

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:	Beechtree Nursing Home
Centre ID:	0116
Centre address:	Murragh
	Oldtown
	Co Dublin
Telephone number:	01-8433634
Fax number:	01-8078755
Email address:	info@beechtree.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Beechtree Healthcare Ltd
Person in charge:	Claire Reynolds
Date of inspection:	19 and 20 January 2011
Time inspection took place:	Day 1: Start: 09:50 hrs Completion: 16:55 hrs Day 2: Start: 09:15 hrs Completion: 16:15 hrs
Lead inspector:	Sheila McKevitt
Support inspector(s):	Leone Ewings
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

About the centre

Description of services and premises

Beechtree Nursing Home is set on six acres of landscaped grounds. The centre is a purpose-built extension to the rear of Murragh House. It was constructed in 2004 and has been in operation since December 2004. It provides long term care, respite and convalescent care for residents over the age of 18 years.

The centre has 11 single and 21 twin bedrooms. All single and 17 of the twin rooms are en suite, each of the remaining four twin bedrooms have a wash-hand basin. All en suites contain a shower, toilet and wash-hand basin. All bedrooms look out onto the mature landscaped grounds.

Communal rooms consist of a large sitting room, a sunroom, a dining room, a visitors' room and an oratory. A hairdressing room is also available. The corridor running outside the bedroom doors is covered in glass and looks out onto an enclosed garden which residents have the freedom to access as they please. There is an external heated smoking area within this enclosed garden for residents' use.

Ample car parking is available to the front of the centre.

Location

Beechtree is located in a rural setting beside Ballyboughal village. It is ten minutes drive from the M1 motorway.

Date centre was first established:	December 2004
Number of residents on the date of inspection	50
Number of vacancies on the date of inspection	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	10	11	15	14

Management structure

The Provider is Beechtree Healthcare Limited and the designated contact person is Nuala Walsh. Nuala is a register nurse and she manages the centre, working Monday to Friday. She is the named key senior manager. Her husband, Joe Walsh is also a director of the company and holds the position of financial controller.

The Person in Charge is Clare Reynolds she reports to the provider. The Clinical Nurse Manager Mariamma Augustine supports the person in charge, all ancillary staff, nurses and

carers report directly to her, she reports to the person in charge. The catering staff have a catering manager who reports directly to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4	8	3	3	3	2

Summary of findings from this inspection

This was an announced registration inspection which took place over two days. It was the second inspection of this centre by the Health Information and Quality Authority (the Authority).

As part of the registration process the provider has to satisfy the Chief Inspector of Social Services that she is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Authority, including completion of the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

In order to assess the fitness of the provider a Fit Person interview was held. The provider demonstrated adequate knowledge of 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*. The person in charge was not interviewed as inspectors were informed on inspection that she had resigned from her post and was due to leave on the 23 January 2011. The process of recruiting a new person in charge had begun.

Inspectors met with residents, staff and relatives. Documents reviewed by the inspectors included staff rosters, policies, a safety statement and resident care plans. Time was also spent talking with residents in the communal areas and observing care practice as staff went about their daily duties.

A number of positive changes had taken place since inspectors first visited the centre in May 2010. The providers had addressed all eight action plans on the previous inspection report. For example, the dining experience had improved with the promotion of residents' independence and reduced noise levels. The risk management, medication management and the recruitment policies now met legislative requirement as did the insurance policy. Staff files contained evidence of the employees' physical and mental fitness. Storage was provided for equipment and infection control practices had improved with the installation of a wash-hand basin in both cleaning rooms and the hairdressing room and a review of the cleaning schedule. However, hand wash soap was not available for staff at all wash-hand basins.

The governance of the centre was of a high standard. The provider played an active role in the management of the centre supporting the person in charge.

Inspectors were satisfied that the quality of service provided to residents was good. Residents' independence was promoted, their rights respected and they had choice of their preferred daily routine.

Medical, nursing and other health care needs of residents were provided to a high standard. One aspect of nursing practice requires review together with the written evaluation of care given.

The premises were clean, tidy and bright. Residents had access to a secure garden.

The action plan at the end of this report identifies areas where improvements are required. Among the required actions is a review of the complaints policy, the use of "draw sheets", nursing documentation, the maintenance of the centres directory of residents' and the availability of wash hand soap at all wash-hand basins.

Comments by residents and relatives

Resident and relative questionnaires were sent to the centre prior to the inspection, 18 relatives and 13 residents provided responses. Inspectors talked to 12 residents and two relatives during the inspection.

Residents described the staff as "caring", "very good", "especially the kitchen staff" saying "they are always there for the residents". They felt safe, secure and well looked after in the centre.

