

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Beneavin House
Centre ID:	0694
Centre address:	Beneavin Road
	Glasnevin
	Dublin 11
Telephone number:	01-8648516
Fax number:	01-8648517
Email address:	Beneavin@firstcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Beneavin House Ltd.
Person in charge:	Finola Bell
Date of inspection:	13 October 2010
Time inspection took place:	Start: 13:40 hrs Completion: 17:00 hrs
Lead inspector:	Nuala Rafferty
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit	<input checked="" 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 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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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 well-being 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

Beneavin House is a purpose-built four-storey building. The centre can currently accommodate 84 residents and are seeking registration to accommodate 127.

Categories of care include continuing care, respite and dementia care services to older persons over 65. The centre is divided into four units, one on each floor.

Oakfield unit is located on the ground floor and has 31 single bedrooms with full shower en suite facilities. It also has a seated reception area and porch, a family room, administration and managers' offices, staff changing areas, main kitchen, activities room, and oratory and hairdressing salon.

Willowbrook is located on the first floor and has 35 single bedrooms with full shower en suite facilities, an oratory, hairdressing salon and a family room. It also has a seated reception area and porch, administration and managers' offices, main kitchen, kitchen staff changing areas and an activities room

Claremont is located on the second floor and has 39 single bedrooms with full shower en suite facilities.

Cedars is located on the third floor and has 18 single and two twin bedrooms with full shower en suite facilities.

On each floor all units also include one dining room with servery, sitting room, activity room, assisted bath/shower rooms with toilet and separate assisted toilets located close to communal areas. Nurses' station, clinical room, sluice, cleaners' room, store rooms, linen rooms and smoking areas are provided. A hydrotherapy bath is also available.

On the second floor a large activity area and separate sensory room is provided. The laundry is located in the underground area.

To the front, side and rear of the building there are enclosed wheelchair-accessible gardens with seating and well-maintained shrubberies for residents and visitors to enjoy.

Externally the centre is situated on a large site secured by a high wall and locked gates. Entrance to the site is monitored by closed circuit television (CCTV) and a password operated electronic gate system. Ample parking is available at the front entrance for visitors. There are two disabled parking bays and three parking bays for visiting general practitioners and allied health professionals. A large underground parking area is available for staff.

Location

The centre is located on Beneavin Road Glasnevin, next door to De La Salle College. The centre is serviced by the 19 and 19A bus routes and is within walking distance of shops and amenities.

Date centre was first established:	10 June 2009
Number of residents on the date of inspection	68
Number of vacancies on the date of inspection	16

Dependency level of current residents	Max	High	Medium	Low
Number of residents	*	*	*	*

* Dependencies not requested

Management structure

Finola Bell is the person in charge. She reports to the Director of Operations, Ellis Carroll who subsequently reports to Mervyn Smith and Anna McCabe, who are directors of the company Beneavin House Limited, which is the registered provider. Eleanor McGonnigle is the Home Manager, all staff report to the Home Manager, who reports to the Person in Charge. Catering is contracted to an external company and the catering manager liaises with 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	6 3 x clinical nurse manager 3 x nurses	15	8	7	1	2*

* 1 maintenance person and 1 home manager

Background

Beneavin House was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 8 December 2009. The chronology of the Authority's previous inspections is included at the end of this report.

This was a registration inspection and inspectors found that overall a good standard of care was provided, in a clean and well-maintained environment.

A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Standards for Residential Care Settings for Older people in Ireland*. The provider was required to complete an action plan to address these areas. The inspection report for Beneavin House, centre 694 can be found at www.hiqa.ie.

This additional inspection report outlines the findings of a follow up inspection that took place on 13 October 2010. The inspection was announced and focused on the application to vary conditions of registration.

Summary of findings from this inspection

The inspector found that all of the actions outlined in the action plan had been addressed.

The focus of this inspection was to review internal renovations made to the centre further to an application to vary the conditions of registration and an increase in the number of beds within the centre.

The provider applied for an increase in bed numbers of 43 from 84 to 127. The additional beds were to be provided on the second and third floors, the latter being unoccupied.

The inspection focused on the physical environment, staffing and governance.

Issues covered on inspection:

During the inspection, the inspector carried out a follow up inspection to assess the level of completeness of the action plan issues following the last inspection. The section pertaining to actions reviewed on inspection in this report outline the level of compliance with legislative requirements.

The provider submitted an application to vary the conditions of registration. The centre is currently registered for 84 long term care beds and the provider wishes to convert existing independent living apartments on the second and third floor of the centre to long term care beds. This would result in maximum number of persons in the older persons' category rising from 84 to 127.

The provider has also applied for short term respite or convalescent care to older persons over 65 up to a maximum of 14 beds.

In order to assess the application the inspector visited the centre on 13 October 2010 and spoke with the provider, the person in charge, reviewed documents and spoke with staff on duty.

Governance

The person in charge informed the inspector that the current governance structures within Beneavin House will fully include the additional long stay beds applied for. For example the admission criteria, pre-admission assessment, policies and procedures, managerial systems will all support the new structure.

Care planning and assessment systems currently in place in all other areas of the centre will also pertain to the second and third floors. Detailed care plans and comprehensive risk assessment were found to be in place on original inspection and inspectors were satisfied that, given the level of clinical supervision proposed on each floor overseen by the recently appointed home manager, appropriate initial and ongoing assessment and monitoring of residents healthcare needs is being addressed.

The person in charge informed the inspector that a clinical nurse manager will be in place to monitor care practices and supervise staff on each floor of the centre.

An additional post of home manager was put in place in May 2010 to support the person in charge with operational management and provide clinical supervision and support to both qualified and unqualified staff in the centre. On the day of inspection, the inspector was informed that this person was to be the proposed new person in charge. However, the Authority has not been notified of this proposed change. Following this inspection an NF30 pack (notification of change in person in charge) was sent to the provider.

Good communication practices were observed on the registration inspection. Three formal staff handovers took place each day to facilitate ongoing communication to identify and discuss any issues which may arise during the day. In addition, the person in charge or the home manager meets with the clinical nurse manager and /

or nurses on a daily basis and updates them with information on potential admissions, relatives' concerns or any other relevant or new issues as they arise. This communication process was noted to be still in place on follow-up inspection. When the inspectors arrived on site, the home manager was updating nursing staff at the nurses' station on the ground floor on expected admission dates for new residents.

Despite the recent renovations which took place in the centre, there was no obvious negative impact on existing residents who were noted to be relaxed, chatting to staff at the reception desk or sitting in the foyer with visitors. Direct care staff and clinical supervision specific to each unit within the centre is in place, all units contain an activities room and a therapy room in addition to communal living and dining areas. A full time activities person is in place and recent training in relaxation therapy and de-escalation techniques for residents who exhibit challenging behaviour has been provided to staff. Inspectors were satisfied that processes, staffing, training and environment layout and equipment in place will limit any potential negative impact to existing residents.

Premises and Equipment

The inspector found that the design and layout of the renovated building are suitable to meet the healthcare needs of the proposed resident profile.

The centre now consists of 123 single shower en suite rooms. A sample of seven bedrooms were measured; all except one were above the size required by the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

All bedrooms on visual inspection appeared to be more than adequate in size, yet one of the single bedrooms (number 535) measured just 10 metres squared which would not meet the *National Quality Standards for Residential Care Settings for Older People in Ireland* going forward.

A designated visitors' toilet on the second floor was measured at 3.09 meters squared which also does not meet the requirements going forward. A lockable storage space was not provided in the cleaners' room and all of these issues were brought to the attention of the provider and his management team at the end of the visit.

Staffing

The inspector and the person in charge discussed the anticipated dependency of the residents to be admitted to these long stay beds and mixed dependency is envisaged.

The person in charge discussed the proposed new staffing levels which reflected adequate levels of staff with appropriate clinical supervisory capacity to ensure the needs of 39 residents on the second floor are met.

