<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beechwood Nursing Home</th>
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<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>
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<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<td>Maisonbeech Limited</td>
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<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Margo O’Neill</td>
</tr>
<tr>
<td>Type of inspection</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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<tr>
<th>Outcome</th>
<th>Provider's self-assessment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 09: Statement of Purpose</td>
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Summary of findings from this inspection

This inspection report sets out the findings of an unannounced thematic inspection which focused on specific outcomes relevant to care of residents with dementia in the centre. The inspection also considered notifications, unsolicited information received and other relevant information since the last inspection in December 2017.

Inspectors found that the management team and staff in the centre were committed to providing a good service and quality of life for residents with dementia. However, oversight by the provider and the system for monitoring the quality and safety of the
service required improvement to ensure continuous quality improvement and sustained compliance with the Regulations.

Residents' healthcare needs were met and measures were in place to ensure their good health and wellbeing was optimized. Inspectors examined the journey of a sample of residents with dementia within the service. Admission procedures, nursing assessments, care plans, medicine management, nutrition and medical records among other areas of care were reviewed. The inspector found that although residents with dementia were provided with a good standard of nursing and healthcare, the information in their care plans required improvement to clearly inform the person-centred care that was provided. Residents with dementia were supported to enjoy an active and meaningful life in the centre. Residents had access to a variety of interesting and meaningful activities to suit their needs and interests. All residents who spoke with the inspectors expressed their satisfaction and contentment with living in the centre.

There were policies and practices in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' care. The person in charge and staff team were working to reduce the use of full length bedrails in the centre.

Measures and procedures were in place to protect and safeguard vulnerable residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place and clearly articulated their responsibility to report. Some staff had not received up-to-date training on safeguarding residents from abuse but training was scheduled for these staff in the days following the inspection. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. While care practices regarding safe moving and handling procedures required improvement, inspectors found that all interactions by staff with residents were respectful and kind. Residents confirmed to the inspector that they felt safe in the centre.

Staff knew residents and their individual needs and preferences well. Although skilled staff were available to meet residents' needs, a review of staffing was found by inspectors to be necessary. This review is necessary to ensure that residents receive timely assistance at mealtimes and that a timely response to residents' call bells is assured.

The centre's layout and design was optimised to promote the comfort, accessibility and quality of life of residents with dementia. Improvement in the layout and design of twin bedrooms was necessary to ensure residents' privacy, dignity and choice needs were met. Additional storage for residents' assistive equipment was required. Residents had access to an interesting and safe outdoor area.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.
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 Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
There were 15 residents diagnosed with dementia and four residents with symptoms of dementia in the centre. The journey of a sample of these residents with dementia was tracked and specific aspects of care provided to other residents with dementia were reviewed. Residents with dementia integrated with other residents in the centre and this arrangement had a positive impact on their confidence, wellbeing and quality of life in the centre. The healthcare and nursing needs of residents with dementia were met to a good standard in the centre however care planning documentation needed improvement. Residents' needs were comprehensively assessed and they had timely access to a general practitioner (GP), out-of-hours GP services and specialist medical services such as community psychiatry of older age, adult psychiatry and community palliative care services as necessary.

Prospective residents were visited by the person in charge or her deputy in hospital, other nursing homes or their own home in the community prior to admission to the centre. Residents' pre-admission assessments detailed pertinent information regarding their needs. Some residents with dementia transitioned from respite care to continuing care in the centre. The provider and person in charge welcomed prospective residents to view the centre facilities and discuss the services provided before making a decision to live in the centre. This arrangement gave residents and their families' information about the centre and also assured them that the service could adequately meet their needs.

