Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beechwood House Nursing Home
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Beechwood Gardens, Newcastle West, Limerick
Type of inspection:	Announced
Date of inspection:	25 June 2025
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0047012

About the designated centre

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

Beechwood House Nursing home is a three storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There are two enclosed garden areas for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. A multidisciplinary team is available to meet residents additional needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58

How we inspect

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
Wednesday 25 June 2025	09:30hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Residents living in Beechwood House Nursing Home told the inspector that they felt content in the centre and were well looked after by staff. They spoke positively about the care provided to them, the range of food that was served, and the activity programme and social outings that were available. One resident said that staff "go the extra mile here to make sure that I'm happy".

This was an announced inspection. On arrival to the centre, the inspector was greeted by the person in charge and the person representing the registered provider. Following an introductory meeting with the person in charge and two clinical nurse managers, the inspector completed a walk around the centre. At this time, many residents were observed to be seated in various communal areas, while others were being assisted by staff in their bedrooms. There was a calm atmosphere observed throughout the centre as staff were attending to residents in a cheerful and prompt manner. It was evident that staff knew the residents as well as their individual routines and preferences.

As part of this announced inspection process, questionnaires were provided to the residents prior to the inspection. Twelve questionnaires had been completed and were reviewed by the inspector on the day of the inspection. Residents' feedback in the questionnaires was positive regarding the overall service, including comments such as "this is a first class place to live", "it's very homely", "I feel very safe and well looked after" and "I am very content here". Residents highlighted the quality of the staff and the activities in these questionnaires.

Beechwood House Nursing Home is a three-storey building which can accommodate up to 67 residents in 25 twin bedrooms and 17 single bedrooms. All bedrooms have ensuite toilet and shower facilities. On the day of the inspection, 57 residents were being accommodated in the centre.

The premises was observed to be warm, comfortable and visibly clean throughout on the day of the inspection. Since the previous inspection, housekeeping resources had been increased to address non-compliances identified on that inspection. The person in charge and staff who spoke with the inspector confirmed that this supported more comprehensive cleaning of the premises on a daily basis.

A number of communal spaces were located across both floors including a prayer room, a beauty salon, a conservatory and multiple day rooms and dining rooms. These were observed to be bright, well-maintained and appropriately furnished. Residents were seen using some of these rooms throughout the day of the inspection to socialise, engage in activities or meet with visitors. A collection of books was located in the conservatory and some residents were seen relaxing with books that they had chosen.

The majority of residents who spoke with the inspector knew the members of the management team by name and confirmed that they met or communicated regularly with the residents in the centre. Residents expressed confidence in the management team's ability to satisfactorily address any concerns or suggestions regarding the service, with some providing examples of action that had been taken in response to items being raised.

Residents spoke positively about the staff that provided care to them, saying that they were kind and attentive to their needs. They confirmed that staff respect the residents' preferences in relation to personal hygiene and clothing, as well as their individual routines each day. Some noted that, occasionally, they may be waiting a number of minutes for staff to attend to them after requesting assistance. This was highlighted to the person in charge during the inspection.

The inspector observed the lunchtime meal that was served in each of the dining rooms. The dining rooms were appropriately decorated and tables had been set with cutlery and condiments in advance of the mealtime. Residents confirmed to the inspector that they could choose what food they would like to eat, and that the meals served to them were to their liking. The meals served to residents were freshly prepared and met their assessed nutritional needs. Residents who required modified consistency diets were offered the same choice of meals. Staff providing assistance to residents did so in a discreet and respectful manner. Residents were observed enjoying ice cream cones later in the afternoon.

A varied programme of activities was available to residents, with live music, mass and games occurring on the day of the inspection. Residents were observed engaging in these activities, with support from the activity co-ordinator and other staff. Residents praised the activity programme, explaining that a wheelchair accessible bus owned by the registered provider was used to regularly transport residents to different events and outings. Residents expressed excitement about the upcoming trip to Ballybunion in July. A number of residents also spoke fondly about an Indian cultural festival that they had attended the previous weekend, which had taken place in the local area.

Visiting arrangements in place were not restrictive and it was clear that visitors were welcome to attend the centre throughout the day and evening. Residents could meet with visitors in their bedroom or communal areas.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a one day announced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector followed up on solicited information received by the Chief Inspector since the last inspection.

