person in charge was involved in providing care and met with residents throughout each day. The person in charge and staff were also observed by inspectors to consistently sit and talk to residents throughout the day of inspection. There was evidence that any issues raised by residents or requests made by them were taken seriously and acted upon. Residents spoken with by inspectors expressed a high level of satisfaction with the service they received and with living in the centre. Residents had regular trips to venues and events that were decided by them. There was an open visiting policy and family were encouraged to be involved in aspects of residents' lives. Visitors were observed visiting throughout the day.

Care staff supported the activity co-ordinator in facilitating small group and one-to-one activities as part of their role. Group activities on the day of inspection included gentle chair exercises, christmas wreath making and a hymn practice for a christmas eve ceremony. As part of the inspection, the inspectors spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place at five-minute intervals for a period of two hours in the day rooms and dining area. The interactions observed evidenced good examples of positive connective engagement between staff and residents. Inspectors observed that there was a very pleasant and relaxed atmosphere in the centre. All residents were engaged and interested in what was going on. Mealtimes were a social occasion and many residents had formed friendships with other residents including residents with dementia.

'A Key to me' and personal life histories were completed for all residents with dementia. Photographs were used to catalogue significant people and events in residents' lives. The activity schedule was displayed and included dementia appropriate activities. Each resident including residents with one-to-one needs had a personal activity programme completed to guide staff in meeting their needs. Residents' daily progress notes completed by staff described how they spent their day. A variety of local newspapers were available for residents so they could keep up to date on local news from their community. The person in charge discussed a trial she had completed to improve the sleeping pattern of one resident by introducing a mattress-topper to improve their comfort. Due to the positive results from this trial, she provided mattress toppers for a number of other residents to enhance their comfort.

Residents had access to a bird cage, a fish tank and a dog. Residents were involved in rearing a turkey for Christmas each year, However due to building works underway, residents agreed to suspend this activity this year but requested that goose will also be provided for their Christmas dinner.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom

doors. Adequate screening was available in shared rooms. The inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew residents well. Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Residents were satisfied with opportunities for religious practices.

Independent advocates were available to residents if required. An advocate had recently attended a resident forum meeting to introduce themselves and discuss their role to residents. During the day residents were observed to move around the centre freely and were appropriately supported by staff to mobilise. Each resident's bedroom was decorated differently to reflect their favourite colours and in a theme to represent their past lives.

Judgment:

Compliant

Outcome 04: Complaints procedures

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 found that there was an effective policy and procedure in place for the management of complaints. There were no open complaints at the time of the inspection, and all closed complaints had been resolved to the satisfaction of the complainant.

The provider/person in charge was responsible for dealing with complaints and a second nominated person was responsible for ensuring that all complaints were appropriately recorded and responded to. An audit of complaints was conducted two to three times each year.

A summary of the complaints process was displayed in various locations throughout the centre. The provider/person in charge could describe to inspectors how she would support residents with dementia to make a complaint, should they wish to do so.

A complaints log was maintained in the centre, which was made available to inspectors for review. The log was found to contain all of the information required by the Regulations, and also outlined any learning and improvements to be communicated or implemented following the closure of complaints. All complaints were found to be resolved in a timely way, with more serious complaints discussed at the centre's quality improvement meetings.

An objective appeals process was clearly outlined in the complaints policy.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents, including those with dementia. Staff were observed to interact with residents in a kind, respectful and dignified manner.

There was a planned and actual staff rota in place, and inspectors observed that staffing levels were planned in line with size and layout of the building and the dependency levels of residents. A registered nurse was on duty at all times to provide nursing care as required to residents. Inspectors observed that staff were able to quickly respond to call bells and attend to residents' needs. Residents were observed to be closely supervised by staff and staff were observed to be available to meet residents' needs throughout the day of inspection.

There were effective procedures in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including Garda Síochána vetting disclosures. Evidence of up-to date professional registration for nursing staff was also provided.

Training records were maintained in the centre, and indicated that all staff had completed up-to-date training in fire safety, safe moving and handling practices and the prevention, detection and response to abuse. A variety of education and training was also made available to staff to support their professional development and to deliver care in line with evidence-based practice, including dementia care. Staff who spoke with inspectors were able to reiterate various aspects of the training they received.

There was a robust induction programme for newly-recruited staff, with probation reviews completed on the first, third and sixth month of employment. Annual appraisals were also completed with all staff. Evidence of probation reviews and appraisals were found in all staff files reviewed.

No volunteers were currently working in the centre.

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:

An extension to the premises was underway and due to be completed by July 2017. The new extension will provide additional en-suite bedrooms, communal toilets, rooms for sitting, dining and activity purposes, storage space and outdoor space for residents. Inspector found that the provider had completed the action plan from the last inspection regarding painting of some areas of internal walls and replacement of floor covering in one communal room.

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The inspectors found the centre to be warm, well maintained and suitably decorated to reflect residents' preferences.

There was adequate communal space including two sitting rooms, one of which was divided to enable residents who favoured a quieter area to rest comfortably. The dining room was also divided and included a table specifically designed to enable residents in assistive wheelchairs with unhindered access to a table for their meals and other tabletop activities. Residents had access to a secure outdoor courtyard area and residents were observed by inspectors going for a walk in this area.

Handrails and grab rails were provided where required in circulating areas and in bathrooms. Handrails on corridors were in a contrasting colour to surrounding walls. Signage suitable for residents was in place and matt finished, unpatterned floor covering throughout helped to minimise glare and enhance accessibility for residents with dementia. The inspectors observed that a lot of work had been done to make the environment cosy and therapeutic for residents with dementia. There was very good use of tactile decorations, traditional furniture and memorabilia throughout the centre. The centre was decorated for the Christmas festivities and many of the decorations had been made by the residents. There was good use of natural light during the day and numerous lamps were lighted in bedrooms and communal rooms creating a cosy and comfortable ambience as natural light faded in the evening.

Bedroom accommodation was provided mostly in single rooms and some twin bedrooms. Bathrooms and toilets were situated close to bedrooms and communal rooms. The bedrooms all had adequate storage space, a wall clock to orientate

residents, and a functioning call bell to summon assistance from staff. Bedrooms were spacious enough to accommodate personal equipment and assistive devices required by existing residents. Residents had a locked facility for safe storage in their rooms.

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:

Catherine Rose Connolly Gargan
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:	Bethany House Nursing Home
Centre ID:	OSV-0000015
Date of inspection:	07/12/2016
Date of response:	12/12/2016

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 02: Safeguarding and Safety

Theme:

Safe care and support

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

Review the procedure for managing residents' finances to ensure it is carried out in line with best practice.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

We have reviewed the Authorities Guidance for Designated Centres on Residents Finances and will implement the principles of good practice from that Document in particular the banking arrangements where we as provider act as an agent for Social Welfare Payments.

Proposed Timescale: 31/01/2017