Each resident with dementia had a comprehensive assessment completed within 48 hours of their admission to the centre to clearly identify their needs. These assessments were reviewed at regular intervals or more often following any deterioration in a resident's wellbeing. Assessments included each resident's risk of falling, malnutrition and pressure related skin damage, among others. Residents' needs regarding their safe mobilization, their level of cognitive function, pain and support needs were also assessed on admission and regularly thereafter. Care plan in place generally described the care interventions that residents required from staff to meet their needs. Care planning documentation needed improvement as follows;
• Some residents’ assessed needs were not informed with a corresponding care plan. For example; care for residents with assessed pain management needs, residents with diabetes and residents with wounds.
• Not all residents’ needs were reassessed at a minimum of every four months
• While, wound care procedures reflected evidence-based practice, improvement was necessary to ensure recommended dressing instructions were clearly described.
• The activities that best suited individual residents with dementia were described in their assessment documentation but this person-centred information was not clearly described in residents’ activity care plans.

Residents told the inspectors that their care needs were met in ways that reflected their individual wishes and preferences. However, the care plans in the sample reviewed by the inspector did not consistently reference this person-centred information regarding their individual care preferences. Although an appropriate tool was used to assess residents’ level of pain, a record of each time pain assessments were done was not maintained to inform medication administration, reviews and treatment options.

Residents and their families, as appropriate, were consulted regarding their care plan development and reviews thereafter. Residents’ positive health and wellbeing was optimized with a physiotherapist contracted by the provider to be available to residents in the centre one day each week, regular exercise as part of their activation programme, annual influenza vaccination, regular vital signs monitoring, regular blood profiling and medication reviews.

Communications were optimized between residents, their families, the acute hospital and the centre. A detailed health summary was prepared for each resident transferring to hospital. This transfer information included details of residents’ likes, dislikes and support needs. Hospital discharge documentation was held for residents admitted to the centre from hospital to inform their recommended treatment plans and ongoing care needs.

Staff provided end-of-life care to residents, with the support of the resident’s GP and the community palliative care service. Palliative care services were supporting the care of a small number of residents on the days of inspection to support them with management of their symptoms and pain. Residents with dementia were given opportunity to express and have their end-of-life wishes met regarding their physical, psychological and spiritual needs. Some residents with dementia had advanced healthcare directives in place to inform the where they wished to receive care at the end of their lives. The person in charge ensured that residents were involved in these decisions and many residents had signed these instructions themselves. Most residents resided in single bedrooms and residents in the two twin bedrooms were accommodated in a single bedrooms during end-of-life care, where possible. Residents’ relatives were facilitated to stay overnight with them when they became very ill. A kitchenette was provided that was available to residents’ relatives during this time. Staff outlined how residents’ religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents as they wished.

No residents in the centre had pressure related skin injuries at the time of this
inspection. Residents’ risk of developing pressure related skin injuries was closely monitored and care procedures to prevent pressure ulcers developing were consistently implemented. Prevention procedures included regular risk assessment, frequent repositioning of residents with assessed risk, use of pressure relieving cushions, high grade mattresses and nutritional assessment by a dietician. A small number of residents had other wounds. Tissue viability specialist services were available to support staff with developing treatment plans to optimize residents' wound healing as necessary.

The nutrition and hydration needs of residents with dementia were met. A validated assessment tool was used to screen residents with dementia for nutritional risk on admission and regularly thereafter. Residents’ weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. There were no residents with unintentional weight loss or gain of concern on the days of inspection. Residents meals were served in two dining rooms. Mealtimes were generally social occasions for residents in the centre. Residents were seated with friends they had made in the centre where possible. Residents had access to speech and language therapy and dietician services as necessary. Special diets were communicated to the Chef. Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions such as diabetes. Residents' dietary recommendations were also described in their care plan to ensure they were known to staff. The chef was sensitive to the needs of residents with dementia and made efforts to ensure they were provided with appetizing food that met their individual preferences and needs. Residents with dementia were provided with snacks throughout the day and had a choice of hot meals or alternatives to the menu for lunch and tea. On the first day of inspection, inspectors found that improvements were necessary to ensure there was sufficient numbers of staff available to provide residents with dementia with discreet and patient assistance with their meals as necessary. This finding was significantly improved on the second day of inspection.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed for risk of falls on admission and regularly thereafter. There was an overall low incidence of falls in the centre resulting in an injury to residents since January 2018. Residents with assessed risk of falling had controls in place to mitigate risk and prevent injury such as increased staff supervision and support arrangements, hip protection, low-level beds, foam floor mats and sensor alarm equipment. There was emphasis placed on promoting residents' independence and mobility in the centre. The centre’s physiotherapist developed treatment plans to promote residents' mobility. For example, residents with diminished motor skills due to their dementia were provided with support by staff to go on short regular walks. This commitment had a positive impact on residents' confidence, wellbeing and health.

There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The centre used an electronic system to record medicines administered to residents by staff. The pharmacist who supplied residents’ medicines was facilitated to meet their obligations to residents and was available to answer any queries individual residents had regarding their medicines. There were
procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There were measures and procedures in place to protect residents from being harmed or suffering abuse. The centre’s safeguarding policy covered prevention, detection, reporting and investigating allegations or suspicion of abuse. Staff who spoke with inspectors were knowledgeable regarding their responsibilities including reporting. The provider and person in charge ensured that there were no barriers to staff or residents disclosing any concerns and that there were systems in place to safeguard residents with dementia. Residents told inspectors that they felt safe and secure in the centre. Residents also confirmed that staff were supportive and kind towards them. On examination of the staff training records, inspectors found that approximately 35% of staff required up-to-date safeguarding training. The person in charge confirmed that two training dates were confirmed in the days following the inspection. Notifications were also submitted to the Office of the Chief Inspector within required timelines.

Policies were in place to guide staff on managing behaviours and psychological symptoms of dementia (BPSD) and restrictive practices. Inspectors were informed by nurses and care assistants that they had training to enable provision of appropriate support to residents with dementia and responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A small number of residents with dementia were predisposed to occasional episodes of responsive behaviours. These residents were well supported by staff who knew them well. A record of responsive behaviours was maintained to inform residents’ care and treatment plans. Behavioural support care plans were in place but did not clearly describe triggers and the most effective person centred strategies to de-escalate behaviours. Residents were facilitated with good access to community psychiatry of older age.

The provider was working to promote a restraint free environment in the centre and had reduced the number of bed rails in use for residents with trialing use of other non-restrictive devices as alternatives to integrated full length bed rails. Full length bed rails
were in use for twenty two residents and eleven residents had lap belts in use to support their safety in assistive chairs. Safety risk assessments were completed for residents prior to using full-length bed rails and hourly safety checks were carried out thereafter by staff. Care schedules were in place to minimise the length of time bed rails were used.

The provider acts as a pension agent for six residents. Residents' pension monies were paid into the centre's account with fees and additional charges being invoiced to the resident on a monthly basis. Any remaining monies were refunded to the residents every two months. Inspectors were told that the centre was transitioning to a new system and were in the process of establishing separate accounts for these six residents. The provider also held money in safekeeping on behalf of a small number of residents for their day-to-day expenses. This money was held securely and all transactions were transparent and were signed by the resident where possible. Samples of balances of individual residents' money held in safekeeping was checked by inspectors and were found to be correct. Lockable units were also available for each resident in their bedroom for securing their personal valuables if they wished.

**Judgment:**
Substantially Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

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

**Findings:**
The contribution of residents with dementia was valued and they were very much an important part of the centre's community. Residents with dementia were encouraged and supported to attend the monthly residents' committee meetings. These meetings were minuted and feedback from residents was actioned. There was very good evidence of meaningful discussion in the meeting minutes seen by inspectors.

Two activity coordinators with the support of care staff facilitated activities for residents over six days each week. Facilitation of residents' activities was an integral part of the role of care staff in the centre. The activity coordinators were encouraging and flexible in their approach to residents with dementia. Variety of and access to meaningful and suitable activities for residents with dementia resulted in their overall contentment in the centre. Residents confirmed the activities available interested them and that they enjoyed them. Residents with advanced dementia had access to sensory focused activities every day and to an accredited sensory programme weekly. Rummage boxes were available and some residents from a farming background were exploring the contents of a farm themed rummage box. Sensory equipment such as 'fiddle blankets...
were also available to residents.

