



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

Issued by the Chief Inspector

Name of designated centre:	Beechlawn House Nursing Home
Name of provider:	Sisters of Our Lady of Charity
Address of centre:	Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	27 January 2022
Centre ID:	OSV-0000115
Fieldwork ID:	MON-0035848

About the designated centre

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

Beechlawn House Nursing Home can accommodate up to 57 residents and provides care in the ethos of the Sisters of our Lady of Charity. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 27 January 2022	08:45hrs to 17:25hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

From the inspectors' observations and from what residents told them, it was clear that the residents received a high standard of quality care and enjoyed living in the centre. The overall feedback from residents and visitors, who the inspector met with, was that the management and staff of the centre were kind and caring, and that residents' choices were respected.

On arrival to the centre, the inspector was met by the clinical nurse manager, who ensured that temperature checking, hand hygiene and mask wearing were completed on entry to the centre.

Following a short opening meeting, the person in charge accompanied the inspector on a tour of the premises. The inspector saw that many of the residents were up, dressed and ready for the day, and that they were well-groomed, and appeared content and comfortable. Residents' wishes were seen to be respected and care delivered according to their preferences. For example, there were two breakfast sittings as some residents like to rise early, while others chose to eat at a later time. During the tour, the inspector observed many residents mobilising freely around the centre and seated in various communal areas.

The centre is set out in three wings. O'Connell and Grafton Wings are single storey and on the ground floor, while the Liffey Wing is set out over two floors. Residents are accommodated in both single and shared bedrooms, all of which are ensuite. Access to the first floor bedrooms is via a lift or stairs. Each wing has its own dining and day area, while there is a large and well-equipped activities room in the O'Connell Wing for all residents' use. There was clear pictorial and written directional signage throughout the centre to assist residents in orienting to communal areas and the garden. Hand rails and seating were in place in corridors to promote resident's movement and independence.

Bedrooms were clean, warm and comfortable, and provided wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for each resident if they wished to use it. The inspector observed that many residents had personalised their bedroom space with pictures, art and photographs to reflect their life and interests. Residents also had a relevant picture outside their bedroom doors to assist them to locate their bedroom, while in the newer Liffey Wing, residents could choose to display small personal items in a wall mounted cabinet outside their bedroom door.

Residents had easy access to a large enclosed garden area from a number of communal areas. The garden was wheelchair-friendly with wide paths throughout. There was a covered gazebo area and suitable garden furniture for residents to sit and enjoy the mature trees, flower beds and weather. There was also an internal courtyard with a water feature and small bridge for resident's interest.

The inspector spoke in detail with seven residents, in order to establish their experiences of living in Beechlawn House Nursing Home. All of the residents who spoken with were complimentary of the staff. One resident described how they were "very kind" and "chatty". The inspector observed courteous and positive resident and staff interactions throughout the day. Staff were observed to communicate with residents in a kind manner that took account of resident communication abilities. The atmosphere in the centre was relaxed and calm, and it was evident that staff knew the residents' needs well.

Residents were offered frequent drinks and snacks throughout the day and the inspector observed staff offering discreet assistance to residents where required. Mealtimes were seen to be a social and unhurried occasion and residents were offered a choice at all meals. Residents were very complimentary of the food offered. One resident stated that "the cake is fantastic", while another said the "food is great and there is always plenty of it". Residents' menu preferences were sought by the chef through the monthly resident meetings.

A programme of varied and innovative activities was in place for residents and the activities schedule was displayed throughout the centre, with knitting, a walking club, bingo with prizes and pampering on offer to residents. Many of the residents to whom the inspector spoke with said that they enjoyed the activities available throughout the week, in particular the Fit for Life classes. Activities staff stimulated memories and discussions with residents through reading a daily news sheet and through celebrating a themed country each month. The inspector saw many arts and crafts pertaining to Australia, displayed in the centre that residents had completed in the days prior to the inspection. The inspector observed an art class taking place, which was well attended by residents. The activities staff had also adapted the bingo cards to the capabilities of the residents, so as to enhance their enjoyment while playing. Photographs adorned the walls of residents engaging in various different activities and celebrations such as Australia day and birthdays. Many windows throughout the centre remained painted in Christmas festive themes, that one resident saying that they "cheer you up".

The inspector saw that residents' spiritual needs were met through attendance at Mass streamed into a large oratory and into residents' bedrooms. The centre's oratory was seen to be a peaceful place where residents could go to for quiet sitting.

Visitors booked in advance and on arrival to the centre completed an infection control process with appropriate COVID-19 screening and PPE wearing. The inspector observed many visits take place during the inspection, and spoke with four visitors who all praised the care provided by the staff. They described the staff as "excellent", "very kind" and "approachable".

On the day of the inspection, there was one resident with a confirmed diagnosis of COVID-19. The inspector saw that this resident was isolating in their bedroom, with appropriate signage and a personal protective equipment (PPE) station in place at the bedroom entrance. Staff were observed to wear appropriate PPE when attending

to the needs of the resident.

The inspector spoke with a number of staff who were knowledgeable about their responsibility to protect residents from abuse and about how to manage a complaint received from a resident or visitor.

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 the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents living in the centre received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. There were monitoring systems to ensure that residents' well-being was promoted and that residents lived as independently as possible. This was an unannounced on-day inspection conducted to monitor ongoing compliance with the regulations, and to follow up on information submitted to the Chief Inspector of Social Services. On the day of the inspection, one resident and four staff were confirmed as positive with COVID-19. Overall the provider demonstrated good adherence to the regulations. However, action was required to formalise some governance and management systems, in staff training and in infection control practices in the centre.

The person in charge had recently changed in the centre. This change had been notified, as required to the Chief Inspector of Social Services, and the documentation to reflect the new person in charge was being submitted to accompany the notification. On the day of the inspection, the person in charge demonstrated the skills and expertise to manage the service safely and effectively.

The person in charge was supported in their role by the Chief Executive Officer of the provider organisation, who attended the centre at least once weekly. They were also supported in by a full time assistant director of nursing, a clinical nurse manager and a team of nurses and healthcare assistants. The centre also has two dedicated activity staff, and contracted catering and household teams. Staff had a good awareness of their defined roles and responsibilities. Staff members who spoke with the inspector said that the person in charge had a visible presence within the centre daily.

The person in charge had systems in place to monitor the quality and safety of the service delivered to residents. They included an extensive schedule of both clinical and environmental audits, which were discussed by the senior nurse management team at a monthly Clinical Governance meeting. Quality improvement plans were developed following such audits and improvements actioned. For example, following a recent medication management audit, the clinical nurse manager had developed a

list of residents' 'odd time' medications which was stored on the medication trolleys as a daily reminder to nursing staff of when such medications were to be administered.

The Chief Executive Officer reviewed, but did not sign as reviewed, all completed audits and action plans through a shared computer file, received a daily report on COVID-19 issues within the centre and frequently informally met with the person in charge. However, the provider could not make available documented evidence that management systems, such as formal meetings between the person in charge and provider, had occurred since the last inspection in September 2020. Therefore, the inspector was not assured that there were robust management systems in place to ensure that the provider had sufficient oversight of the service, and that residents' services were effectively monitored.

Good emergency planning was evidenced in the provider's COVID-19 preparedness and contingency plans, which detailed the extensive measures to be put in place in the event of an outbreak of COVID-19. The provider had a register of risks specific to the centre. Each had appropriate controls in place, with a responsible person assigned and a risk rating. The risks were reviewed by the management team as their review date fell due, or as and when required. The inspector also reviewed a centre-specific Safety Statement. Comprehensive incident and accident records were maintained, reviewed and trended by the person in charge.

The provider had completed an annual review of the service for 2020. Although surveys on the service had been completed by residents in 2020, the results of many of these recent surveys were not included in the review report, and instead survey results from 2018 and 2019 had been included. The inspector did note that a mealtime experience survey had been included and that the report also stated that as a result of this survey, spring/summer and autumn/winter menus had been introduced for residents.

On the day of inspection, the inspector reviewed staff rosters and saw that there were sufficient staff, with the appropriate skill mix, to deliver a good standard of care to residents and to meet their assessed care and social needs. The assistant director of nursing and the clinical nurse manager were supernumerary to staffing levels and oversaw the quality and safety of care for residents. There were two activities staff, rostered over seven days of the week. Household and catering staff were outsourced to external companies.

