



**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:	Beechtree Nursing Home
Name of provider:	Beechtree Health Care Limited
Address of centre:	Murragh, Oldtown, Co. Dublin
Type of inspection:	Announced
Date of inspection:	17 February 2025
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0041737

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:	49
--	----

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
Monday 17 February 2025	09:00hrs to 17:50hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents in Beechtree Nursing Home were observed to enjoy a high quality of life supported by staff who were attentive and familiar with their needs. Staff were seen to deliver care in a person-centred, respectful manner. Residents described Beechtree Nursing Home as a lovely place to live, where staff listen to, and respond to their wishes. Residents and families had the opportunity to complete satisfaction surveys prior to this announced inspection and 16 had been completed. The kindness and efficiency of the staff were documented in these surveys, as well as a compliment on the recent refurbishment.

After an initial meeting with the Director of Nursing (DON) and one of the company directors, the inspector went for a walk around the centre. The centre was seen to be very clean, bright and tastefully decorated. Many bedrooms were seen to be personalised with residents' own soft furnishings which added to the homely feel, and there were handrails on all corridors which facilitated residents to mobilise with ease.

The centre is divided into three units, each with their own sitting and dining areas, which gave residents a choice of where to spend their time. In the morning, residents in the sunroom on the Murragh unit were heard having a lively discussion with the activities co-ordinator about the newspaper headlines, while others were attending to their exercises with the physiotherapist. The Murragh unit also has a second large communal area where residents were watching an old black and white movie. Beside this room, there is a large dining room which had the menu on display in both written and picture format. This unit encircled an enclosed courtyard area which provided seating, and safe pathways, so residents could enjoy the outdoors. Residents told the inspector that this was a very pleasant place when the weather was good. There were two appropriately equipped smoking areas at either side of the courtyard, and the courtyard itself could be accessed via a number of doors from each corridor. A hairdressing salon was also located here and a hairdresser attends every Wednesday. There was also a quiet room and oratory, which was peaceful, and comfortably furnished.

A corridor from this unit leads to the Drishogue and Glebe units. Drishogue is on the ground floor and Glebe on the first floor, accessed by stairs or a lift. Both units were seen to be attractively decorated and clean, and had smaller dining areas with tea and coffee making facilities for residents and visitors. There were comfortable sitting rooms on each floor, and a resident was seen enjoying some quiet time alone in the Drishogue sitting room. Information for residents on activities, fire evacuation procedure, advocacy services and the complaints procedure was on display in many of the communal areas.

Residents and visitors spoken with were enthusiastic about the amount and variety of activities on offer. They spoke of a recent Valentine's Day party, music sessions, bingo, and outings to the local pub and various other places. One resident said they

did not take part in all the activities, but they did not get bored as there was always something to do. The inspector saw a well-attended music session in the afternoon, and observed other residents receiving one-to-one attention. There are two activities staff who work full-time, and the staff on the day showed themselves to be familiar with residents' likes and abilities.

The inspector observed lunch being served and the food appeared to be hot and appetising. Residents were highly complimentary of the quality and choice of food offered to them, and a number of residents said that they were free to order off the menu. Lunch was seen to be a relaxed affair, with pleasant interactions between staff and residents. There was sufficient staff available, and those assisting residents did so in a respectful manner, and snacks and drinks were offered to residents throughout the day.

Laundry facilities were provided on-site, and residents said their clothes were laundered regularly and returned safely to them.

Residents were seen receiving visitors throughout the day and visitors said they were made to feel welcome at any time. Both residents and visitors said they would know who to speak to about any concerns. One resident described the DON as 'a great listener' who would 'always get back to you', and two visitors said that communication from staff was excellent.

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

Capacity and capability

This was a well-run centre with good governance and management systems in place which ensured that residents living in the centre were supported to live a good quality of life, and received a high standard of quality care. The provider had ensured that they sustained a good level of compliance with regulations.

The registered provider for Beechtree nursing home was Beechtree Healthcare Limited, and was managed by Glas Care Holdco Limited. The person in charge was supported by the provider representative, general manager, clinical nurse managers (CNMs), and a team of nurses, healthcare, catering, activity, housekeeping, administrative and maintenance staff. A person participating in management at senior level visits the centre a number of times a week and there was evidence of regular management and staff meetings. Responsibilities for all areas were clearly defined and each department had a direct supervisor in place.

Members of the management team conducted quality walk-arounds of the centre on a regular basis to monitor standards in fire safety, delivery of care, Infection Prevention and Control (IPC), and maintenance. There were robust management

systems in place to monitor the quality and safety of care in the centre. The inspector saw an annual review for 2024, and a comprehensive suite of audits in areas such as call-bell response times, activities and hand hygiene. The annual review and audits had corresponding action plans in place to address areas for improvement. The compliance plan from the last inspection had been satisfactorily completed.

The centre was well-resourced as evidenced by the extensive refurbishment, provision of a bus for outings and good staffing levels.

Regulation 14: Persons in charge

The person in charge works full-time in the centre and the inspector saw that many residents and visitors were familiar with them. They had evidence of the appropriate qualifications and experience for the role.

Judgment: Compliant

Regulation 23: Governance and management

The centre had sufficient resources, robust management structures, and a clearly defined management structure in place to ensure delivery of a safe and effective service. An appropriate Annual Review for the previous year had been developed.

Judgment: Compliant

Quality and safety

The inspector saw residents receive a high standard of care from staff who were attentive, and familiar with them. A sample of care plans showed them to be person-centred and reviewed regularly. Validated assessment tools were used in areas such as falls risk and pressure area care. Evidence of referral to allied health professionals, such as tissue viability nurse, and General Practitioner (GP), were seen to be done in a timely manner, with instructions documented in the care plan and followed through in daily care.

End-of-life care plans were in place for many residents, which allowed for staff to respond quickly to changes in a resident's condition. Where possible, a vacant room is made available for family's use when their loved one is receiving end-of-life care, and the inspector saw evidence of regular communication with families at this stage.

The centre had a comprehensive End of Life policy in place to guide staff in arrangements prior to, and after, a resident's passing.

The provider had nominated a CNM to the role of IPC link nurse, and there was a high level of compliance with training in IPC. Some examples of good practice in the prevention and control of infection were identified. Staff spoken with were knowledgeable of the signs and symptoms of infection, and knew how and when to report any concerns regarding a resident. Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed. The provider had ensured that hand hygiene facilities appropriate to the setting were provided, and appropriate use of Personal Protective Equipment (PPE) was observed during the course of the inspection. Cleanliness in all areas of the centre was seen to be of a very high standard, and regular cleaning and maintenance records were maintained.

Fire records showed robust systems for maintaining fire equipment and conducting fire drills. All fire escapes were clear of obstruction, and there was well-maintained lighting and signage to these exits. There was a high level of compliance with fire training, and staff spoken with showed good knowledge of evacuation procedures. The provider had recently installed new upgraded fire doors to ensure a high level of fire safety in the centre. The fire evacuation procedure was on display in communal areas throughout the centre.

The inspector saw records of residents' meetings and was told by residents that staff sought their opinions and listened to them. Choice was offered in all areas of life, such as personal care and bed times. A Catholic priest is readily available and this was reported as being of great comfort to many residents. Staff were aware of residents who practised a different faith, and their wishes were facilitated.

Regulation 12: Personal possessions

There was adequate space for residents to store their possessions, and clothes were laundered regularly and returned to the resident.

Judgment: Compliant

Regulation 13: End of life

The centre had a comprehensive End of Life policy to guide staff and the inspector saw evidence of this being implemented in residents' care plans.

Judgment: Compliant
Regulation 27: Infection control
The provider met the requirements of Regulation 27: Infection control and the <i>National Standards for infection prevention and control in community services</i> (2018).
Judgment: Compliant
Regulation 28: Fire precautions
The provider had taken adequate precautions against the risk of fire; maintaining and testing equipment, conducting fire drills, and providing training for staff and information for residents and visitors.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had care plans that were person-centred, and reviewed and updated regularly.
Judgment: Compliant
Regulation 6: Health care
Residents had access to allied health professionals as required, and medical advice was documented and implemented in the resident's daily care.
Judgment: Compliant
Regulation 8: Protection
The provider had an up-to-date Safeguarding Policy, and measures in place to

protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard resident's finances.

Judgment: Compliant

Regulation 9: Residents' rights

A schedule of activities showed a variety available for all capabilities and preferences. There was access to all types of media and telephone, and regular residents meetings were held.

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 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant