<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beechwood Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000199</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rathvindon, Leighlinbridge, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 2366</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@beechwoodnursinghome.ie">info@beechwoodnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Maisonbeech Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen Stapleton</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>55</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 December 2017 09:30
To: 18 December 2017 11:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was an announced inspection and took place over one day. The inspection was completed in response to an application made by the provider to vary a condition of the centre's registration and increase the maximum occupancy by two beds to 59 beds following conversion of two single rooms to two double rooms. There has been no change to the governance arrangements since the last inspection of 23 January 2016 and there were no structural changes to the centre. The inspector met with the provider nominee and person in charge. The inspector also reviewed two action plans generated from the previous inspection which were completed.

The centre provides a comfortable and spacious environment for residents. The premises were noted to be clean, warm and maintained in good decorative condition. Both double rooms had been refurbished to a good standard which included painting, floor covering, curtains and furniture. Additional healthcare assistant hours were to be deployed once the double rooms were registered by the Health Information and Quality Authority (HIQA).

There was a clearly defined management structure that identified the lines of authority and accountability. Persons participating in the management of the centre demonstrated that they were knowledgeable regarding the regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)
Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). In particular there was a good system of governance and an emphasis on continual improvement.

There were no action plans generated from this report.
Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Only the component of the previous action plan was considered as part of this inspection. On the previous inspection it was found that there were some inconsistencies in relation to the additional charges in a contract. The inspector viewed a sample of two contracts and found that these issues had been rectified.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Only the component of the previous action plan was considered as part of this inspection. On the previous inspection it was found that the records of fire drills completed did not demonstrate adequate detail of fire drills or completion of a simulated evacuation drill to reflect the conditions at various times including night-time.

On this inspection it was found that all staff had completed fire training to include fire drills. The inspector saw the content of all fire drills were detailed and included a
simulated timed evacuation with particular attention to the response required by staff in the event of a fire. The last fire drill had taken place on 5 December 2017 which had simulated night-time staffing conditions that is four staff only on duty. The inspector was informed that the general manager had also completed a train the trainer fire warden course recently.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ existing bedroom accommodation consists of 17 single bedrooms, 34 single ensuite with shower bedrooms and six single ensuite bedrooms with wash-hand basin and toilet. In addition to the ensuite facilities there are four wheel chair accessible bathrooms with showers and three separate toilets.

Each bedroom included sufficient space for storage of personal belongings in fitted wardrobes and lockable storage for valuable items. An alarm call bell system was in each bedroom with coded external lighting to show if the call bell had been responded to by staff.

Communal accommodation consisted of two dining rooms, activity room, two large open plan sitting rooms, hairdressing room and three quiet alcove seating areas. There was a large landscaped garden surrounding the centre and three inner courtyard style secure gardens.

On this inspection the inspector saw that two single rooms had been converted to double rooms. The inspector saw that there was sufficient space in both rooms for two residents to live comfortably. The rooms were furnished to a good standard which included adequate privacy screening, new wardrobes, sink units, beds, lockers and flooring. There was a bathroom with shower and another toilet adjacent to these rooms.

Judgment:
Compliant
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:

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority