



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	03 February 2022
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0035027

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bethany House is a purpose-built family-run nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 90 residents, both male and female aged over 18 years. They provide 24-hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age-related dementia care. They also care for young chronic sick residents, including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 90 residents. Two new extensions were added to the premises in 2017 and 2021, and all accommodation is provided on ground floor level with a mixture of single and twin bedrooms a number with en-suite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, church, to mention a few.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	70
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 3 February 2022	09:35hrs to 16:50hrs	Helena Budzicz	Lead
Thursday 3 February 2022	09:35hrs to 16:50hrs	Sinead Lynch	Support
Thursday 3 February 2022	09:35hrs to 16:50hrs	Gordon Ellis	Support

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The centre was calm, comfortable and homely. The inspectors met the majority of residents during the inspection and spoke with five residents and five visitors in more detail. The feedback from residents was that they were very happy living in the centre and they felt supported and cared for by staff and management. There was a rights-based approach to care in the centre, and residents reported they were empowered to exercise their choice in the care and living arrangements.

The inspectors were guided through the centre's infection control procedures before entering the building. Following an opening meeting, the inspectors carried out an inspection of the premises. On the morning of the inspection, residents were getting up, and some residents were in bed or sitting in their bedrooms. Residents who were able to mobilise independently were seen to be moving around and spending their time where they chose. Residents were observed to have their individual style and appearance respected and were supported by staff to maintain this.

The designated centre was refurbished and extended to provide suitable accommodation to meet the needs of 90 residents. The older part of the building (previously one large fire compartment with 16 residents accommodated in 8 twin rooms without en-suite) has now been fully upgraded and refurbished and now includes two twin and 10 single rooms, all with en-suite and a new extension of two single en-suite and one twin en-suite. Bedroom space met or exceeded the regulatory requirements, and there were adequate bathrooms, including assisted bathrooms for residents. Residents' rooms were seen to be decorated with their personal possessions, photographs and in some rooms, residents had brought their own furniture from home to decorate their rooms. Residents had suitable communal rooms and access to enclosed garden patio areas which were easily accessible. These were well-kept areas with suitable seating for residents and were attractively planted and landscaped. The centre was clean and bright, and easily accessible. Many areas of the centre were decorated with different themes such as an old pub, old movies, library and music, providing opportunities for residents to reminisce about days past.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. Activities on offer were displayed on a notice board. These included arts and crafts flower arranging, complimentary and reminiscence therapy, music, arts and crafts, music therapy, a quiz, sing-along, virtual trips and tours of multiple galleries, zoo's and museums, exercise, hand massage or chair yoga. One-to-one activities were also available for residents. The inspectors observed that residents created a beautiful valentines decoration which were displayed around the centre. The centre's dedicated staff was preparing a weekly newsletter, 'Bethany House Weekly'. It mirrored joyful insights into everyday life in

the centre, activities, birthdays celebrations, and information for residents and families.

The inspectors noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. Staff spoken with by the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. The inspectors observed that staff and resident interactions were kind, and it was evident that residents felt able to talk to staff if they had any concerns.

Mealtimes in the dining rooms were observed to be social occasions, and a number of residents told the inspectors that they looked forward to their meals and that they were happy with the choice and variety of food offered. The daily menu was displayed, offering choices. The inspectors noted that a variety of snacks, drinks and home-baked goods were offered between meals times.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

The centre was well managed by a management team who were focused on improving residents' wellbeing and life in Bethany House nursing home. The centre had a history of generally good compliance. However, improved focus and oversight were now required to achieve regulatory compliance in fire safety precautions of the centre.

This was an unannounced risk-based inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review applications to vary the conditions 1 and 3 received from the provider.

The centre is owned and operated by MPM Nursing Home Limited who is the registered provider. There are two company directors, one of the directors represents the provider and is also working as a person in charge in the centre. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the infection prevention and control of healthcare-associated infection at the centre. The assistant director of nursing was appointed as the designated COVID-19 lead. Management had prepared a comprehensive contingency plan to be implemented should the centre experience an outbreak.

The provider had effective management systems to monitor the clinical oversight of the service through a weekly collection of key performance indicators and audits such as falls, restraints, infection, weights and pressure ulcers, safeguarding and call

bells. Where deficits were identified, action plans were developed, with progress recorded.

The management team were committed to providing ongoing training to staff. There was a training schedule in place, and training was scheduled on an ongoing basis. Staff worked well together, and there was evidence to show that communication systems were effective in ensuring key information was shared within the staff team.

The provider had ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations.

An annual review on the quality and safety of care had been completed for 2020, feedback from residents' committee meetings and resident quality improvement questionnaires were also used to inform the review. The inspectors saw evidence of the survey on the service during 2021 completed by residents and families.

The complaint management system ensured that the provider was responsive to all the concerns, complaints and dissatisfaction of service reported. There were no open complaints at the time of inspection.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application was submitted to vary the conditions 1 and 3 attached to the current registration.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time in the centre and was also a company director. They had the required experience in management and nursing as required by the regulation. They had many years of experience working in the centre and had the required management qualification.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records were provided to the inspectors for review and evidenced that all staff had up-to-date mandatory training and other relevant training. The electronic system in place enabled oversight of training needs with alerts when training was due.

Judgment: Compliant

### Regulation 21: Records

The required records were maintained and were made available for review. Records were maintained in an orderly system and were accessible and securely stored. The inspectors reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 and 4 of the regulations, including required references and qualifications.

Judgment: Compliant

### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required review to ensure they were consistently informing ongoing safety improvements in the centre.



For example, the provider had not identified risks found on inspection associated with fire safety which was impacting on the safety of residents and staff.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place, which was reviewed and updated by the registered provider. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspectors were satisfied that complaints were managed in line with the centre's complaints policy. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They had all been updated in April 2021. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

### Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had supplied full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.

Judgment: Compliant

## Quality and safety

Overall, this was a good service and a well-managed centre, where a high quality of care was provided. Residents' needs were being met through good access to healthcare services and opportunities for meaningful and varied social engagement. Residents had timely access to general practitioner (GP) services and to health and social care professionals as requested by residents or as required. Where relevant, residents also had access to specialist services, including chiropody, dental, palliative care, wound care, physiotherapy, occupational therapy, and old age psychiatry.

Residents' records were maintained on an electronic system. Staff used a variety of accredited tools to complete residents' clinical assessments at the time of admission. A comprehensive assessment was completed for residents within 48 hours of admission in line with the regulations. Inspectors reviewed a sample of care plans and found that they reflected the recommendation made by speech and language therapy services and dieticians. Where specialist interventions were prescribed, such as textured diets or supplements, these were recorded in the resident's care plan and provided by staff.

Residents were seen to have sufficient space for personal belongings in their bedrooms and locked storage for valuable items. There was WiFi available throughout the centre, and residents had access to televisions, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. Resident' meetings were held regularly, and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed.

From a fire safety perspective, the new extension to the centre was designed and constructed in a manner that afforded residents and staff with alternative escape routes and sufficient exits. Externally the escape routes were adequate and free from obstruction for means of escape in the event of a fire emergency. The bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open or ajar. Once the fire alarm was activated, the doors would close. The provider was proactive in respect of enhancing fire safety in the centre. For example; the layout of the new extension had reduced the original compartment sizes in the centre, thus making it safer for residents and staff from a fire evacuation perspective.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm systems that provided the appropriate fire alarm coverage. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, these were completed and up-to-date.

Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill

evacuations. However, a fire evacuation drill carried out in the new extension was not available for review by inspectors on the day. This was subsequently submitted and provided assurances that staff were aware of the procedures to be followed in the event of a fire in the new extension.

In general, fire doors were fitted and maintained to a good standard in most parts of the centre, however the inspectors observed a number of deficiencies in containment and the building fabric which compromised the overall fire safety management in the centre. The inspectors noted on the day the provider had given assurances that plans were in place to address the fire safety issues identified in the existing centre once the new extension had been registered and residents could be relocated to the new extension to facilitate the additional works. Additional detail in respect of actions required is further provided under Regulation 28: Fire precautions.

### Regulation 11: Visits

Visitors were welcomed into the centre. The current policy was to pre-book an appointment. Residents could meet and greet their visitors in a private communal space provided or their bedroom. Visits were accommodated up until 19.30 hours to allow for flexibility for visitors. There was risk assessments for visitors to complete in line with current public health guidelines (Health Protection Surveillance Centre, COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCFs).

Judgment: Compliant

### Regulation 17: Premises

Grabrails were missing in three communal bathrooms or toilet areas. The provider provided assurances that this would be addressed promptly.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). A risk register in the centre covered a range of risks and appropriate controls for these risks, including risks associated with COVID-19 infection.

