

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Beech Lodge Care Facility
Centre ID:	0408
Centre address:	Bruree
	Co Limerick
Telephone number:	063-90522
Fax number:	063-90589
Email address:	info@beechlodgenursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Ann Maria Moore
Person in charge:	Mary Carey
Date of inspection:	9 May 2011
Time inspection took place:	Start: 20:30hrs Completion: 23:30hrs
Lead inspector:	Breeda Desmond
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input type="checkbox"/> Follow-up inspection

About the 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Beech Lodge Care Facility is a single-storey, purpose-built centre, which accommodates 66 residents. There were 66 residents on the day of inspection. Services provided included respite, convalescence, rehabilitation, palliative, dementia specific and continuing care. Within the centre is a separate 15-bedded specialist unit for residents requiring more comprehensive attention due to challenging needs.

The accommodation comprises of a large foyer with comfortable seating. The dining room, main reception office, person in charge office, nurses' station and staff dining facilities are by the main foyer. The "dome" or main day room is a large, bright, octagonal room with a high dome-shaped ceiling. There is a further sitting room with conservatory alongside the visitors' room. Three corridors A, B, and C are positioned off the day room and the specialist unit is located at the end of the middle corridor, C. There are 43 single and four twin-bedded rooms with toilet, shower and wash-hand basin en suite facilities. There are five additional wheelchair accessible bathrooms, visitors' room, oratory, large conservatory with day room, hairdresser room, smoking room and enclosed garden.

There is a safety fob system for security in the specialist unit whereby staff have access to the unit by means of a fob. The specialist care unit comprises five single and five twin-bedded rooms with toilet, shower and wash-hand basin en suite facilities. There is also a large reception area with nurses' station, wheelchair accessible visitors' bathroom, a large activities room, internet café, music room, dining room, equipped physiotherapy room and smoking hut outside. There is a separate enclosed garden in the specialist care unit for residents' enjoyment.

There is ample parking to the front and sides of the centre. Adjacent to the main building is the retirement village, which is a separate facility, owned by the same provider.

Location

Beech Lodge is situated in the village of Bruree, with easy access to the village and local amenities. It is five kilometres from the larger town of Kilmallock, Co Limerick and eight kilometres from Charleville, Co Cork.

Date centre was first established:	19 December 2002
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	0

Management structure

James and Ann Maria Moore are the Registered Providers. There is a newly appointed Person in Charge, Mary Carey; and a newly appointed Clinical Nurse Manager (CNM), Melody Espenida. Other key management staff are the Human Resources Manager, Accounts Manager, Head of Housekeeping, Head of Catering, Head of Laundry and Senior Carers. They support the Person in Charge in her role and all staff report 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 night of inspection	0	2	3	0	0	0	0

* Note: the inspection took place from 20:30hrs until 23:30hrs

Background

This was the fourth inspection undertaken by the Health Information and Quality Authority in Beech Lodge Care Facility Ltd on the night of 9 May 2011. This was a triggered inspection following concerns submitted to the Authority regarding night time staff levels and quality of service and also notifications of several changes to key senior management.

The published report from previous inspections dated 23 March 2010 and 24 March 2010 and 3 June 2010 may be viewed on the Authority website www.hiqa.ie.

As well as addressing the concerns the inspector discussed the previous inspection report with the provider and the improvements undertaken. Items identified in that report requiring attention to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) included the following:

- staff files
- policies and procedures
- controlled drug checking documentation
- daily fire safety checks.

Many of these issues were remedied. Items which were outstanding were being addressed. The Action Plan at the end of this report identifies improvements required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Summary of findings from this inspection

Notifications brought to the attention of the Authority were explored. The concern initiator identified inadequate night time staff levels with resultant poor quality of service as the main issue. The inspector interviewed residents, observed staff practices and examined the duty roster and through triangulation of all evidence accrued, could not substantiate the concern.

One resident interviewed outlined that she was resident in the centre for over five years. She had previously been in two other centres and so was in a position to make an 'informed comparison'. She stated that the 'food was superb – not just one day but every day', 'fresh food, good quality and best served'. She said the 'bed was the best I ever had and the mattress was first quality'. When asked if she ever had to make a complaint she stated she had 'no problem making a complaint, always dealt with immediately and to my satisfaction' 'things are not put on the long finger'. She praised the staff and provider and used vocabulary such as 'homely, welcoming, and good atmosphere'. She outlined all the 'wonderful activities' both in-house and outside which residents have access to: the residents' committee, the new Labrador dog named Ushara, meaning lucky in Hebrew and many other positive aspects of life

in the centre. She had freedom to choose how she spent her days and nights. Another resident was viewed with his personal fob, leaving and re-entering the building and also opening the main entrance to enable visitors exit the centre.

The action plan from the previous inspection was reviewed with the provider. The daily fire checks and controlled drugs book in the unit were remedied. Staff files were not looked at during this inspection. Policies and procedures were examined and these remained non-compliant, however, the provider outlined that the new person in charge had undertaken a review of all these document to ensure compliance.

Issues covered on inspection

Night time staffing levels:

The duty roster was examined. There were five staff on duty for the duration of the night, i.e. 20:00hrs to 08:00hrs each night and staff count during inspection concurred with this. Skill-mix of staff comprised two qualified nurses and three care assistants, which management had deemed adequate for the size and layout of the centre.

The inspector observed staff undertaking their duties in a calm, unhurried manner. The nurses completed the medicine round in a professional manner, wearing the red apron to identify she was not to be disturbed. She knocked on resident's doors and waited for a reply, before entering to give residents their night time medications. Some residents asked about the medications they received and she explained to them in a kind and un-rushed manner.

Care assistants were observed assisting residents. Care was delivered in a respectful and kind way. The inspector observed that residents had their call-bells timely answered.

Quality of service at night time:

Many residents prefer to go to their rooms by 22:00hrs and watch television and this is accommodated. Different programmes could be heard from outside residents' rooms; some prefer soccer, others listen to music, while other programmes included documentaries and movies.

Residents had access to fluids, and a variety of hot drinks were delivered to residents. One resident was sitting in the main foyer at 23:00hrs with tea and crackers and said she enjoyed her 'biscuit tea' there every night.

Many visitors were seen in and out of the centre. The inspector observed that staff were familiar with the visitors and good interaction and repartee was seen between visitors and staff.

Governance:

Several changes to key senior management as well as a large staff turn-over were discussed with the provider. She acknowledged that while this appears to be reason for concern she outlined that for the last eight years she held the position of both provider and person in charge, and this was no longer feasible. Previously, there were two assistant persons in charge, one had resigned and the other was no longer interested in key senior management. The provider outlined that a new person in charge just commenced and was given full autonomy as person in charge. The inspector outlined that a fit person interview will be necessary with both the person in charge and the clinical nurse manager.

Actions reviewed on inspection:

1. Action required from previous inspection:

Take adequate precautions against the risk of fire, including fire precautions.

The daily fire checks log in the unit was inspected and was comprehensive.

2. Action required from previous inspection:

Provide all the policies as listed in Schedule 5, ensure they are dated, with review dates.

Ensure there are written operational policies relating to the ordering, prescribing, storing and administration of medicines.

Ensure that staff are familiar with such policies and procedures and there is clear evidence of this.

Ensure there are written operational policies and procedures relating to all healthcare needs of residents.

The policy regarding medication management remained unchanged, even though the action plan identified this would be completed by 31 March 2011. The provider outlined that the new person in charge had commenced a thorough review of all policies and procedures to ensure compliance. However, several policies were neither dated or had review dates.

There was documented evidence of staff signatures that staff had read policies.

Previously, four residents had catheters and there was no policy to reflect best practice in catheter care. This was remedied and there was a comprehensive catheter care policy available.

3. Action required from previous inspection:

Ensure that staff have current copies of their professional guidelines regarding medication management.

Ensure the policies and procedures relating to medication management are reflected in practice regarding the documentation of controlled drugs.

An Bord Altranais medication management guidelines 2007 were available.

The medication management policy was not updated.

4. Action required from previous inspection:

Ensure staff files are complete and they contain all the items as listed in Schedule 2.

Ensure that no person is employed unless they have obtained in respect to that person the information and documents specified in Schedule 2.

Ensure that at all times the number and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

Part one and part two were not addressed during this night inspection as the human resources manager was not available.

Part three has been addressed in the section "issues covered on inspection" above.

5. Action required from previous inspection:

Ensure privacy and dignity of residents is maintained with regard to the display of personal information.

This has been remedied.

Report compiled by:

Breeda Desmond
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

11 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
23 March 2010 and 24 March 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
3 June 2011	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 January 2011 and 12 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Beech Lodge Care Facility
Centre ID:	0408
Date of inspection:	9 May 2011
Date of response:	2 June 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 range of policies required as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), Schedule 5, were not available. Some policies were not centre-specific, not dated and did not have review dates.

While there was a policy on administration of medications, medication management audit, medication management for discharge, transfer, leave and respite residents and controlled drugs, there was no overarching medication management policy.

There was no policy available for self-medicating residents even though this policy was referenced within the administration policy. These policies did not reflect the comprehensive medication management within the centre including electronic documentation and the 'red apron' initiative.

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

Action required:	
Provide all the policies as listed in Schedule 5, ensure they are dated, with review dates.	
Action required:	
Ensure there are written operational policies relating to the ordering, prescribing, storing and administration of medicines.	
Reference:	
Health Act 2007 Regulation 27: Operating Policies and Procedures Regulation 30: Health and Safety Standard 13: Healthcare Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: New Director of Care Mary Carey is in the process of drawing up a medication management policy including all that is required. She will be including the pharmacy and one of Beech Lodge Care Facility's regular GPs to read the draft document when it is completed. Mary is also reviewing all other policies.	2 June 2011

Any comments the provider may wish to make:

Provider's response:

No comment.

Provider's name: Anne Maria Moore

Date: 2 June 2011