One resident stated "I really picked the best nursing home, it couldn't be better, I love to get a break but then I love to get back to Beechtree".

Residents said they would speak to the provider, person in charge or a nurse if they had a complaint.

Overall, residents were happy the way things were. Some residents stated that they are served "beautiful food" and have a wide variety of activities available for them to take part in. However, one resident stated they would like to have "less prayers and hymn singing" and another would like "more dancing and singing and a lot more fun".

All relatives said they had been invited to visit the centre prior to admission and were given good quality information that described the service together with a lovely warm welcome from staff. One relative described this visit as extremely positive, they got "a lovely welcome" and "the staff go the extra mile". Another relative said they had a trial period to ascertain if their relative liked the centre.

Overall, relatives were very happy with the standards of care, they feel staff respect and listen to residents. Some of their comments included: "care exceeded expectations", "treat my Aunt like royalty" and "Beechtree is a really caring place".

Two relatives commented on the dedicated management team who were constantly re-assessing activities and making changes to improve service for residents.

All relatives were happy with the wide variety of choice of activities included in the weekly schedule. Relatives said there was an activity to meet all residents' needs and they were often invited to join in when they visited, they welcomed this.

Relatives informed the inspector they were always informed about and invited to attend trips outside the centre. Relatives and residents spoke positively of their recent police escort up Grafton Street when they went to view the Christmas lights.

Relatives spoke about the three monthly review meetings which they were invited to attend.

At these meetings they were consulted with about their loved ones care plan, medications and general progress. One relative said "all the medications are explained to us" and several said changes were discussed and agreed by all present.

Relatives said the manager and person in charge were very approachable and they would go to either if they had a complaint. Relatives stated they did not have cause to complain with one commenting that what she would consider trivial matters were taken seriously and dealt with satisfactorily.

One relative summed up Beechtree as "like calling to the family home".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

There was a good organisation structure in place, the provider, a registered nurse, lead the management team. She was supported in her role by the person-in-charge and the companies other director who had responsibility for finances. Formal meetings were held every six to eight weeks to discuss all management related issues. Minutes of these meetings were reviewed and issues discussed included complaints, accidents/incidents and any other matters.

A review of the staff roster confirmed adequate numbers of nursing, care, catering, cleaning, laundry and administration staff on duty to meet the needs of residents. Residents told inspectors that there was enough staff; one stated if you rang the bell, they came immediately.

The statement of purpose reviewed met legislative requirements as outlined in schedule one of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It accurately reflects the range of care needs, facilities and services provided to residents living in the centre.

Insurance documents reviewed showed that the centre was adequately insured against accidents, injury to residents, loss or damage to the property of residents and any assets and delivery of the service.

Residents' finances were managed according to the policy in place, which was clear and concise. Management looked after the finances of four residents living in the centre. A record of money received and withdrawn from the account was clear and had receipts available for all expenditures'. Residents' were issued with a statement of their account on a three monthly basis.

Quality assurance systems were in place to determine the quality and safety of care delivered to residents and the quality of life for residents' living in the centre. Inspectors reviewed an audit schedule, which included monthly audits completed by the person in charge on use of psychotropic medication management, indwelling catheters, number of

residents spending long periods in bed, pressure ulcers, the use of restraint, falls and pain levels. The results of these monthly audits were communicated to staff at staff meetings. Minutes of staff meetings reviewed confirmed this practice.

Incidents and accidents were managed well. The monthly audit process in place identified trends and the person in charge acted upon any identified. For example, there was increase in the number of accidents occurring in the sitting room, after tea was served. The person in charge determined that staff were busy providing direct care to residents at this time and there were periods when residents were left unattended in the sitting room. This issue was addressed by putting an extra member of staff on duty between the hours of 16.00 hrs and 22.00 hrs. Rostered reviewed demonstrated this to be the practice adopted.

Fire safety was well managed in the centre. Qualified personnel checked all fire equipment, the fire alarm, exit doors and emergency lighting on a regular basis. Staff nurses check all fire exits on a daily basis. Fire drills were complete on a regular basis and all staff took part in the last fire drill on the 17 December 2010. Staff spoken with were aware of their role in the event of the fire alarm sounding.

The Authority was notified within three working days of all serious accidents/incidents, which occurred within the centre. Quarterly notifications were received by the Authority.

The provider was the named key senior manager. She covered the person in charge when on annual leave or absent for any reason.

Risk was well managed. The risk management policy was clear, concise and was inline with regulatory requirements. The quality and safety team met every six to eight weeks. The team included a member of management, nursing, care and kitchen staff. Two members conduct a risk assessment of the centre every three months and put measures in place to control any risks identified. The last risk assessment reviewed was conducted in October 2010.