Judgment: Compliant

## Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control (National Standards for Infection prevention and control in community services, 2018). The centre was observed to be clean and well organised. The inspectors observed good hand hygiene practices by staff with alcohol-based hand sanitiser and hand washing sinks readily available around the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspectors acknowledged that the provider promptly addressed many of the issues identified on the day, however improvements were required in relation to the identification and management of fire safety risks in the following areas:

- Unsecured oxygen cylinders were observed near a refuse area and in the nurse's station store room with no cautionary signage in place.
- Additional signage was required at the end of some corridors. Furthermore, there was two incident of inappropriate storage of items underneath two enclosed staircases
- The building fabric was noted by inspectors to be compromised in a number of areas. For example; Inspectors observed service penetrations through ceilings and non-fire rated attic hatches, thus potentially breaching the fire resistance of the ceiling. Furthermore the integrity and performance of a sixty minute compartment fire door required review.
- The floor plans in some areas of the centre had not been updated to reflect the current layout.
- Containment of fire required review as inspectors observed deficiencies in a number of compartment and bedroom fire doors. For example; some fire doors did not latch when released and some fire doors were missing smoke and intumescent seals. Some fire doors were fitted with inadequate ironmongery. One compartment fire door in the Crinkill Lodge wing required the full replacement of the fire door assembly. However the inspectors were informed that a plan was in place to timely address the identified issues.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

There were effective systems in place for the assessment, planning, implementation, and review of residents' health and social care needs. Care plans were seen to be personalised, and residents had been consulted in their development.

Judgment: Compliant

## Regulation 6: Health care

The inspectors found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. There was evidence that any changes to a residents treatment plan were updated into the resident's care plan. The records evidenced consultations with a variety of community professional services.

Judgment: Compliant

## Regulation 8: Protection

Residents spoken with stated that they felt safe and would have no problem approaching management or staff if they had any concerns. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

The centre was a pension agent for 15 residents, and adequate banking arrangements were in place for these residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to enough opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0035027

Date of inspection: 03/02/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The centre has a comprehensive fire risk assessment and takes a proactive approach to all aspects of fire safety. It was as a result of our assessments and proactive approach that the providers undertook an extensive refurbishment program in Crinkill lodge including the addition of smaller fire compartments and upgrades in fire detection and fire prevention equipment.</p> <p>The fire risk assessment will be reviewed and updated. It will include a full review of fire doors &amp; fire stopping. This review will be completed by 31st March 2022</p> <p>As stated to inspectors on the day of inspection there is a plan to replace the remaining existing 15 fire doors and fire stopping in Crinkill lodge and this could not be completed until the application to vary had been approved in order for residents to be temporarily moved while works were carried out. These works will be completed by 30th April 2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>28(1)(a) Fire stopping works and fire door replacements will be completed by April 30th 2022.</p> <p>28(1)(b) The chair blocking the fire door was removed immediately and all escape routes are checked daily. Emergency lighting is on a maintenance program and checked and tested as per legislation and any defects are logged and repaired at the earliest opportunity. There was one emergency light highlighted as not working on the day of inspection this has now been rectified. The report mentions additional signage required.</p>	

As part of our fire risk assessment signage will be reviewed. There were clinical bins stored under a non-combustible stairway following a recent outbreak and these were removed on the day of inspection.

28(1)(c)(i) All maintenance issues are logged and recorded and these are reviewed daily, repairs are carried out by onsite maintenance personnel or where necessary by other maintenance suppliers at the earliest opportunity. The hole in a wall mentioned in the report we believe to be a inspection hatch cover which was missing on the day of inspection this had now been rectified.

28(1)(c)(ii) The fire risk assessment will be reviewed and updated. It will include a full review of fire doors & fire stopping. This review will be completed by 31st March 2022

28(1)(e) Fire Zone maps with escape routes have been updated to reflect the changes in the building. Completed 15/03/2022

A fire drill had been carried out in the renovated area prior to inspection however the paperwork could not be located on the day of inspection we did send a copy of this fire drill the day following inspection and we have since carried further drills in the renovated area of Crinkill lodge.

A dedicated oxygen storage area has been identified and will be in use by 31st March 2022 and all appropriate signage will be in place for any areas where oxygen is used or stored.

All 15 fire doors and attic hatches will be replaced by 30th April 2022 as planned.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2022

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/04/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2022