The variety of activities available to residents changed on a daily basis and was described in an activity schedule displayed in the residents' sitting room. Live music was a favourite activity and was provided at a minimum on a weekly basis. A musician who attended the centre on a regular basis entertained residents on the second day of the inspection. The activity needs of each resident with dementia were assessed on admission and regularly thereafter. Their individual past interests were fostered in the activities made available to them. Each resident's participation in the various activities was recorded. The level of engagement in the various activities that residents with dementia participated in was closely monitored. However, this information was not consistently recorded to provide assurances that each resident with dementia was provided with activities that optimised their interests and capabilities.

The rights of residents with dementia to practice their religious beliefs were respected. Residents could choose to attend a weekly Mass and lead on a decade of the rosary. The person in charge discussed plan to facilitate residents to join in the daily masses from a local church via a WebCam facility. Church of Ireland services were also available and clergy from the various faiths were available to residents as they wished. Residents with dementia were supported to vote in elections.

Use of the centre's public address system to instruct staff to respond to residents' call bells required review as this arrangement did not promote a homely environment in the centre or reflect person centred care for residents.

The privacy and dignity needs of residents with dementia were respected by staff who were observed to knock on residents' bedroom doors before entering. Staff ensured doors to residents' bedrooms, en suites and toilets and bathrooms elsewhere in the centre were closed while assisting residents with their personal care. Fitted with privacy locks. The majority of residents with dementia resided in single bedrooms will full en-suite facilities. Some doors to residents' bedrooms, en suites and shared toilets and bathrooms elsewhere in the centre were not fitted with privacy locks. The layout and design of one of the two twin bedrooms required review to ensure residents' privacy and dignity needs were met. On the day of inspection only one resident resided in each of these rooms. Bed screen curtains were fitted within very close proximity to one bed. This arrangement did not ensure this resident's privacy could be maintained during transfer procedures. The hand wash sink in the bedroom was located within one resident's bed space.

Some measures were in place to promote residents' independence and way finding but signage and identification of key areas needed further improvement. Residents were seen to be mobilizing around the centre throughout the day either independently or with the support and supervision of staff. Residents in twin bedrooms shared a television and therefore did not have choice of programme viewing. Although opened by staff on the days of inspection, doors to the enclosed garden locked automatically. Consequently, residents could therefore not access the enclosed courtyard at will without assistance of staff to unlock the doors for them.

Judgment:
### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

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

**Findings:**
There was a complaints policy and procedure in place. Residents with dementia were supported to make complaints and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

The complaints procedure was displayed in the entrance area and provided instruction on making a complaint and the response process thereafter. The person in charge was the designated complaints officer for the centre. The complaint policy and procedure documentation required updating to reference the person in charge as the contact person for managing complaints in the centre.

Inspectors were told a person was nominated to ensure that complaints are responded to appropriately and records are kept as required. However, this information was not detailed in the complaints policy or procedure documentation. Complaints received were appropriately recorded, investigated and the outcome was discussed with the person who raised the complaint. However, the records examined by inspectors did not consistently detail the investigation or the timelines of actions taken regarding the complaint management procedure. The satisfaction of complainants with the outcome of investigations was recorded and an appeals procedure was available.

An Advocate service was available to residents to assist them with raising a concern. Residents were supported to access the assistance of an advocate, as appropriate. Information on this service was available on a notice board, in the residents’ admission pack and was highlighted at residents' meetings.

**Judgment:**
Substantially Compliant

### Outcome 05: Suitable Staffing

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

Findings:
The assessed dependencies and needs of residents including residents with dementia informed staffing levels and skills in the centre. Inspectors were not assured that staffing levels were adequate due to the following:
- although not identified as an issue by residents, some residents’ call bells were ringing for prolonged periods. An arrangement was in place where the person in charge or deputy used the public address system in the centre to instruct staff to attend to call bells that were ringing for prolonged periods.
- although significantly improved on the second day of inspection, inspectors found on the first day of inspection that some residents needing one-to-one assistance were not consistently provided with care on that basis during their tea-time meal.
- there was poor supervision of staff to ensure that moving and handling practice was in line with the training provided to staff. Inspectors observed several moving and handling procedures carried out by staff that posed a risk of injury to residents.

A planned and actual staff rota was maintained. The roster reflected the staff on-duty on the days of inspection. Annual staff appraisals were carried out by the person in charge. Many staff who spoke with inspectors said they enjoyed caring for residents in the centre. They confirmed that they were well supported in their role by senior staff. Staff training records referenced that all staff attended mandatory training and that staff were facilitated to attend training to support their professional development, including dementia care training.

A sample of staff files were examined by inspectors and were found to meet the requirements of the Regulations. An Garda Síochana vetting disclosures were available in the staff files examined. The provider representative gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. All nursing staff had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

No volunteers were operating in the centre at the time of the inspection.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Overall, the layout and design of the centre met the individual and collective needs of residents with dementia and provided them with a therapeutic and comfortable living environment. The centre provides accommodation for 59 residents in 55 single and two twin bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Accommodation for residents, including residents with dementia was provided at ground floor level throughout. The centre had two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. There was a sheltered smoking area for residents with appropriate fire prevention and extinguishing equipment.

Residents' bedrooms were bright and clean, residents' were encouraged to personalise their bedrooms with their own pieces of furniture, paintings, pictures and soft furnishings. This arrangement ensured residents could enjoy continued use of their favourite furniture and other items in the centre. There was sufficient storage for residents' clothes and possessions. Single bedrooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side. The layout and design of twin bedrooms required review to ensure they met the privacy, dignity and choice of residents needing assistive equipment to support their needs.

The sitting and dining areas were spacious and brightly decorated with furniture and fittings that were familiar to residents with dementia. For example, an old style kitchen dresser in the dining room had traditional china tea sets and crockery on display. The larger of the two sitting rooms functioned as the main communal room and this was where activities were held for residents. The room was brightly decorated with pictures and old style radios, all of which encouraged residents to reminiscence. There were large wall hangings, ornaments, old photographs and posters displayed on the walls. Hand bags, scarves and items of costume jewellery were hanging on hooks for residents to pick up if they wished. There was sufficient seating and tables for residents, arranged to encourage conversations between residents.

There was an abundance of other traditional memorabilia familiar to residents with dementia on display throughout the centre. A bookcase containing a variety of books was located in a sitting room referred to as 'the library'. The wallpaper on the walls in this room reflected a library design. The room was spacious and had comfortable couches around the periphery, two residents liked this room and used the couches to lie down and relax.

There were a number of small seating areas with comfortable couches, potted plants and decorative art work situated throughout the centre to allow residents to receive guests in quiet areas or to sit on their own if desired. There was also a dedicated room set up for the hairdresser who visited the centre weekly.

Floor covering was non-slip, bright and non-patterned throughout the centre to promote the safe mobility of residents with dementia. Large windows throughout the centre promoted good use of natural light in communal areas and corridors. Corridors were wide to ensure that residents could mobilize safely when using a wheelchair or a walking frame. Handrails were fitted on corridors and in toilets and showers. Doorframes and handrails were painted in a contrasting colour to surrounding walls providing clear
An attractive, secure and interesting outdoor courtyard area was provided. Appropriate outdoor seating and tables was also available for residents. Residents with dementia took full advantage of the sunny weather to access the outdoor area on the second day of inspection.

There were insufficient storage facilities for residents’ assistive equipment. For example wheelchairs and zimmer frames were stored in the library and hoists and other equipment was stored in the main sitting room, in an alcove off a circulating corridor and in a shared toilet/shower.