While most staff had the required competencies to deliver person-centred services to residents, some gaps were noted in refresher mandatory training, and in infection prevention and control training. The person in charge had identified these gaps and had requested staff to complete training in hand hygiene, infection prevention and control and the donning and doffing of personal protective equipment by the end February 2022. All senior nursing staff were trained to take swabs for the detection of COVID-19 infection.

The inspector reviewed two contracts for the provision of services and found them to be in line with the regulations. Those contracts reviewed outlined the terms and

conditions of the residency and the fees to be charged for additional services.

The person in charge had responsibility for managing complaints in the centre and to ensure that complaints were responded to appropriately and records kept as required. The records confirmed that all complaints received had been investigated in a timely manner and the outcome and satisfaction of the complainant recorded for all but the one most recently received. The complaints policy contained details of nominated persons to deal with and review complaints, and of the appeals procedure.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to meet the assessed needs of the 49 residents living in the centre on the day of the inspection.

The rosters reviewed showed that there were two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that there were some gaps in mandatory training and that many staff had not completed training in hand hygiene, infection prevention and control and the donning and doffing of personal protective equipment. These gaps could impact on the delivery of safe services to residents.

There was a formal induction programme, which included a comprehensive Health and Safety module, in place for new staff and annual appraisals were completed with staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not have robust oversight of the service, as there was no documented evidence that the provider was in receipt of monitoring information or had reviewed this information. For example, all completed audits were uploaded to a shared computer file but there was no system to show that the registered provider had reviewed this information.

The annual review of services for 2020 had been completed and was available to residents. However, there was insufficient evidence that it was prepared in consultation with residents in 2020.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed two contracts of care between the resident and the provider, setting out the terms and conditions of their residency and containing the appropriate signatures. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services, such as activities and taxis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. This was displayed in the entrance foyer of the centre. There was a nominated person who dealt with complaints and the Chief Executive Officer Manager was the designated complaints reviewing officer in the centre.

There was evidence of effective management and recording of all complaints received.

Judgment: Compliant

Regulation 14: Persons in charge

The new person in charge is a qualified nurse, with a significant amount of management experience. On the day of the inspection, they demonstrated that they had sufficient skills, qualifications and expertise to manage the service.

Judgment: Compliant

Quality and safety

The inspector followed up on a number of notifications received by the Chief Inspector of Social Services and saw that appropriate care and follow up had been received by residents following incidents such as falls. Residents were supported by staff to have a good quality of life in a safe and well organised environment. They were able to choose how they spent their day and were helped to maintain relationships with their families and friends. Residents had access to good quality healthcare and social activities were organised throughout the week.

The inspector viewed records of six residents. Pre-admission assessments were completed and care plans were developed within 48 hours of resident's admission. There was evidence that residents' needs were assessed continually, and as they changed their care plans were updated to reflect the changes and ensure that staff were guided on how to provide the best care to residents. Care plans were in place to promote residents' social wellbeing and included information on residents' personal care and activity preferences.

Residents had good access to healthcare. A GP visited the centre once weekly, and was also available for consultations as required. The inspector saw records of GP and allied health interventions in residents' records. A physiotherapist visited the centre once weekly, or as required, to promote residents mobility and wellbeing. Other allied health services were accessed by residents via referrals to external agencies including the dietitian and speech and language services. The person in charge and clinical nurse manager met daily to discuss residents' health care changes and needs.

The current visiting policy was up-to-date with the most recent Health Protection Surveillance Centre guidance, and infection prevention and control procedures were applied to all visitors. These included completing a COVID-19 questionnaire, hand hygiene and wearing masks. Visits were booked in advance and coordinated daily by an assigned healthcare assistant. Residents could receive visitors in the privacy of their single occupancy bedrooms. However, if in a shared bedroom, they received visitors in a designated room and appropriate infection control procedures were completed between visits. The registered provider communicated with residents' families throughout the pandemic with updates on visiting and other service arrangements, such as activities taking place.

Residents' rights were respected. They had access to an activity schedule, which met their preferences and capabilities. Residents who required support to participate in activities were provided with this support by the activities staff in attendance. Residents met monthly to discuss the service provided to them. This meeting was chaired by one of the activities co-ordinators, and action plans to address issues raised were developed by the person in charge. For example, the person in charge had completed a review of the residents' laundry service, that was contracted externally, due to a number of complaints received.

There was an oratory in the centre where residents could attend remote religious services. Residents were also supported to choose how they lived their lives. For example, they were offered a choice of food at all mealtimes and could choose to socialise in a number of communal areas or to remain in their bedrooms which were

equipped with a TV and radio for each resident.

Overall the centre was clean, with arrangements in place for the monitoring of cleaning schedules to ensure that they were adequately completed. Other infection prevention and control practices had been effectively implemented to manage or prevent infection in the centre. These included use of transmission-based precautions for residents, regular hand hygiene audits and good compliance with the appropriate wearing of personal protective equipment. However, some improvements were required to ensure that infection prevention and control practices in the centre were effective. These are further discussed under regulation 27 below.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. They were co-ordinated by an assigned staff member, and residents were able to receive visitors in a variety of locations including their bedrooms and a dedicated area within the centre.

Visits were conducted in line with appropriate infection control practices.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in the oversight of infection control practices within the centre which could impact on the safety of residents. For example,

- Hoist slings for the movement and handling of residents were not assigned to individual residents. Staff confirmed that slings were infrequently used in the centre and were disinfected after each use. However, the sharing of slings is not in line with national guidance on infection prevention and control.
- Two hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- There were a number of doors throughout the centre that were chipped and damaged and therefore could not be effectively cleaned.
- The flooring in some areas of the ground floor corridor in the Liffey Wing was damaged and had been taped as a temporary measure. These areas could not be effectively cleaned.
- There was inappropriate storage of clean towels on an open trolley in one shared bathroom, and of a ladder in another shared bathroom. Both issues could lead to cross-contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on pre-admission and person-centred care plans were developed. Care plans were reviewed every four months or when residents' needs changed. A variety of evidence based clinical tools were used to assess needs including mobility, communication, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

Residents' health was maintained by a good standard of evidence based care and appropriate medical care intervention. Residents had timely access to a general practitioner (GP) and allied healthcare professionals when required or requested.

A review of residents' records showed that residents were regularly reviewed for signs and symptoms of COVID-19.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a wide variety of activities over seven days of the week, and were able to choose where and how they spent their time in the designated centre. They were provided with a choice at mealtimes.

Residents also had access to TV, radios, tablets and newspapers and religious services, and were able to avail of advocacy services.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechlawn House Nursing Home OSV-0000115

Inspection ID: MON-0035848

Date of inspection: 27/01/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All Staff who have not completed their mandatory training has received formal instruction in writing to do so. The ADON is monitoring this on a weekly basis until all courses are complete.</p> <p>Time Frame: 18th March 2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>During COVID 19 Pandemic all documentation were uploaded to a computerized system as an IPC measure and also to ensure management had access to this data when not in the building.</p> <p>An acknowledgement form has now been included on the shared file, which is completed at the time of review by all of the Management Team, as evidence that all clinical governance data has been reviewed.</p> <p>Timeline: 10th February 2022</p> <p>A formal record of all meetings between the Director of Nursing and the Provider are now documented.</p>	

Timeline: 31st January 2022

The Annual Review of 2021 is currently underway and will include all surveys undertaken during that period. A mini survey of Resident / Relatives views of 2021 will be conducted prior to and included in the Annual Review before it is published.

Time Frame: 31st March 2022

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A stock of disposable hoist slings has now been procured and are available for all Residents who require the use of the hoist.

Time Frame: 28th February 2022

2 clinical hand sinks to comply with the regulations are on back order and will be installed by the maintenance team as soon as they arrive.

Time Frame: 31st March 2022

A schedule of redecoration has been commenced to repair all damaged surfaces.

Time Frame: 31st March 2022

Arrangements are currently underway to repair the area of damaged floor and remove the taped areas.

Time Frame: 31st March 2022

All staff have been reminded of their personal responsibility around IPC measures. The Manager in charge each day is responsible for doing a walk around to ensure all items are stored appropriately.

Time Frame: 30th January 2022

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/03/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/02/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/03/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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