

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechwood House
Centre ID:	ORG-0000409
Centre address:	Newcastle West, Limerick.
Telephone number:	069 62408
Email address:	beechwoodhouse@live.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechwood House Nursing Home Limited
Provider Nominee:	Nora Raleigh
Person in charge:	Mary Woulfe
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	58

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 October 2013 10:45	01 October 2013 18:00
02 October 2013 10:00	02 October 2013 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

This 18 outcome registration inspection was announced and took place over two days. The inspector met with residents, relatives, visiting professionals, staff, the person in charge and the provider. The inspector observed practices and reviewed documentation. The centre was well managed and run. Good record keeping practices were in place, mostly held in an electronic format. There was a low staff turnover and recruitment of nursing staff was taking place. However, at the time of inspection there was an inadequate cohort of nurses available to cover planned leave and in particular to cover for unexpected leave. This matter had been raised in previous reports.

There was a relaxed, homely and respectful attitude by management and staff.

Residents commented on this. Attention to detail was evident on all matters relating to the running of the centre. For example the environment was clean, tidy and attractively decorated, residents were encouraged and facilitated to use the outdoor area, good attention was given to training of staff and in particular in relation to hygiene practices, there was a close working relationship between staff and families.

Residents had choices about getting up times, what to get involved in and when to have their meals. Residents were seen to engage in activities such as bingo, music sessions, gardening, reading, films and physiotherapy. They also actively participated in community events.

There were clear lines of authority, accountability and responsibility for the running of the centre. Policies were in place. Other documentation such as resident file notes and care plans were well maintained. Medication management was generally good but there were areas which required improving. Computerised care plans were in place and were person centred in their approach. The collective feedback from residents was one of satisfaction with the service and care provided.

This report outlines the findings of the inspection.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The written statement of purpose described a centre where the objective was to provide residents with a "holistic, dignified lifestyle which enhanced their well being, supports their individual needs, strives for independence and ensures their continuing connection to the family, friends and community". The inspector found that this was true of the service provided.

All items listed in schedule 1 of the regulations were detailed in the statement of purpose and the statement of purpose was kept under review with the last review taken place in October 2013.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents had a contract but it did not include full information on fees.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The post of person in charge was full time and the person in the post was a nurse with experience in the area of nursing of the older person. The person in charge demonstrated clinical knowledge to ensure suitable and safe care. For example, attention was given to residents' hydration, nutrition, maintaining mobilisation, maintaining independence and ensuring proper hand hygiene practices were implemented.

The person in charge demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. Good deputising arrangements were in place. The overall management of the centre was enhanced by the commitment, support and presence in the centre on a daily basis of the provider.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The centre had the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of the need to notify the Chief Inspector of the proposed absence of the person in charge from the centre for a period longer than 28 days and the arrangements in place for the management of the centre during her absence. The deputy person in charge was available to cover for such absences. The deputy person in charge was a nurse with considerable nursing experience. Her approach to the care and safety of residents and staff was person centred and in accord with the overall ethos of the nursing home.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. They had received training in understanding elder abuse and implementing the centre's policy including to whom to report it. There was no evidence of any barriers to staff or residents disclosing concerns they had in relation to this matter. Where concerns were expressed they were investigated by the provider and person in charge and appropriate action taken. Residents stated they felt safe and attributed this to the attentiveness of staff. In discussions with the management team it was clear that staff were guided on matters relating to resident security and safety. Particular emphasis was placed on maintaining the resident's privacy and dignity and ensuring that residents received visitors at a time convenient to the resident. Systems were in place to safeguard residents' money and this system was monitored by the provider.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

A health and safety statement was in place and was updated in 2011. Risk assessments were in place. They identified the hazard, the risk and the corrective action taken. Emphasis was placed on minimising the risk of slips, trips and falls. For example handrails were on corridors, grab rails were in toilets, the floor covering was safe, corridors were kept tidy, equipment was stored in a proper manner and there were keypads on doors to sluice room, the stairwells and cleaning store. The incidence of accidents in the centre was low.

There was a procedure for the safe evacuation of residents and staff in the event of fire. It was prominently displayed. Arrangements were in place for alternative accommodation should the premises need to be evacuated. The fire precautions in place had recently been reviewed in conjunction with the centre's insurance company. Fire drills took place on a monthly basis. Daily, monthly and quarterly checks of fire equipment and procedures took place as per good practice guidelines. Annual servicing of fire equipment took place and there was documentation available to support this.

The procedures in place for the prevention and control of infection were satisfactory. For example hand gels were in place throughout, wash hand basins were easily accessible, notices with regards to proper hand washing technique were in place and a contract was

in place for the disposal of infected waste. Staff were trained during induction on proper hand hygiene techniques and were offered regular training updates in this area by the person in charge. Staff were observed regularly washing their hands.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory. There were three hoists in the centre one of which was a standing hoist.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were medication management policies in place but these were not fully implemented in practice. For example the policy referred to medications being administered at the times stated on the prescription chart. However, on one chart examined medications prescribed for the morning were administered in the evening. This was at the request of the resident but having such a discrepancy in the prescription chart had a potential for error. Neither was this practice in line with professional guidelines. In addition the medications were reported to be routinely checked by a nurse and a pharmacist when they were delivered weekly to the centre in the pre packaged monitored dosage system. Part of this verification involved checking that the medications delivered and the times they were to be administered corresponded with the resident's prescription. In the aforementioned instance this discrepancy had not been identified.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was in the process of developing a formalised structure for auditing clinical and governance standards. Audits had been conducted in the area of hand hygiene, medication and activities provided to resident. Areas for improvements were identified and the next step was to complete an action plan on how matters identified as needing attention would be managed. The person in charge was shortly to attend a course on this subject.