The proposed staffing complement includes:

- 1 clinical nurse manager 84 hours over a two week roster
- 1 RGN with 7 care staff 08:00 hrs -14:00 hrs

- 1 RGN with 5 care staff 14:00 hrs -20:00 hrs
- 1 RGN with 2 care staff 20:00 hrs - 08:00 hrs

Proposed staffing for 22 residents on third floor:

- 1 clinical nurse manager 84 hours over a two week roster
- 1 RGN with 4 care staff 08:00 hrs -14:00 hrs
- 1 RGN with 3 care staff 14:00 hrs - 20:00 hrs
- 1 RGN with 1 care staff 20:00 hrs - 08:00 hrs

One clinical nurse manager had been appointed and the remaining nurses have been recruited and are awaiting commencement dates. One additional activities coordinator is being appointed and an increase in household and laundry staff to 17 whole time equivalents is planned for 127 residents.

The person in charge informed the inspector that the clinical nurse manager's roster will reflect nine hours supernumary per week for clinical management.

The inspectors spoke to some recently appointed staff who confirmed they had received induction training including familiarisation with the centre staff and training on fire safety, moving and handling and elder abuse, those spoken to could discuss the principles of the training received.

Clarification of skill mix and numbers of nursing staff on both the second and third floor is required particularly in relation to the number of nurses on the morning shift in each unit when the clinical nurse manager is not on duty.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide additional practical training to staff to ensure all staff are familiar with the use of all fire evacuation and fire fighting equipment.

Put in place a system of regular audit that tests response in an emergency situation.

Conduct a review of the number of evacuation mats required to transport all dependent residents.

This action had been addressed. On 13 October 2010 in conversation with staff inspectors found that all new staff had been provided with training on fire safety, moving and handling and elder abuse, those spoken to could discuss the principles of the training received. In addition all beds were now fitted with fire evacuation sheets.

2. Action required from previous inspection:

The registered provider shall ensure that there is an emergency plan in place for responding to emergencies.

Emergency plan to outline resources available, contacts and arrangements for evacuation if required.

This action had been addressed. There was an emergency plan available and staff spoken with were knowledgeable in relation to resources and transfer of residents to identified building if required.

3. Action required from previous inspection:

Review the residents guide and include all and any information appropriate to residents' individual needs to assist and facilitate informed decision-making.

Provide copy of revised guide to each resident.

This action was fully addressed. The inspector reviewed the revised copy of the residents' guide and found that the revised copy meets legislative requirements and a copy was available to residents.

4. Action required from previous inspection:

Amend the statement to incorporate all information which affects the purpose and function of the designated centre and all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was fully addressed. The inspector reviewed the revised copy of the statement of purpose and found that the revised copy meets legislative requirements.

5. Action required from previous inspection:

Ensure that staff records contain all the requirements listed in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Put in place written policies and procedures relating to the recruitment, selection and vetting of staff which meet the legislative requirements and ensure that these are implemented specifically in relation to the private catering company.

This action was fully addressed. The recruitment and vetting policies were amended to include all legislative requirements in relation to staff from outsourced services.

6. Action required from previous inspection:

Provide staff with training that maintains skills and ensures they are competent to carry out their role and audit same.

Supervise practice to ensure staff apply the principles of the training provided.

This action was fully addressed. Inspector found there was ongoing training specifically in the area of moving and handling provided and increased supervision through clinical nurse manager as evidenced on follow-up inspection.

7. Action required from previous inspection:

Put in place policies and procedures on all items listed in schedule 5 and ensure they meet the requirements of the legislation.

This action was addressed. The inspector reviewed the revised risk management and complaints policies and found that all information required had been included to meet legislative requirements.

8. Action required from previous inspection:

Ensure all problems identified are assessed and a care plan devised which is reviewed and updated on a regular basis and no less frequently than every three months.

This action was addressed. The inspector found care plans and comprehensive risk assessments were in place for all residents.

9. Action required from previous inspection:

Provide a separate refrigerator for safe storage at optimal temperatures for all specimens.

This action had been addressed in full. The inspector noted a separate refrigerator for storage of specimens was in place.

