



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

Issued by the Chief Inspector

Name of designated centre:	Beechtree Nursing Home
Name of provider:	Beechtree Health Care Limited
Address of centre:	Murragh, Oldtown, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0038294

About the designated centre

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

Beechtree Nursing Home is located in the countryside and is designed as a two storey building, 64 residents can be accommodated on the ground floor and 15 on the first floor. The centre has a central courtyard availing of natural light and the first floor has a small outdoor sitting area. Beechtree Nursing Home is suitable for a maximum number of 79 residents in single and twin bedrooms accommodation. Both male and female residents with varying needs and levels of dependency are catered for and 24 hour nursing care is provided. The centre has three distinct areas. The Murragh can accommodate 49 residents with communal day rooms and a spacious dining room available for meals. The Murragh surrounds an internal courtyard with landscaped garden and smoking shelters. The Drishogue also on the ground floor and The Glebe located on the first floor each have 15 single bedrooms with en-suite bathrooms, a dining-room/kitchenette area on each floor is also available in these areas for meals along with a separate sitting room. There are other seated areas in alcoves off corridors and a private visitor's room on the first floor (Glebe) that is serviced by a passenger lift. The administration offices are located on the opposite side of the centre's accommodation to the right of the spacious foyer and reception area. Beechtree Nursing home is primarily dedicated to Care of the Older person, including residents with dementia and is committed to providing a resident-centred holistic service which promotes respect, empowerment and dignity of the older persons in a homely environment which offers choice, privacy and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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How we inspect

To prepare for this inspection the inspector or 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
Wednesday 14 June 2023	09:15hrs to 17:50hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The overall feedback from residents living at Beechtree Nursing Home was positive. The residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspector completed a tour of the designated centre with the person in charge and observed that the environment was clean, bright and met residents' needs. There were a number of spaces for residents to relax in, such as pleasantly decorated sun rooms and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. The inspector heard that many residents were from the surrounding area and they were happy to remain living in the locality. One resident informed the inspector that they were from 'not too far away' and that the Gaelic Athletic Association (GAA) was the backbone of the community, providing 'exercise and entertainment for all ages'. The inspector observed great colour in the external enclosed courtyard that various Irish county flags brought to the space. Residents spoke with pride about their own county and told how they enjoyed the banter and fun in the centre especially on match day. There were several flags from various counties on display and residents explained how they identified strongly with the county they were born and raised, regardless of where they lived now.

Resident bedrooms were seen to be bright homely spaces and most residents had chosen to personalise their rooms with photographs, soft furnishings and souvenirs from resident's homes which reflected their life and interests. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were happy with that arrangement. Laundry facilities were provided on site. Residents told the inspector that they were very happy with the laundry service. They said that the laundry service was very prompt, and that they have plenty of storage for their clothes and personal items.

The inspector observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. The lunch was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them. Snacks and drinks were also available to residents when they requested them.

Residents who spoke with the inspector expressed high levels of satisfaction with the quality of life they experienced in the centre. There was a schedule of activities posted on notice boards throughout the centre and available to the residents. On

the day of inspection, the inspector observed some residents going to and from the hairdressing room in the centre. One resident told the inspector that they 'always gets the film-star treatment' and another said they 'feel wonderful now that the hair was done'. Mass was celebrated in the centre every week and some residents informed the inspector that they were very pleased about that.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. Advocacy services were available to residents.

The inspector observed that, following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre and met the requirements of Regulation 27 and with the National Standards for Infection Prevention and Control in Community Services (2018). For example, there was no inappropriate storage identified on this inspection and ventilation appeared adequate in all areas.

Following the last inspection the registered provider had sought a fire review from a competent fire safety professional. The provider was awaiting the report and would forward same once received, to provide assurances on fire containment. The inspector observed that two new attic doors were fitted and the provider gave assurances that they were fire rated. Other fire risks identified on last inspection were addressed including, appropriate oxygen storage was observed, clear signage identified the hazard of where oxygen was stored, fire safety signs were on all electrical boxes and there was no inappropriate storage under stairwells.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The provider had made some changes in response to the previous inspection to improve the delivery of services, for example matters relating to premises were rectified including installation of hand rail in assisted toilet and call bell in oratory.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for a further three years.

The registered provider for Beechtree nursing home was Beechtree Healthcare Limited, and was managed by Glas Care Holdco Limited. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service and enhancing the quality of life for the residents. The person in charge was supported by the provider representative, a general manager, clinical nurse managers, a team of nurses, healthcare assistants, catering, housekeeping, activity administration and maintenance staff.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, repairs and maintenance, nutrition (including dining experience) infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management meeting and staff meeting agenda items included corrective measures from audits.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys and quality improvement plans were put in place to address issues.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It was publicly available and in an accessible format for people using the service.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoke with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

The person in charge, a registered nurse, fostered a culture that promoted the individual and collective rights of the residents. The person in charge motivated a creative, caring, and well skilled team to support residents to live active lives, having due regard to their wants and needs.

A review of the roster, and observations on the day of the inspection found that staffing levels and skill mix were adequate to meet the needs of residents. Staff were observed tending to residents' needs in a caring and respectful manner. Call bells were answered without delay, and residents informed the inspector that they didn't have to wait long for staff to come to them. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Síochána vetting

requests prior to commencing employment.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

The centre had a directory of residents in accordance with Schedule 3 which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in an electronic format and was appropriately maintained, safe and accessible.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. Inspectors found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was a minimum of one qualified nurse

on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision.

Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector found that residents were supported and encouraged to have a good

quality of life in the centre. Staff worked tirelessly to provide optimum care to residents.

There were a number of residents in the centre that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training. The nursing home was pension-agent for four residents and a separate client account was in place to safeguard residents' finances.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and maintain personal possessions. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed.

Inspectors noted that the dining experience was a calm and sociable time for residents which was complimented by the décor, layout of dining room and soft music playing in the background. Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks. Pictorial food menus were on display providing excellent detail regarding variety of food, snack and drink choices offered on a daily basis. The inspector observed a meal time service to be well managed and unhurried and there were sufficient numbers of staff available to assist residents during meal times.

The National Transfer document was used where a resident was transferred to an acute hospital from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre this was done in a planned and safe manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological wellbeing. The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant