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

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| Name of designated centre: | Beechwood House Nursing Home |
| Name of provider: | Beechwood House Nursing Home Limited |
| Address of centre: | Beechwood Gardens, Newcastle West,<br>Limerick |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 May 2026 |
| Centre ID: | OSV-0000409 |
| Fieldwork ID: | MON-0050134 |

## 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.**

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| Number of residents on the date of inspection: | 62 |

## 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 |
|---|---|---|---|
| Friday 29 May 2026 | 09:45hrs to 18:00hrs | Leanne Crowe | Lead |

## What residents told us and what inspectors observed

The inspector found that Beechwood House Nursing Home was a well-run centre where residents' care needs were met to a good standard. The residents that spoke with the inspector praised the staff team, as well as the quality of food and the centre's activity programme.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the person representing the registered provider and the person in charge, both of whom worked full-time in the centre. Following an introductory meeting, the inspector walked around the centre and chatted with a number of residents as they spent time in the centre's various communal areas. There was a calm atmosphere noted in these areas; some residents were observed chatting to one another or engaging with staff, while others were seen reading or watching television in quieter areas.

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, 62 residents were accommodated in the centre.

Residents spoke positively about their experience of living in the centre. They were familiar with the management team and felt that they could speak with them if they had any concerns or worries. Residents described staff as "very helpful" and "great". In particular, some residents emphasised how attentive staff were, saying "they always take the time to chat with me", and "they have learned my preferences and what I like to do each day". Staff were observed attending to residents throughout the inspection in a friendly and kind manner.

The dining experience was observed to be a social, relaxed occasion. The food being served to residents was appetising and well-presented, and in line with their individually assessed needs and preferences. All residents were offered a choice of meals each day, including residents requiring modified consistency diets. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner by a team of staff. A variety of snacks and drinks were also served to residents throughout the day. The majority of residents were very complimentary of the food served to them, describing it as "absolutely beautiful", "something else" and "better than five star". A small number of residents felt that the quality of the food sometimes varied.

There was a varied programme of activities in place, which was regularly reviewed to ensure it was aligned with the interests and capabilities of all residents in the centre. The inspector observed that a small number of residents who wished to remain in their bedrooms were supported with opportunities to participate in meaningful activities on a one-to-one basis. The schedule for the week of the

inspection included music, baking, exercise, bingo and storytelling. Residents were also supported to participate in outings in the local area, as well as in-house events. For example, residents had recently enjoyed a pop-up clothes shop in the nursing home, and a summer party was planned for the coming weeks.

The inspector observed that the centre was bright, well-maintained and very clean throughout. Bedrooms were spacious, suitably furnished and contained sufficient storage space for residents' personal possessions. Many residents had chosen to personalise their bedrooms with their own furniture, art, plants and other meaningful items.

Residents had access to a number of communal areas throughout the building including a conservatory, multiple lounges, a prayer room and several dining rooms. These rooms were nicely decorated and well-maintained. An ongoing programme of upgrade and maintenance works was overseen by the management team, which included the replacement of windows and furniture in recent months. The grounds surrounding the nursing home were secure and easily accessible. These contained landscaped areas, as well as suitable seating and shading. A live music concert was held outside on the day of the inspection, and residents were observed enjoying the music in the garden or from the adjacent conservatory.

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. The inspector spoke with a number of visitors who were very satisfied with the care provided to their relatives.

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

## Capacity and capability

This inspection found that the centre's management and staff were working to ensure that residents received a consistently high standard of care and support, in line with their needs and preferences.

This was a one-day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres 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 June

2025. The inspector found that the actions set out in registered provider's response had been completed.

This inspection found that, while the provider had demonstrated a positive level of compliance across most of the regulations reviewed, the inspector found that the provider had not notified the Chief Inspector of a small number of incidents, as required by the regulations.

Beechwood Nursing Home Limited was the registered provider for this designated centre. The management structure was clearly defined, with identification of all lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. 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 (ADON) and a clinical nurse manager (CNM). The ADON worked in a supervisory capacity on a full-time basis, while the CNM had 16 hours per week dedicated to supervisory duties. They were supported by a team of nurses, health care assistants, housekeeping, maintenance, catering and activity staff. The ADON deputised in the absence of the person in charge.

The systems in place to monitor the quality and safety of the service were well-established. The management team had developed a programme of clinical and operational audits, which were carried out on a scheduled basis to ensure continuous quality improvement.

There was evidence of regular governance and management meetings attended by the provider representative and members of the nursing management team. The records of these meetings demonstrated that key information relating to the quality of the service was discussed, and that quality improvement plans were being developed and implemented to address any deficits identified in the service.

The annual review of the service for 2025 had been completed and there was an action plan in place for 2026.

On the day of the inspection, there was an adequate number and skill-mix of staff on duty to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on
the day of the inspection.

A sample of staff files reviewed were found to contain all of the information 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).

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. The inspector reviewed the records of complaints raised in relation to the service and found that these complaints were managed in line with the requirements of the regulations. Residents spoken with were aware of

the complaints process. The centre's complaints procedure and information on independent advocacy services was displayed in the centre.

## Regulation 15: Staffing

On the day of the inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the centre's statement of purpose.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records demonstrated that all staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. Other training was completed by staff, as needed.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose.

The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. The person in charge had completed a review of the quality and safety of care provided in 2025, which included a quality improvement plan.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

## Regulation 31: Notification of incidents

Two notifiable incidents had not been submitted to the office of the Chief Inspector, as required by the regulations.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The centre's complaints policy, and the process for managing complaints, met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that residents experienced a good quality of life in the centre, and residents felt that their health and social care needs were being met.

A sample of assessments and care plans for residents were reviewed. An electronic nursing documentation system was in place. Residents' care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plans viewed by the inspector were person-centred and reflected residents' assessed needs. These were reviewed and updated on a four-monthly basis or more frequently, if required.

Residents had access to medical assessments and treatment through their General Practitioner (GP). Residents also had access to a range of health and social care professionals such as a physiotherapist, a dietitian, speech and psychiatry of later life. Records evidenced that the recommendations of health and social care

professionals were implemented and reviewed to ensure best outcomes for residents.

A restraint-free environment was promoted in the centre. The provider had arrangements in place to monitor the use of restrictive practices. Restrictive practices were informed by an appropriate risk assessment and were only implemented when alternative measures were assessed as being unsuitable.

There were systems in place to protect residents from abuse. There was an up-to date policy and procedure in place in relation to safeguarding, which guided staff practice. Staff also completed regular training in the prevention, detection and response to abuse.

Residents' civil, political and religious rights were protected and promoted, and their individual choices and preferences were respected by staff. Residents were supported to express their feedback on the quality of the service, which was responded to by the management team. Residents had access to independent advocacy services, if needed.

There were systems in place to ensure that the fire alarm system, emergency lighting system and fire fighting equipment were serviced at appropriate intervals. Staff completed fire safety training on an annual basis. Records of fire drills were maintained and demonstrated that any areas of improvement identified informed the development of action plans.

## Regulation 28: Fire precautions

The provider had made arrangements to ensure that fire safety equipment, such as fire alarms, emergency lighting, and fire extinguishers were regularly checked and serviced. Fire safety training took place annually and staff were up-to-date.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need, using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals, as needed.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The designated centre's management of responsive behaviour policy was available for review. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that there was a range of meaningful activities available to residents, in line with their interests and capabilities.

Residents were consulted regarding the running of the centre, through regular resident meetings. There was evidence that feedback from residents was acted on by the management team.

Residents were supported to maintain their links to family, friends and the community.

Residents had access to independent advocacy services, as required.

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| 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 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Not 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 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-0050134

## Date of inspection: 29/05/2026

**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 31: Notification of incidents | Not Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br><br>Reportable incidents will be reported in accordance with the chief inspector's guidance and regulation 31 and a review of our policy will take place immediately.<br>Staff will be educated as to what constitutes a reportable incident and ensure adherence to the 2 working days' time frame.<br>* A review of all incidents will take place at daily staff handover meetings to ensure none are missed and the PIC will ensure staffing arrangements for weekends and annual leave to avoid any delays in reporting notifiable incidents. | |

## 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 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence. | Not Compliant | Orange | 01/08/2026 |