

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Beneavin House
Centre ID:	OSV-0000694
Centre address:	Beneavin Road, Glasnevin, Dublin 11.
Telephone number:	01 864 8516
Email address:	projects4@firstcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beneavin House Limited
Provider Nominee:	John O'Donnell
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Jim Kee
Type of inspection	Unannounced
Number of residents on the date of inspection:	127
Number of vacancies on the date of inspection:	23

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 January 2016 10:00 To: 22 January 2016 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 07: Safeguarding and Safety	Non Compliant - Major

Summary of findings from this inspection

This inspection was undertaken in response to information received by the Authority. The information received related to the safeguarding and safety of residents living in the centre. Inspectors carried out a single issue inspection reviewing all aspects of safeguarding and safety of residents.

At the commencement of the inspection the person in charge informed the inspectors about an incident and the inspectors concluded that risks to vulnerable residents were not well managed. An avoidable serious safeguarding incident had occurred.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Adequate measures to protect residents from being harmed were not in place in one of five units within the centre. The unit in question was home to 18 residents living with dementia.

Inspectors found there was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff spoken with within this unit had a good knowledge of what constituted abuse and they confirmed they had attended training in relation to elder abuse within the past year. Two residents with capacity in this unit told inspectors they felt safe living in the unit.

Residents' valuables including monies were stored in a safe secure manner within the centre. Procedures were in place to record and check these valuables. Inspectors reviewed a sample of three of six residents valuables held on their behalf and found that the valuables held reflected those recorded.

There was a policy and procedures in place, for the use of restraint. Residents with restraint in place had a risk assessment completed and a care plan in place. The person in charge had an up to date record of all restraint in use in the centre.

A serious incident occurred and the person in charge had begun an investigation. This incident related to some behaviours that challenged which were not identified or adequately controlled. The planned measures to manage this risk all failed and in addition, a change in circumstances was poorly managed.

There was a care plan in place but it was not specific on how to address some particular challenging behaviours which reoccurred on a regular basis. All these risk control measures failed and an avoidable serious safeguarding incident occurred.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beneavin House
Centre ID:	OSV-0000694
Date of inspection:	22/01/2016
Date of response:	29/09/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Risks in relation to behaviours that challenged were not identified or adequately controlled.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

that is challenging.

Please state the actions you have taken or are planning to take:

All staff including the Management Team will have additional training on Elder Abuse Awareness, Challenging Behaviours (particularly for residents living with an Advanced Dementia) and Care Planning.

FirstCare have introduced the role of Clinical Bed Manager (CBM) to the group and presently the CBM is solely allocated to the completion of all assessments of potential residents to the homes. The assessment tool used by the CBM has been reviewed and amended to reflect all aspects of the residents care including suitability to the environment and ability of staff to meet the needs of each resident and respond to any behaviours displayed that may challenge (completed).

Proposed Timescale: 31/10/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans were not detailed enough to enable staff to manage and respond to challenging behaviours.

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

Care planning training will take place with all staff including the Management Team. The Nursing Home Management Team will discuss each resident and the behaviours they display in order to ensure that the response to the behaviour is appropriate to the individual, and the least restrictive. The Management Team will ensure they remain compliant with FirstCare policies and engage all members of the Multidisciplinary Team as required.

Care plans relating to challenging behaviour will be reviewed regularly by the Operations Manager in conjunction with the Compliance Manager to highlight if there are any discrepancies or lack of understanding between staff on how to best manage and respond to behaviours that may pose a risk to residents and/or others.

Proposed Timescale: 31/10/2016