Residents were consulted through the residents' forum meetings for their input into the operating of the centre. There was a good attendance at these meetings, minutes were maintained and changes made following matters raised by residents. The provider and the person in charge met with residents, relatives and staff on a daily basis and sought feedback with regards to care. This was confirmed by residents and relatives. The inspector was informed by residents and relatives that matters raised were attended to in a prompt manner.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents had timely access to GP services and appropriate treatment and therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, chiropody, optical and dietetics were organised as required by the person in charge. A physiotherapist was employed by the provider from Monday to Friday and she carried out individual assessments and treatment plans for residents. The physiotherapist also organised group exercise activities. Records were seen to be maintained of referrals and follow-up appointments. Clinical care such as falls management, wound care, nutrition and management of incontinence accorded with evidence based practice. These indicators of nursing practice and competency signified that nursing care was of a high professional standard.

Residents' health and social care needs were assessed and care needs were set out in electronic care plans that were revised following regular review. The care plans were personalised and reflected the individual needs of each resident. The care plans were such that deviations from planned care were easily identified. Residents' medication was reviewed at least three monthly in conjunction with the pharmacist, nurse and GP.

There were opportunities for residents to participate in activities that suited their needs, interests and capacities. These activities included music, bingo, exercises, card games, films and involvement in community activities. The care and support provided reflected the nature and extent of residents' dependency and needs. For example residents were facilitated to attend a local day centre or go shopping.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The culture in the centre was to maintain a restraint free environment. An assessment process was in place should a need for restraint be considered. However, given that the majority of residents were assessed as needing bedrails this aspect of restraint management warranted further consideration.

Discharges were discussed, planned for and agreed with residents. Learning had taken place from instances which occurred in the centre in particular in relation to how admission and discharge planning took place.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working

order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The building is an amalgamation of an 18th century house with a modern purpose built extension. It is set in a residential area on a private site with landscaped gardens. The décor throughout was of a high standard with an emphasis on maintaining the character of the original house. The front hallway, reception area, sittings rooms and dining room were pleasantly decorated with flowers, ornaments, plants, books, pictures and a variety of old and interesting furniture.

The bedrooms were generously proportioned with spacious en suites. All the beds were of a high standard with each having an electronically controlled handset which altered the position of the mattress as desired by the resident or a member of staff. Most of the bedrooms had antique type chairs and some rooms were personalised with residents' possessions.

The kitchen was clean, well stocked and well managed. The laundry was spacious and was well organised. Infected laundry was separated from other laundry. There was a designated smoking room, a private meeting room, a well equipped treatment room, a prayer room and several other seating areas. In addition to a spacious garden there was a small secure courtyard.

The provider and person in charge had good infection control practices. There were sufficient hand washing facilities and hand gels placed around the centre. Waste was disposed of appropriately with locked clinical waste and separate bins used for soiled items. Laundry trolleys were colour coded and sanganic bins were used for the disposal of incontinence wear.

There were several alternating air relieving mattresses available to residents to aid their comfort and aid in the prevention of pressure sores. Equipment was well maintained with records of servicing kept for items such as lifts, hoists, mattresses and beds. The inspector saw that fire equipment was in place and regularly serviced. The inspector observed residents moving about independently with their mobility appliances aided by the wide corridors in the centre. A health and safety statement specific to the centre was in place and was last reviewed on in 2011.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors

are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. In general the resident's satisfaction level with the outcome of his/her complaint was documented. However, there were some instances where this aspect of the complaints management could be more comprehensive.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were dying. Residents had the option of a single room and access to specialist palliative care services.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for

his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A policy for the monitoring and documentation of nutritional intake was in place. Processes were in place to make sure residents did not experience poor nutrition and hydration. For example residents had a nutritional assessment on admission and this was repeated at least on a three-monthly basis and residents' weight was checked and recorded monthly. Residents had access to fresh drinking water and the food provided was nutritious and available in sufficient quantities. It was also varied and took account of dietary requirements. Residents had flexibility around meal times. A choice of food was provided at each mealtime and a daily menu was on display.

The inspector joined residents for lunch and observed that residents were assisted to eat and drink in a sensitive and appropriate manner. Mealtimes were seen to be unhurried social occasions that provided opportunities for residents to engage, communicate and interact with each other and staff. Nutritional supplements were used judiciously. Residents were referred to a dietician as appropriate.

Kitchen staff were familiar with the dietary needs of residents and the communication system between the nursing staff and the kitchen staff in relation to nutritional matters was effective.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge and/or the provider met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs. The choices facilitated their independence. For example residents were facilitated to exercise their political rights and voting in elections was accommodated in the centre. Residents' religious rights are facilitated through regular visits by the clergy and the facilitation of services such as Mass, rosary and sacrament of the sick.

Residents' capacity to exercise personal autonomy was respected. For example provision was made for adequate storage space for clothing and personal possessions and some lockable storage was provided and improvements were being made in relation to this. Residents informed the inspector that they had a choice of when to get up and go to bed. The provision of a laundry service was organised and covered by the provider. Each resident was provided with their individual laundry bag to minimise the risk of clothing getting mixed up.

Residents and relatives confirmed to the inspector that they were enabled to make informed decisions about the management of their care. However, this was not always documented in their notes. Good notes were maintained of resident forum meetings and it was clear from this that their involvement in the day-to-day running of the centre was taken into account. Facilities for recreation were good and included in-house activities such as music, bingo and cards. Outdoor activities included gardening and shopping trips.

The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this. For example residents' doors were closed and staff knocked before entering. Residents spoke of being satisfied with the respect they were shown by staff. Residents could access telephone facilities in private and an area was available for residents to receive visitors in private. There were no restrictions on visits except when requested by the resident or when the visit or timing of a visit was deemed to pose a risk.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A policy on residents' personal property and possessions was in place. Residents could retain control over their own possessions through the provision of adequate space for personal possessions. Residents expressed satisfaction with laundry management.

Good systems were in place to safeguard residents' finances and valuables. A log was maintained of all monies held in a safe keeping for residents.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Staffing ratios remained similar to those of the 2010 registration inspection. See figures below.

2010

08:00 to 16:00 = 2 nurses and 5 carers = 1:9

16:00 to 22:00 = 2 nurses and 5 carers = 1:9

22:00 to 08:00 = 1 nurse and 3 carers = 1:15.5

In addition to the above staffing ratios there was a person in charge, a physiotherapist, an administrator, maintenance, household, laundry and kitchen staff.

2013

08:00 to 16:00 = 1 nurse and 6 carers = 1:9

16:00 to 22:00 = 2 nurse and 5 carers = 1:10

22:00 to 08:00 = 1 nurse and 3 carers = 1:15

In addition to the above staffing ratios there was a person in charge, a physiotherapist, an administrator, maintenance, household, laundry and kitchen staff.

Approximately 23% of residents were of high or maximum dependency compared to 20% in this category in 2010. In total there were seven nurses on the roster (excluding the person in charge). Compared to 2010 the nurse to carer ratio had reduced. Nursing staff levels had not increased as set out in the provider's response to the November

2012 action plan. There were several shifts where there was only one nurse on duty to cover three floors and up to 69 residents. This was insufficient nursing cover. There were inadequate contingencies in place to cover nursing staff on annual or sick leave.

Staff had received mandatory training in house from the person in charge. In addition to the mandatory training the person in charge also provided hand hygiene training. Staff attended courses such as an activities course and end-of-life care.

There was no medical evidence of physical and mental fitness of employees contained in the sample of staff files examined. This was not in full compliance with schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Beechwood House
Centre ID:	ORG-0000409
Date of inspection:	01/10/2013 and 02/10/2013
Date of response:	18/10/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

Residents' contracts did not detail the fees to be charged.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents 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.

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

Since inspection this has been rectified.

Proposed Timescale: 03/10/2013

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

Outcome 08: Medication Management

Theme: Safe Care and Support

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

There were medication management policies in place but these were not fully implemented in practice. For example the policy referred to medications being administered at the times stated on the prescription chart. However, on one chart examined medications prescribed for the morning were administered in the evening. This was at the request of the resident but having such a discrepancy in the prescription chart had a potential for error. Neither was this practice in line with professional guidelines. In addition the medications were reported to be routinely checked by a nurse and a pharmacist when they were delivered weekly to the centre in the pre packaged monitored dosage system. Part of this verification involved checking that the medications delivered and the times they were to be administered corresponded with the resident's prescription. In the aforementioned instance this discrepancy had not been identified.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

PRN procedure has been added to existing policy. Residents Kardex and Bio dose are now compatible and all medication delivered is checked and signed by RGN on duty as of 03/10/2013

Proposed Timescale: 03/10/2013

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Approximately 23% of residents were of high or maximum dependency. In total there were seven nurses on the roster (excluding the person in charge). Compared to 2010 the nurse to carer ratio had reduced. Nursing staff levels had not increased as set out in the provider's response to the November 2012 action plan. There were several shifts where there was only one nurse on duty to cover three floors and up to 69 residents. This was insufficient nursing cover. There were inadequate contingencies in place to cover nursing staff on annual or sick leave.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of

staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

One nurse back on duty after sick leave we are in the process of recruiting nurses.

Proposed Timescale: 22/01/2014

Theme: Workforce

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

There was no medical evidence of physical and mental fitness of employees contained in the sample of staff files examined. This was not in full compliance with schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action Required:

Under Regulation 18 (3) (c) you are required to: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

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

All staff requested to supply medical cert.

Proposed Timescale: 22/01/2014