The inspector also followed up on the actions the provider had committed to take in a compliance plan, which was submitted following a previous inspection in July 2024. The inspector found that all actions set out in registered provider's response had been completed.

Beechwood Nursing Home Limited was the registered provider for this designated centre. A company director represented the provider entity and worked full-time in the centre. The nursing management team consisted of the person in charge, an assistant director of nursing and a clinical nurse manager. They were supported by a team of nurses, health care assistants, housekeeping, maintenance, catering and activity staff. The assistant director of nursing deputised in the absence of the person in charge.

There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. These evaluated aspects of the service including infection prevention and control, medication management, and care planning documentation. The results of these audits were analysed and informed the development of quality improvement plans. There was evidence that progress with completing these actions was reviewed regularly.

Meetings between the management team were held on a regular basis to review the service and to identify and monitor aspects of the service that required improvement. Meetings with staff also took place frequently to ensure that key information was communicated effectively. Records of these various meetings were maintained by the management team and were available for review.

On the day of the inspection, the staffing levels and skill mix were observed to be appropriate to meet the assessed health and social care need of the residents accommodated in the centre. Since the previous inspection, housekeeping resources had been increased to support good environmental hygiene throughout the centre. Rosters were available for review and reflected the configuration of staff on duty on the day of the inspection.

The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety, infection, prevention and control, dementia care and safeguarding of vulnerable adults.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Quality and safety

The inspector found that residents experienced a good quality of life in the centre. Overall, residents' individual health and social care needs were being met by the registered provider. This inspection found that the documentation of nursing care plans was not fully in line with regulatory requirements.

The inspector reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. For the most part, care plans were observed to be person-centred and sufficiently detailed to guide the delivery of care. However, not all care plans were updated in line with changes in residents' needs.

Residents had timely access to the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as occupational therapy, physiotherapy and dietetic services.

There were systems in place to support residents that exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care

plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff.

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. Any implementation of restraint was informed by appropriate assessments and was subject to regular review.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff, with the support of health care staff and volunteers. Residents told the inspector that they were satisfied with the programme of activities and outings available to them.

There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held on a regular basis, and additional efforts were made to seek feedback from residents that did not attend these meetings. Records indicated that action plans were developed in response to feedback, as required.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The registered provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

Arrangements were in place for residents to access appropriate pharmaceutical services. The centre implemented safe procedures, underpinned by policies, to ensure safe medication management practices were in place.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or communal areas.

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room or in communal areas.

Judgment: Compliant

Regulation 13: End of life

There were systems in place to ensure residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

An information guide for residents had been developed and was accessible to residents. It contained the information required by the regulations, including a summary of the services and facilities available to residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that when a resident was temporarily absent from the centre for treatment, all relevant information was provided to the receiving service.

Key information was obtained from this service upon the resident's return to the centre.

Any discharges from the centre were managed in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had developed a risk management policy which described the measures and actions in place to mitigate any risks identified, including the specified risks set out in the regulations.

There were arrangements in place for the identification, recording and investigation of serious incidents or adverse events, as well as the implementation of any subsequent corrective actions.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the directions of the prescriber.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs.

For the most part, care plans were reviewed regularly, in consultation with the resident and their representatives, as appropriate. However, the inspector noted that care plans were not always updated when a resident's condition changed. For example, a resident's care plan had not been updated to reflect changes in the supports and intervention to be provided by staff in relation to their nutritional needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice, who provided timely medical assessments and treatment as needed.

There were also arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices and that it was implemented in line with national policy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff had completed up-to-date safeguarding training and were knowledgeable of the processes in place.

The provider supported residents to manage their pension and social welfare payments. Arrangements were in place to ensure residents' finances were managed in line with best practice guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0047012

Date of inspection: 25/06/2025

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 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: A "Daily assessment and resident care plan update record", has been created, which will be introduced with effect from 8th August 2025, with the intention of reflecting our residents' current care needs, to ensure resident wellbeing and safety keeping in line with regulatory requirements. This will be overseen and discussed daily by the management team.	

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 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	08/08/2025