Staff spoken with were aware of the emergency plan posted at the nurses' station. Arrangements included the re-location of residents' to another location if needed.

Some improvements required

Complaints were managed well. The inspector reviewed the complaints file, all complaints made were verbal in origin and were dealt with in a prompt and efficient manner by the person in charge. The complaints policy in place named the person in charge as the nominated complaints person but did not give details of an appeals process.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents' rights were respected. Residents confirmed that they had autonomy and could exercise this freely. For example, the Legion of Mary attends the centre on a weekly basis to say the rosary with residents' and residents are given the choice to participate or not.

There was a residents' committee in place and meetings were held every month, for which the attendance was always high. Minutes reviewed by the inspectors showed residents' opinions were actively sought and acted upon. For example, at the November meeting residents said they loved making Christmas puddings with the chef and were looking forward to the planned computer class. Residents also, said they loved their home and their friends and they would not change anything in Beechtree.

The complaints procedure was displayed in communal areas. Residents and relatives spoken with were aware of the process involved in making a complaint.

Residents' were encouraged to maintain their independence and interests. For example, one resident told inspectors he loved gardening and was facilitated to grow herbs and vegetables, which were used by the chef. Another resident loved the television and told inspectors he was facilitated in getting sky connected to his personal television.

Residents' independence during meals was promoted. Residents were offered a choice and were encouraged to be independent for example; sauce bowls were available on each table allowing residents to help themselves.

An independent advocate visits the centre three hours per week. Inspectors saw her speaking to residents' and observed the date of her visit displayed on the residents' notice board. Residents' spoken with were aware of her role.

Privacy and dignity of residents was respected. Staff were observed knocking on doors and asking permission from the occupant prior to entering. There were privacy locks on all bedroom and bathroom doors.

Residents were protected from harm and abuse. Training records reviewed showed that all staff had completed training in the protection and prevention of residents' from elder abuse. Staff spoken with knew the policy of what to do in the event of witnessing any form of abuse.

Families and friends were encouraged to visit, relatives spoken with said they were always welcomed in the centre and they signed the visitors' book displayed at the front door when entering and exiting the building. There were no restrictions on visiting times and facilities provided include a visitors' toilet and a private visitors' room.

Residents had access to a full timetable of activities seven days per week. One inspector observed the activities coordinator doing group activities including exercise and music classes with residents including those with a cognitive impairment and dementia. Sonas classes were included on the timetable. Records kept by the coordinator include residents' level of participation.

All residents spoke positively about the choice of activities available to them. They told inspectors about the lovely Christmas celebrations they had in the centre.

Residents were facilitated to maintain links with the local community. For example, the local library service delivered books, CDs and DVDs to residents. The local senior citizens group were invited to join residents in the centre for parties and they invited residents from the centre to join them on their outings.

Minor issues to be addressed

There was no key worker system in place. The continuity of care for residents could be developed further with the implementation of such a system to ensure residents' needs were met consistently and to a high standard.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, which is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents were facilitated to lead a healthy lifestyle. A variety of exercise classes were included in the activities schedule. Independent residents confirmed they could walk outside in the enclosed garden unaided.

Individuals had monthly assessments recorded which include weight, blood pressure and heart rate. Residents sitting in the sitting room had access to a variety of fruit, cold drinks and were offered hot drinks between meals.

Residents had access to allied health professionals as required. For example, records reviewed demonstrated that residents with dementia were reviewed by psychiatry of old age services on a regular basis. There was evidence that all other interdisciplinary services required by residents' were accessed when required. A record of such referrals was kept in each resident's file. For example, one resident with mobility problems was seen by a physiotherapist on a regular basis and the resident told inspectors her mobility had improved since her admission. She had gone from being dependent to independent which she put down to the "excellent care" provided.

Residents dietary needs were being met. The kitchen staff held a list of specially required diets and also the consistency to which residents required these diets to be served. Soft diet items served to residents at lunch time was presented in an appetising manner. Results of a menu audit conducted in April 2010 by a dietician found the quality, quantity, variety and consistency of food and drinks offered to residents was meeting their needs.

Medication management policies were in place and practice observed reflected policy. Residents' general practitioners (GP) review medications on a three monthly basis. Resident medication charts were audited every three months by the person in charge and the results of this audit was used to inform staff nurses practice.

Some improvements required

Resident assessments and care plans were completed on admission and reviewed three monthly. However, inspectors observed that the assessment, care plan and evaluation did not always reflect the care needs of the residents'. For example, one resident's assessment stated the resident was continent of faeces, the care plan read "encourage to use toilet 2 - 4hrly".