10. Action required from previous inspection:

A hand-washing sink is not provided in the hairdressing salon.

This action had been addressed in full. Confirmation that a hand-washing sink had been installed was found on inspection.

11. Action required from previous inspection:

Amend the incident and accident policy and procedure to reflect all of the requirements of the legislation.

This action had been addressed in full. The inspector was informed the definition of an incident had been revised in the incident and accident policy and procedure, which is now compliant with legislative requirements.

12. Action required from previous inspection:

Review the proposed numbers of laundry staff to ensure this meets the assessed needs of the additional numbers of residents requested for registration and the size and layout of the centre.

This action had been addressed in full. The inspector discussed the provision of additional laundry staff with the person in charge who confirmed that an additional laundry person would be rostered to ensure sufficient staff were employed to meet the assessed needs of the additional numbers of residents.

13. Action required from previous inspection:

Establish a formal consultation process which provides for participation of residents in the organisation of the centre and records feedback and actions taken.

This action had been addressed in full. The person in charge informed the inspector that monthly residents meetings were in place and minutes of these meeting were documented.

14. Action required from previous inspection:

Disable the lock on the patio doors leading out onto the railed balcony area to ensure residents health and safety.

This action had been addressed in full. The inspector looked at the patio doors and noted that the locks had been disabled.

15. Action required from previous inspection:

Put in place such systems as may be required which ensures that the thermostatic valves for hot water regulation are checked on a regular basis and that a record of these checks are maintained for future inspection.

This action had been addressed in full. Documentation was available which confirmed that regular checks were being carried out and recorded by maintenance personnel.

16. Action required from previous inspection:

Put in place such systems as may be required which ensures that all showers and other running water outlets are checked on a regular basis for the detection and prevention of the Legionella virus and that a record of these checks are maintained for future inspection.

This action had been addressed in full. Documentation was available which confirmed that regular checks were being carried out and recorded by maintenance personnel.

Report compiled by:

Nuala Rafferty
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

5 November 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
8 December 2009	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report*

Centre:	Beneavin House Nursing Home
Centre ID:	694
Date of inspection:	13 October 2010
Date of response:	14 December 2010

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/person in charge has failed to comply with a regulatory requirement in the following respect:

The proposed numbers of staff and skill mix were not appropriate to meet the needs of the number of potential residents on each floor specifically in relation to the number of nursing staff on duty throughout the day.

Action required:

Using appropriate evidenced-based tools review the number and skill mix of staff proposed for the second and third floors of the centre in relation to numbers of nursing staff and skill mix

Action required:

Provide the Authority with a report on the outcome of this review which includes the process and assessment tools used to determine staff numbers and skill mix

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

Action required:	
Establish a system of ongoing monitoring and review of staffing levels and skill mix.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have reviewed the number and skill of staff proposed for the second and third floors of the centre in relation to the dependency levels of our potential residents. The dependency tool in use in FirstCare is the Modified Barthel. We have increased our nursing staff by one nurse from 08:00hrs to 20:00hrs daily.</p> <p>We will continue to monitor and review staffing levels and skills mix in line with the dependency levels of residents as they are admitted.</p>	Completed

2. The provider has failed to comply with a regulatory requirement in the following respect:	
<p>The physical design and layout of the designated centre does not fully meet <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p> <p>One single bedroom and a designated visitors' toilet did not meet the minimum usable space required by the Standards.</p>	
Action required:	
Review the size of the single bedrooms and designated visitor's toilet and provide confirmation from a qualified competent person that it meets the requirements of the Standards.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Confirmation of the size of the single bedroom and visitors' toilet has been submitted by a qualified competent person.</p>	Completed

Any comments the provider may wish to make:

Provider's response:

The providers would like to thank the inspection team for the professionalism and courteous manner that they showed to everyone at Beneavin House during the inspection.

We would like to thank all our colleagues working in Beneavin House Nursing Home and all those who contributed to the HIQA inspection. We would like to thank all the residents and their relatives and friends who pro-actively participated in the process.

Provider's name: Beneavin House Ltd.

Date: 14 December 2010