



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

Issued by the Chief Inspector

Name of designated centre:	Beech Lodge Care Facility
Name of provider:	Beech Lodge Care Facility Limited
Address of centre:	Bruree, Limerick
Type of inspection:	Unannounced
Date of inspection:	17 January 2023
Centre ID:	OSV-0000408
Fieldwork ID:	MON-0039026

About the designated centre

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

Situated in the village of Bruree, County Limerick, Beech Lodge Care Facility offers long term care, rehabilitative care, respite care and convalescent care for older adults. The age range catered for is 18 to 65+. Our care facility is a 66-bed facility which is made up of 48 single en-suite bedrooms and nine double en-suite bedrooms. There is 24-hour nursing care available from a team of highly trained staff. Our mission is to promote the dignity and independence of residents. The designated centre consists of the following two units: elderly care unit: providing short & long-term care, respite/convalescence and palliative care, and the dementia unit: our secure 15-bed unit catering specifically for residents with dementia. This unit (the Daffodil Unit) is a 15-bed unit which includes a nurses' station, a kitchen and dining room. Residents can also access the physiotherapy room, activities area, music room and spacious garden. Here at Beech Lodge an individual programme of activities is tailored to each individual resident. Referrals for admission may come from acute or long-term facilities, community services or privately. Private admissions are arranged following a pre-admission assessment of needs including medical background, dietary requirements etc. We aim to provide the best care possible and use a variety of care assessment tools to help us to do this. We also involve both the resident and their representative in this process. We provide a GP and physiotherapy service to all residents. We aim to make dining a social experience. Individual dietary requirements are incorporated into the menu planning process. Catering personnel are trained in the appropriate skills and are supported by the dietitian and the speech and language therapist (SALT). The facility has its own mini bus for the use of residents. There is a monthly residents' meeting to discuss issues ranging from activities, improvements in daily life, the environment and other issues. Activities include: newspapers, exercises, brain games, music, mass, art, baking, hairdresser, bingo, sensory therapy, and much more. We are interested in feedback to ensure that our service is continually reviewed in line with best practice. Visitors are welcome and local community events are accessible.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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 17 January 2023	09:30hrs to 17:45hrs	Oliver O'Halloran	Lead

What residents told us and what inspectors observed

Overall, feedback from residents was positive. Residents spoke with the inspector about their experience of living in the centre. One resident told the inspector that 'the staff couldn't be better'. While another resident said 'it really is a great place to live'. Residents were complimentary of the quality of the food and the menu choices available in the centre. Residents also said that they felt safe living in the centre.

The inspector had an introductory meeting with the assistant director of nursing. After this meeting, the inspector walked around the centre, accompanied by the assistant director of nursing.

The atmosphere in the centre was observed to be calm and relaxed throughout the day of inspection. In the morning time, a number of residents were observed having breakfast in the dining room, while others were observed resting in their bedrooms. Staff were seen to respect resident's privacy and dignity, by knocking on resident bedroom doors and awaiting a reply before entering the bedroom. Resident choices were also observed to be respected. For example, residents were assisted to get up morning time, at a time of their choosing.

Beech Lodge Care Facility is a purpose- built, single storey facility, registered to provide accommodation to 66 residents. The premises was laid out to meet the needs of the residents. There were handrails and grab rails in bathrooms and corridors to assist residents to mobilise as independently as possible. The building was well lit, warm and adequately ventilated throughout. There was a dedicated dementia care unit in the centre. This unit, called the Daffodil Unit, accommodated 15 residents. Residents could independently access a secure outdoor garden area. The centre was observed to be suitably decorated.

The inspector observed that resident bedrooms had sufficient storage space, which included a lockable storage space. A number of resident bedrooms had been personalised, with the addition of items such as photographs, ornaments and, in some cases, pieces of the resident's own furniture. There were accessible emergency call facilities in all resident communal and private accommodation areas.

The residents meal time experience was observed by the inspector. There was a daily menu on display outside of the main dining room. Residents described that they could select from a choice of two main courses at lunch time. The lunch time dining experience was observed to be a sociable event. Where a resident required assistance with their meal, staff were observed to provide this assistance in a manner that respected the dignity of the resident.

Residents had access to daily newspapers, radio, television, telephone and the internet. The activities co-ordinator was seen facilitating group activities with residents throughout the day. In the morning, an active chair exercise session with a

number of residents was facilitated by the activities co-ordinator. In the afternoon, a number of residents participated in a knitting club.

Friends and family were facilitated to visit residents. Residents explained that they had unrestricted access to visitors. There were visitors seen coming and going in the centre throughout the day of the inspection.

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

Capacity and capability

This was an unannounced risk inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector found that overall, residents were supported to have a good quality of life. The findings of this inspection were that the provider was providing a service in compliance with the regulations reviewed.

Beech Lodge Care Facility Limited is the registered provider of this centre. One of the company directors is the registered provider representative, who supports the person in charge. The registered provider representative is in the centre one day each week, and provides daily support by telephone. The person in charge is supported by an assistant director of nursing who works in a supervisory capacity. The assistant director of nursing deputised in the absence of the person in charge. A team of nursing and health care assistant staff were in place to deliver care to residents. The inspector found that the provider had ensured that the designated centre had sufficient staffing resources to ensure the effective delivery of care to residents as set out in the centre's statement of purpose. Staff were supported and supervised by the person in charge and assistant director of nursing.

