



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

## Issued by the Chief Inspector

Name of designated centre:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0038117

## About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. 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:	53
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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
Monday 10 October 2022	16:30hrs to 21:00hrs	Sinead Lynch	Lead
Tuesday 11 October 2022	09:30hrs to 13:30hrs	Sinead Lynch	Lead

## What residents told us and what inspectors observed

Overall, the inspector observed that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector observed many positive interactions between staff and residents and overheard staff discussing topics of personal interest with residents in light-hearted banter and conversation. On the first evening of the inspection one resident and staff member were in the garden attending to the pet rabbits.

The inspector was accompanied on a walk-about the centre after a short introductory meeting with the person in charge. The walkabout gave the inspector an opportunity to meet with some residents and speak in more detail about their experiences living in the designated centre. Residents were well-groomed and dressed in accordance with their wishes. Call-bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew each other well. Residents were heard calling staff by their first names.

Residents that were happy to speak with the inspector said they were 'very happy here, they (staff) are all good and we are well cared for'. Overall residents' comments were very positive with comments such as 'kind staff', 'good food' 'I feel safe here', being repeated by the many residents spoken with. One resident spoken with detailed how they were happy living in the centre and were awaiting a new bigger room. The inspector spoke with the person in charge who was aware of this request and had plans to move this resident to a different room when it became available.

Residents' bedrooms were found to be clean, tidy and nicely decorated. Many residents had personal items in place that they had brought in from home.

Visitors were also happy to speak with the inspector. One family spoken with said their loved one 'was moved here on a recommendation from another family and it was the best decision they made'. This family proceeded to say that their loved one 'had freedom here and every time they came in he was sitting somewhere different, he was not confined'. Another family member explained how the staff are 'so good and they ring over the smallest thing which is reassuring'.

The inspector observed that the mealtime was a pleasant and unhurried experience for the residents. The food served was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. If and where required, the food and fluids records were kept of what residents had to eat and drink daily.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified

as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

The inspector found on the two days of the inspection that residents living in the centre were supported to live a good quality of life. The centre was well-managed by a management team who were focused on improving residents' wellbeing. The person in charge is a registered nurse and has the required experience and qualifications to meet the requirements of the regulations. They are supported in their role by two clinical nurse managers (CNM). There is an operations manager and a quality and clinical lead in place to support the person in charge and as part of the overall governance of the centre. There is a clearly defined management structure in place and accountability for the delivery of the service was clearly defined.

The registered provider is Maisonbeech Limited. The provider had effective management systems in place to monitor the clinical oversight of the service through key performance indicators and auditing.

Staff files were viewed by the inspector and found to have all the required documents to include vetting disclosures prior to commencing employment. The centre currently have a part-time activities staff role vacant and the person in charge told the inspector that they were actively recruiting to fill the role.

The management team were committed to providing ongoing training to staff. There was a training schedule in place, and training was scheduled on an ongoing basis.

The inspector viewed the incident and accident log and found it to correlate to all notifications submitted to the Chief Inspector of Social Services.

An annual review on the quality and safety of care had been completed for 2021, feedback from residents' committee meetings and resident opinions were also used to inform the review.

Each resident had a contract for the provision of services. These contained information such as; bedroom type, the services to be provided and the charges that apply to each individual resident.

There was a suite of policies in place that were reviewed and updated as required. These policies were seen to guide staff in the centre.

The inspector also followed up on a number of unsolicited concerns received by the Chief Inspector of Social Services and found that the person in charge had received similar concerns and had put plans in place to mitigate any risk to residents. The inspector spoke with many residents and visitors over the two days of the inspection. The feedback provided was mainly positive.

<b>Regulation 15: Staffing</b>
The registered provider ensured that the number and skill-mix of staff was appropriate to meet the needs of the residents. There was as least one registered nurse in the centre at all times.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Training records were provided to the inspector for review and evidenced that all staff had up-to-date mandatory training and other relevant training.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
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.  The management systems in place assured the inspector that the service provided is safe, appropriate, consistent and effectively monitored.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
The registered provider had a contract for the provision of services for each resident in place. The inspector reviewed a sample of three contracts and they contained the requirements as set out in the regulations.
Judgment: Compliant

### Regulation 31: Notification of incidents

The accident and incident log was viewed by the inspector on the day. All required incidents and accidents were notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. There were no open complaints in the centre on the day of the inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They had all been reviewed within the required three year time frame. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of the safe and effective delivery of care to residents.

Judgment: Compliant

## Quality and safety

Over this two day inspection the inspector observed a good service and a well-managed centre where the care delivered to residents was of a high standard. Residents had good access to healthcare services such as a dietitian, speech and language therapist, tissue viability and old age psychiatry. There was also timely access to a general practitioner (GP).

Although the premises were found to be clean there were some improvements required which is discussed further under Regulation 17: Premises.

Each resident had an individual care plan which was personalised to meet the needs

of the individual. However, some gaps identified showed that improvements were required in relation to the follow through in relation to weight loss. This further discussed under Regulation 5; Individual assessment and care plan.

Residents were provided with a good selection of nutritious meals. Menus were displayed and residents could also request something that was not on the menu. Meals were presented in a appetising way and adequate staff were available to assist residents if required or requested. Residents that required different consistencies of food and drink were observed to receive them. Meal times were a calm and un-rushed experience for the residents. On the first day of the inspection one resident had requested a fresh fruit salad which was provided.

The centre had just come out of a COVID-19 outbreak where 22 residents had tested positive for the virus. The centre was found to be clean throughout with a cleaning process in place to disinfect all bedrooms. There was a line listing which indicated when residents first showed symptoms and when they began their isolation period.

There were activities in the centre on both days of this inspection. Staff and residents showed good participation in these activities. The activity coordinator explained to the inspector about the upcoming events in the centre such as the 'Oktoberfest' and the visiting singer 'Red Hurley'. Pictures from recent outings were displayed around the centre which showed residents enjoying art classes and animal therapy.

The residents had access to advocacy services and signs were displayed in the centre with contact details. Religion services for all denominations were catered for. The provider informed the inspector that the voting register was updated so that all residents had access to vote when required.

Staff were all trained in relation to detection and prevention of and responses to abuse. Staff spoken to over the two days were knowledgeable on what to do should they observe or suspect abuse.

The centre was not a pension agent for any of the residents in the centre.

## Regulation 17: Premises

The registered provider had ensured that the premises was appropriate to the number and needs of the residents. However, improvements were required in relation to storage and equipment, for example;

- A hoist was stored on a corridor which would obstruct the fire exit should an emergency occur
- Storage rooms had items on the floor which prevented the area being

adequately cleaned

- Three lids from commodes were found on the floor in the sluice room
- Support chair in the sitting room required repair as the fabric was worn and could not be adequately cleaned
- Suitable adaptations were not always made available for some residents, for example; there was no suitable scales to weigh a resident on bed rest.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The residents were seen to be presented with a wholesome and nutritious diet. Adequate quantities of food and drink was made available to residents. There was an adequate number of staff to assist residents when and if required.

Judgment: Compliant

### Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control (National Standards for Infection prevention and control in community services, 2018). The centre was observed to be clean and well-organised. The inspectors observed good hand hygiene practices by staff with alcohol-based hand sanitiser and effective hand washing techniques.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were seen to be personalised, and residents had been consulted in their development.

However, the registered provider did not arrange to meet the needs of each resident when these needs had been assessed. For example; one resident who was to have weekly weights as per the dietitian, this was not being completed. The resident had not been weighted in three weeks as a result of no access to a scales that could weigh a resident on bed rest.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. There was evidence that any changes to a resident's treatment plan were updated in the resident's care plan.

Judgment: Compliant

### Regulation 8: Protection

Staff files that were viewed by the inspector had a copy of the Garda Vetting Disclosure.

Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

The centre was not a pension-agent for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The individual rights of the residents were seen to be well-respected and promoted. They had access to advocacy services and were frequently consulted in the running of the centre. There was a range of activities available to residents to ensure that all residents had access to participate in activities in accordance with their interests and capacities.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0038117

Date of inspection: 11/10/2022

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. There are designated areas highlighted throughout the home as to where to park the hoists. This has been communicated to all the staff to adhere with same. 2. The issue with storage was highlighted in an internal environment audit carried out by the Groups Quality and Clinical Practice Lead previously. The home was implementing changes identified in the action plan during the inspection and these have now been completed. Completed 3. It was communicated to all staff about proper storage of individual commode lids. Once they have been cleaned, they are to be returned to the individual residents’ rooms. Completed 4. A new support chair was sourced and replaced in the sitting room. Completed 5. A new hoist scale has been sourced and purchased and is now in place. Completed.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: 1. A new hoist scale has been sourced and purchased and is now in place. 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/11/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	09/11/2022