



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

Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	07 November 2023
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0041684

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 November 2023	08:30hrs to 17:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life and received a good standards of quality care from staff. Residents spoke positively about the management and staff in the centre. Many residents spoke about how 'happy and content' they were.

Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector spent time observing residents' daily life and the care practices to gain an insight into the lived experience of the residents living in the centre.

Personal care was being delivered in many of the residents' bedrooms and the inspector observed that this was provided in a kind and respectful manner. Staff were observed to knock on residents bedroom doors before entering and calling out to the resident informing them of who they were before entering.

Many of the bedrooms in the centre had been updated with fresh paint and many repairs had been completed since the last inspection. Repairs and on-going maintenance work was continuing in the centre on the day of the inspection. Residents informed the inspector that they were happy with their rooms and that they were cleaned daily. Many residents had brought personal items from home and these were displayed in their bedrooms.

There was an internal secure garden available to residents. This had shrubbery and one of the residents was growing vegetables there. This area was well-maintained with seating available for residents and their visitors.

There were activities available in the centre which residents said were 'great to keep you going'. Activities were regularly discussed at residents' meetings where residents got to put their opinions forward about changes they would like. There were action plans available following these meetings where target dates were set.

There was a varied menu available in the centre. There was a choice for residents at each meal time. The majority of residents enjoyed their meal in the dining room and some residents remained in their bedrooms. One residents that spoke with the inspector said that staff give them the option to join the other residents or remain in their bedroom, 'some days I stay in my room and if I am in the mood I will join the other residents, they give me the choice'.

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

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance in relation to the regulations and standards. The inspector found that the centre was well-managed and improvements were observed over many of the regulations since the last inspection. The provider had progressed the compliance plan following the inspection in June 2022 and February 2023. These improvements were found in relation to Regulation 15; Staffing, 16; Training and staff development, Regulation 17; Premises, Regulation 23; Governance and management and Regulation 27; infection prevention and control. These are discussed further under their respective regulations.

The centre is owned and operated by Dunmurry West Care Homes Limited. There is a person in charge in the centre who works full time. They are supported in their role by an assistant director of nursing. The person in charge reports to the provider and a quality and safety manager provides support and guidance. The person in charge was due to finish in their role as person in charge the week following the inspection. The provider had already recruited a new person for this role and at the time of inspection the proposed person in charge was being trained by the current person in charge before taking up their new role. The provider had made good progress in relation to improvements in the centre and the premises. There had been many areas of the centre that had been renovated and other works were on-going. These works were discussed regularly at management team meetings to ensure the target dates were met. For example, there was a newly fitted assisted bathroom. The target date was met and now residents has ease of access with less distance to walk ensuring their privacy and dignity was maintained when going for a shower.

There were sufficient staff on duty to meet the needs of the residents living in the centre on the day of the inspection. Senior staff provided supervision and there was a robust reporting structure in place.

Staff were provided with appropriate training to meet the needs of their role. The training schedule had greatly improved since the last inspection and all new staff had their training completed prior to commencing in their role.

There were effective systems in place to monitor the quality of care being delivered to residents. The person in charge had made improvements to the centre's auditing systems since the last inspection. There was an ongoing schedule of audits in place, such as care planning, falls, wound care and infection prevention and control audits. Learning was identified from these audits and time frames with the accountable person allocated.

There was a suite of policies available in the centre. These policies were up-to-date and reviewed when-ever practices or guidance changed.

Regulation 15: Staffing
Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control, safeguarding, fire safety and behaviours that are challenging. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.
Judgment: Compliant
Regulation 19: Directory of residents
The registered provider had a well-maintained directory of residents. This included all the required information as specified in Schedule 3 of the Regulations.
Judgment: Compliant
Regulation 23: Governance and management
Management systems were effective, monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.
Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as required in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The rights of residents were at the forefront of care in the centre. Management and staff were seen to encourage and promote each residents' human rights throughout a person-centred approach to care.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. There was a continuous work plan in place to improve the premises. On the day of the inspection there was work being carried out to the roof over one of the bedrooms. The provider had installed a new accessible bathroom following the last inspection. This provided the facilities required within easy access to residents on one particular corridor. Residents had access to call bells in their bedrooms and en-suites.

The individual dietary needs of residents were supported by the staff. A choice of home cooked meals and snacks were offered to all residents. Daily menus were displayed in the residents' dining room. Menus were varied and had been reviewed by a dietitian for nutritional content to ensure residents' needs were being met. Those residents that were on modified diets received the correct consistency of meals and drinks as prescribed by the healthcare professionals. The dining room was well laid out and allowed for a relaxing atmosphere and a calm dining experience.

The inspector observed that residents had a pre-admission assessment completed prior to admission. Residents' needs were comprehensively assessed prior to and following admission to the centre. Care plans viewed by the inspector were comprehensive and person-centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls or infections.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. The General Practitioner (GP) attended the centre regularly and residents had regular medical reviews. Residents also had access to the psychiatric and palliative care team when required. A range of allied health professionals were accessible to residents as required; for example, a

physiotherapist, occupational therapist, speech and language therapist and a dietitian.

Residents' rights and choices were largely respected. However, there was a key-pad in place on the entrance to the dining room preventing residents from accessing the dining room outside of meal times. The person in charge said this was for safety reasons and to prevent the residents from leading into the kitchen which would be a high risk area. This practice was not appropriate and the keypad was immediately removed on the day to give residents access to the dining room at any time of the day.

Regulation 10: Communication difficulties

The person in charge had ensured that when there was a resident with a specialist communication requirement, these requirements were recorded in each resident's care plan. Staff were aware of each resident's communication needs.

Judgment: Compliant

Regulation 17: Premises

The premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Residents' dietary needs were met.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments

were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. The GP routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were restricted in exercising choice in relation to entering the dining room when they wished. There was a key pad on the dining room door which prohibited access for residents to a communal space designated for residents' use.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0041684

Date of inspection: 07/11/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The key pad on the dining room door has been disarmed following the inspection thereby enabling residents to access the dining room freely at any time of the day. Completed	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	08/11/2023