The provider had systems in place to ensure that the service provided was safe and effectively monitored. An audit schedule was in place, which included audit activity across clinical and environmental aspects of the service. Audit included falls audit and analysis, wound care, infection control, and environmental audit. The inspector reviewed a sample of audits and found that where there were risk and deficiencies identified on an audit audit findings, appropriate action was taken.

There was a system in place to monitor staff training. A review of this system found that staff had access to training including training in fire safety, and safeguarding vulnerable adults. The person in charge had ensured that staff had opportunities to participate in additional appropriate training. This included training in the human rights based approaches to care, and infection control. Staff demonstrated appropriate levels of knowledge in relation meeting the health and social care needs

of the residents.

The inspector found that there were effective record management systems in place. The inspector reviewed a sample of staff personnel files and found they contained all the requirements, as set out in Schedule 2 of the regulations, including as An Garda Síochána vetting and references.

There was a system in place for the recording of incidents that occurred in the centre. The inspector reviewed incident records and found that the Chief Inspector had been informed of all notifiable incidents, in line with regulatory requirements.

There was a complaints policy and procedure in place. The complaints procedure was displayed in a prominent position. The inspector reviewed a sample of complaints records and found that these records contained sufficient detail of the nature of the complaint, and the investigation carried out. These records also contained sufficient detail of communication with the person who made the complaint, and their satisfaction with the outcome of the complaint.

Regulation 15: Staffing

On the day of inspection, the inspector found that the staffing level and skill mix of staff was appropriate to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training. Staff demonstrated appropriate awareness from training undertaken.

The person in charge had ensured that arrangements were in place to ensure that staff were appropriately supervised.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel files which were found to have all the necessary

requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre had adequate resources to ensure effective delivery of the service.

There was a clear organisational structure in place. The roles and responsibilities of all staff members was clear.

There were management systems, such as audit and risk management systems, in place to ensure that the service was effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed. There was a complaints policy which set out the process to follow for verbal and written complaints. The inspector reviewed a sample of complaints and found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the residents in the centre received a good quality service

that met their health and social care needs.

Residents' had an assessment of their health and social care needs on admission to the centre. A review of a sample of resident care documentation found that validated assessment tools were used to support resident assessment. This review found that the findings of these assessments informed the development of a person-centred care plan which guided staff in the provision of care to meet residents' assessed needs. The inspector found that care plans were reviewed in consultation with the resident and where appropriate, their family, at intervals not exceeding four months.

A review of a sample of resident's records found that residents were facilitated to have timely access to a general practitioner (GP). Where it was identified that individual residents required the intervention of allied health and social care professionals, these professionals were available by a system of referral.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Residents stated they felt safe in the centre. Staff demonstrated good knowledge in relation to their responsibility to recognise and respond to allegations of abuse.

Residents had access to daily newspapers, radio, television and the internet. There was an activity schedule in place. The provision of activities for residents was facilitated by the activities co-ordinator. The inspector observed residents in the dementia unit participate in one to one activities, and in the afternoon, a number of residents participated in group activity in the centre's main lounge area. Residents had access to an independent advocacy service. Residents had the opportunity to be consulted about, and participate in the organisation of the centre by participating in resident forum meetings. The inspector reviewed the minutes of the resident meetings and found that these meetings provided an opportunity for residents to voice concerns they may have about the service in the centre.

Infection control guidance was available to all staff. There was a cleaning schedule in place, which included staff rostered for cleaning, seven days a week. There were scheduled audits of infection prevention and control practices in the centre. Staff with responsibility for cleaning described the processes in place to minimise the risk of cross contamination during the cleaning of the centre.

The provider had carried out works to address fire safety risks that had been identified on the last inspection. The inspector reviewed maintenance and servicing records of the fire alarm, emergency lighting systems and fire fighting equipment. These records evidenced that the maintenance and servicing of this equipment was carried out at time intervals. Staff were knowledgeable of their role in relation to fire safety, and the action to take in the event of a fire emergency in the centre.

Regulation 28: Fire precautions

The registered provider had systems in place for monitoring fire safety. The fire alarm system, emergency lighting system and fire fighting equipment was observed to have maintenance and testing carried out, at recommended intervals. There were adequate means of escape, which were unobstructed. Staff had received fire safety training at appropriate intervals. Fire drills were conducted at regular intervals. Staff demonstrated appropriate knowledge of the actions to take in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident's had their health and social care needs assessed. These assessments were undertaken using validated assessment tools. Care plans were observed to be in place to guide care for all aspects of the resident's assessed needs. Care plans were updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their General Practitioner (GP). There was a system of referral in place for residents who were assessed as requiring input from allied health and social care professionals, such as physiotherapist and occupational therapist. The inspector reviewed a sample of resident's records and found that where these health care professionals had made recommendations, these were incorporated into the resident's care plan.

Judgment: Compliant

Regulation 8: Protection

The registered provider had policies in place to guide staff in the safeguarding of vulnerable adults. Staff demonstrated appropriate awareness of their responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for residents occupation and recreation. The provider had ensured that residents had opportunities to participate in activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about, and participate in, the organisation of the centre by participating in resident meetings.

Judgment: 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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant