Beneavin House, 4 April 2013, inspection report

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Beneavin House
Centre ID:	0694
Centre address:	Beneavin Road Glasnevin, Dublin 11
Telephone number:	01 - 8648516
Email address:	Beneavin@firstcare.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Beneavin House Ltd
Person authorised to act on behalf of the provider:	Mervyn Smith
Person in charge:	Mary Lloyd
Date of inspection:	4 April 2013
Time inspection took place:	**Start:** 10:45 hrs **Completion:** 16:45 hrs
Lead inspector:	Sheila McKevitt
Support inspector:	Florence Farrelly
Type of inspection:	☐ Announced ☒ Unannounced
Number of residents on the date of inspection:	123
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection to:

☒ follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken

☒ address a specific issue based on information received.

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

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

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents and staff members. Inspectors reviewed documentation such as the directory of residents, contracts of care, complaints file, policies and procedures and staff files.

The purpose of the inspection was to follow-up on information received and on the one outstanding action plan from the registration inspection which took place on the 8 and 9 January 2013.

The information received was in relation to charges been made to residents and the outstanding action plan was in relation to incomplete contracts of care. The outstanding action plan had not been addressed. The contracts of care did not include details of the fees to be charged for additional items.

In addition, the Chief Inspector requested that deaths which occurred in 2012 be reviewed further. The directory of residents was reviewed - it did not contain accurate detailed information in relation to the time or cause of death for a number of residents who had died.

Inspectors also needed to ensure that the newly appointed person in charge was working in the centre and was being assisted/supported in her role by the newly appointed Director of Operations. Inspectors were satisfied that both members of the management team were employed and working full-time in the centre.

Outcomes covered on inspection

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

Outcome 2: Contract for the Provision of Services

Samples of contracts of care of care were reviewed. All residents had agreed a contract of care with the provider which included details of the services to be provided for that resident and the main fee to be charged. However, they had not been reviewed or rectified to include the fees and costs of additional services. The provider had stated on the inspection report of 8 and 9 January 2013 that this action would be completed by 27 February 2013.

Outcome 3: Suitable Person in Charge

The person in charge who was in post at the time the application to register was made and when the registration inspection took place had resigned from his post. One of the two named deputy persons in charge named on the application to register had been appointed as the new person in charge. This staff member had been interviewed previously by the lead inspector and was deemed fit to hold the post of deputy person in charge/key senior manager.

Inspectors conducted a short interview with the person in charge who confirmed as per the documentation submitted to the Authority that she had the required experience and qualifications to hold the post of person in charge. She had a clear understanding of her legislative responsibilities as person in charge and demonstrated a clear vision of how she was going to improve the quality of care and life for residents living in the centre. She was deemed fit to be person in charge.

Inspectors also met the newly appointed operations manager who was employed to work over the groups six centres. She was in post full-time and was supporting the newly appointed person in charge.

Outcome 4: Records and documentation to be kept at a designated centre

The directory of residents was not complete. It did not contain accurate detailed information in relation to the time or cause of death for a number of residents from the centre who died in 2012 and to date in 2013.

Report compiled by:

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

11 April 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report *

Centre Name:	Beneavin House
Centre ID:	0694
Date of inspection:	4 April 2013
Date of response:	3 May 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

Contracts of care signed by residents did not include the fees to be charged for additional services. They had not been updated by 27 February 2013 as stated on the previous action plan.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The contract of care has been revised to contain the details of the optional extra charges that a resident may decide to avail of. This revised contract will be issued to all new residents. Existing residents or their significant next of kin (as appropriate) have been posted a current list of optional extra charges and a copy of this mail has been attached to the existing contracts of care. We now believe all residents are fully informed of the cost of optional extras if they wish to avail of them. The additional service charge (ASC) was already contained within the contract of care to the satisfaction of the inspectorate at the time of the inspection.	31 May 2013

Outcome 4: Records and documentation to be kept at a designated centre

The person in charge is failing to comply with a regulatory requirement in the following respect: The directory of residents did not include the time or cause of death for all residents from the centre who died in 2012 and to date in 2013.	
Action required: Establish and maintain an up-to-date directory of residents in relation to every resident in the designated centre in an electronic or manual format and make this information available to inspectors as and when requested.	
Action required: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.	
Reference: Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: We have audited the directory of residents and rectified any outstanding data required to the best of our ablity at this stage. We are waiting response regarding the official cause of death of a small number of residents that died in hospital following a written request to the hospital or the coroners office. We anticipate having this information within the 4-6 weeks. We have introduced a monthly audit of the directory to assist us in completing this task more efficiently going forward. Mervyn Smith 2 May 2013	30 June 2013