An inspector observed that this resident was immobile and incontinent of faeces and when hoisted out of bed was not offered to use the toilet. Care staff wrote in the notes that the resident had their bowels opened, omitting the fact that the resident was incontinent.

Significant improvements required

Nursing care provided was not always based on contemporary evidence-based practice. For example, inspectors observed that one resident's lower bed sheet was covered with an additional sheet known as a "draw sheet". When asked, a carer and staff nurse informed the inspector that the purpose of this was to prevent the sheet getting wet and to assist in changing the residents' position while in bed. The inspector observed both staff using this "draw sheet" to lift the resident up in the bed. This practice had the potential to cause skin damage to the resident and injury due to inappropriate use when moving the resident.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was secure and safe for residents. They were provided with comfortable private space which they had decorated with their own pictures, photos and personal belongings.

Residents had adequate storage space for their personal items which included an individual lockable storage area.

Assisted toilets were located near communal areas. All bedrooms had an en suite assisted shower, toilet and wash-hand basin with the exception of four twin bedrooms all of which have a wash-hand basin and were located near a communal bathroom and toilet which enabled residents have easy access to bathing and toilet facilities.

There were three communal bathrooms, all of which contain a bath, shower, wash-hand basin and toilet; the third contains a bath, wash-hand basin and toilet. Two of these bathrooms were assisted.

The corridors were wide, bright and overlooked the enclosed garden. Residents were observed mobilising in these corridors using the handrails provided.

The enclosed garden, freely accessible to residents was safe and secure. It was well maintained with mature scrubs, seating areas and a smoking area.

All equipment required to meet the needs of the residents was available. Service documents reviewed demonstrated that all equipment was being serviced according to manufacturers' instructions including the heating system and the generator.

A storage room for equipment was provided. Equipment not in use was stored in this room.

Separate cleaning rooms were provided for catering and non catering staff. They included all the required equipment outlined in the standards including a hand-wash basin.

The hairdressing room was fitted with a hand-wash basin.

Hot water taps had individual thermostatic controlled valves in place. A record of random temperature checks recorded on a monthly basis was available for review and showed that the water was always below 43 degrees.

Some Improvements

Although hand drying facilities were available in each en suite, liquid soap was not, therefore staff were not facilitated to wash their hands.

Residents' privacy and dignity was not maintained at all times. The chiropodist was using the non private nurses' office when providing treatment to residents although; the centre has a treatment room.

Minor issues to be addressed

Residents did not have access to a private sitting room space; they had access to a dining room, a large open sitting room and an open sunroom but no communal area which they could access for a bit of piece and quite.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

There was information accessible for residents through out the centre. A photograph of all staff was posted by their name on the large staff allocation board which was mounted to the wall in the open plan sitting room area. The allocation board was updated daily so residents knew exactly who was on duty and who was caring for their needs.

The residents' notice board was positioned at the entrance door. This contained information for residents such as the monthly newsletter, local events, notices about visiting groups and annual memorial services for deceased residents. A menu printed in large font outlining the menu choices was displayed outside the dining room.

All staff on duty attended staff handovers prior to being allocated residents to care for. Both residents and staff spoken with said they had access to the person in charge and could speak with her at any time they wanted to. Residents spoken with referred to her by name and told inspectors they would go to her or the provider if they had reason to complain.

Feedback was sought from residents. There was a suggestion box available outside the sunroom. Satisfaction questionnaires were also given to residents and relatives to complete prior to discharge. An annual residents' satisfaction survey and staff satisfaction survey was conducted by the provider for 2010. Results of which were used to improve the quality of care and service provided to both groups. For example, some residents felt that cleaning could be better particularly, the floors and the bathrooms. The provider addressed these issues by meeting with cleaning staff and informing them of this feedback. A floor buffer machine was purchased to ensure cleaning staff had the appropriate equipment to buff the floors.

Policies and procedures in place were in line with schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Practice observed followed policy.

Inspectors observed that communication between staff and residents' was of a high standard. Staff spoke with residents' while assisting them at mealtime and when attending

to their care needs explaining what they were going to do and seeking permission prior to delivering any care.

Some improvements required

The directory of residents reviewed was not kept up to date. For example, there had been seventeen resident deaths in 2010. However, the cause of death was not entered in the register for seven of these residents as outlined in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Staff recruitment was in line with best practice. Staff files reviewed contained all the required documents outlined in schedule two including the evidence of staff's physical and mental fitness.

Staff were provided with an induction package and an induction period of two weeks during which they were supernummary. There was a supervision system in place, whereby staff work in a team; each team consists of a staff nurse and one/two carers. Staff spoken with were familiar with and could discuss the system in place.

Staff were well trained. All staff had completed mandatory training in manual handling practices, fire practices and the protection and prevention from elder abuse, together with training in cardio pulmonary resuscitation (CPR), infection control, caring for residents with dementia, dealing with challenging behaviour, medication management and food safety. The provider and person in charge have completed training in quality assurance.

An Bord Altranais registration details were available for all staff nurses. All staff nurses had renewed their registration for 2011.

Staffing levels and skill mix was adequate to meet the needs of residents. The roster reviewed indicated that the staffing levels on duty on the day of inspection was the usual deployment of staff. Residents confirmed that there were always plenty of staff on duty and that their call bell was always answered promptly.

Appropriate facilities were provided for staff. These include separate changing, shower, toilet and locker facilities for general and kitchen staff. A dining/kitchen area and a staff education room were also provided.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the both providers, person in charge, clinical nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by

Sheila Mckevitt
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

09 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
5 May 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Action Plan

Provider's response to inspection report

Centre:	Beechtree Nursing Home
Centre ID:	0116
Date of inspection:	19 and 20 January 2011
Date of response: DAY/MONTH/YEAR	25 March 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints procedure does not contain an independent appeals process.

Action required:

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

<p>Provider's response:</p> <p>The process for appeals was outlined in the complaints procedure however this was inadvertently not reflected in the complaints policy. The appeals process is now included in the complaints policy.</p>	<p>Immediate</p>
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2. The person in charge has failed to comply with a regulatory requirement in the following respect:

The residents assessed needs were not reflected in the care plan or in the care provided.

Action required:

Ensure each resident's needs are accurately assessed.

Action required:

Set out each resident's needs in an individualised care plan.

Action required:

Provide the care as outlined in the residents' care plan.

Action required:

Ensure the care provided by all staff is accurately reflected in the written daily evaluation.

Reference:

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

The assessment and subsequent care-planning of each resident's needs is an ongoing process that is reviewed on a three monthly basis and are constantly being updated to reflect the changes in each resident's current condition.

The director of care and a staff nurse will be attending the Person-Centred Care Planning two day workshop on April 7 and 8, 2011 and will be instructing the staff nurses how to

Three months

effectively document their person centred care planning to best reflect all the needs of our residents.	
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3. The provider has failed to comply with a regulatory requirement in the following respect:	
The use of "draw sheets" is not in line with a high standard of evidence-based nursing practice.	
Action required:	
Review the use of "draw sheets" and ensure that all nursing care provided is evidence based.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Draw sheets are no longer in use.	Immediate

4. The provider has failed to comply with a regulatory requirement in the following respect:	
Residents' privacy and dignity was not maintained at all times.	
Action required:	
Ensure the chiropodist maintains residents' privacy and dignity by using the private facilities available when providing treatment to residents.	
Reference:	
Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
It has been discussed with the visiting chiropodist that he would re-locate to the treatment room during his visits and he is happy to accommodate us on this matter. We await feedback from our residents in this regard.	Immediate

5. The provider has failed to comply with a regulatory requirement in the following respect:

Staff are not provided with the facilities required to enable them to wash and dry their hands at each wash-hand basin.

Action required:

Put hand washing and drying facilities in place at each wash-hand basin to ensure staff can wash their hands.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 24: Physical Environment
Standard 28: Purpose and Function

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

Timescale:

Provider's response:

Liquid shower gel and hand drying facilities had always been available at each en suite wash hand-basin, additionally liquid soap is now provided at each en suite wash hand basin.

One Month

6. The provider has failed to comply with a regulatory requirement in the following respect:

The directory of residents does not include the cause of death as specified in Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Ensure that the directory of residents includes the cause of death as specified in Schedule 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:

<p>Provider's response:</p> <p>In circumstances where the cause of death was not entered into the residents' register, this information was awaited from third parties for example, doctors, coroner or the hospital where the resident died. When this information is received it is documented in the residents' register.</p>	<p>One month</p>
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Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24 Training and Supervision	Consider implementing a key worker system to further improve on the continuity of care provided to residents.
Standard 25 Physical Environment	Provide residents' with a sitting room which provides for quite space.

Any comments the provider may wish to make:

Provider's response:

The Management of Beechtree wish to thank the inspectors and acknowledge their professionalism in carrying out this two day announced inspection. We welcome the recommendations received and are seeking feedback in this regard. We continue to strive towards ongoing improvements in our residents' care.

Provider's name: Nuala Walsh

Date: 25 March 2011