Judgment:
Substantially Compliant

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a clear management structure in the centre and all staff were aware of their roles and responsibilities. A regular governance and management meeting schedule was in place. These meetings were attended by the provider representative and the minutes made available to inspectors, referenced review of some key areas of the service. However, the minutes did not provide sufficient assurances that the findings of audits and action plans were consistently reviewed at this forum.

Oversight by the provider and the system for monitoring the quality and safety of the service required improvement to ensure continuous quality improvement and sustained compliance with the Regulations. The findings of this inspection evidenced some deterioration in the centre’s high level of compliance with the Regulations as found on previous inspections.

The system in place to monitor the quality and safety of the service and residents’ quality of life required strengthening to ensure it informed continuous quality improvement. Some key aspects of the service were audited, such as resident falls and weight management among other. However, this information was not consistently analysed to inform the development of action plans to address areas needing improvement.

A report detailing an annual review of the quality and safety of the service and quality of life for residents was done in consultation with residents and was available for 2018.

Judgment:
Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
The centre’s statement of purpose was recently revised and contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

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:

Catherine Rose Connolly Gargan
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 report

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<td>OSV-0000199</td>
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<tr>
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<td>23/04/2019</td>
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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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care planning documentation needed improvement as follows;
• Some residents’ assessed needs were not informed with a corresponding care plan. For example; pain management, diabetes and wound care.
• While, wound care procedures reflected evidence-based practice, improvement was necessary to ensure recommended dressing instructions were clearly described.
• The activities that best suited individual residents with dementia were described in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
their assessment documentation but this person-centred information was not clearly described in residents' activity care plans.

1. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Going forward all Residents assessed needs will have an appropriate care plan. Best practice and clinical instructions will be clearly described in each resident's care plan.
Residents with Dementia will now have the activities and specific needs identified for them, clearly described in their care plan.
The Person in Charge will establish a robust auditing & monitoring system to ensure that all care plans will contain this information and are compliant.

**Proposed Timescale:** 30/06/2019

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents' needs were reassessed at a minimum of every four months

2. **Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

**Please state the actions you have taken or are planning to take:**
The Person in Charge will establish a Robust Auditing & Monitoring System to ensure that all Assessments will be completed prior to the 4 Month Requirement

**Proposed Timescale:** 30/06/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that approximately 35% of staff required up-to-date safeguarding training.
3. **Action Required:**
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

**Please state the actions you have taken or are planning to take:**
This is Currently being Addressed with a scheduled Update completed 22/05/2019. Further training has also been organised to ensure continual compliance.

**Proposed Timescale:** 30/06/2019

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some doors to residents' bedrooms, en suites and shared toilets and bathrooms elsewhere in the centre were not fitted with privacy locks.

The layout and design of one of the two twin bedrooms required review to ensure residents' privacy and dignity needs were met.

4. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
All Doors will be Fitted with Privacy Locks to Bathrooms, Bedrooms and Toilets
The Layout and Design of the Two Twin Bedrooms are Currently Being Reviewed.

**Proposed Timescale:** 30/07/2019

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents in twin bedrooms shared a television and therefore did not have choice of programme viewing.

Although opened by staff on the days of inspection, doors to the enclosed garden locked automatically. Consequently, residents could therefore not access the enclosed courtyard at will without assistance of staff to unlock the doors for them.

Some measures were in place to promote residents' independence and way finding but...
signage and identification of key areas needed further improvement to support residents' with dementia.

5. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
Both Twin Bedrooms will have a 2nd TV provided.
The Locks on the Doors to the Enclosed Gardens will be changed to facilitate Easy Access by all Residents.
There are now plans in Place to Provide Additional Signage and Colour Identification of Different Areas Within the Home

Proposed Timescale: 31/07/2019

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Information was not consistently recorded to provide assurances that each resident with dementia was provided with activities that optimised their interests and capabilities.

6. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
Going forward documentation relating to all Residents with dementia will highlight activities and interactions in which they partake, relating to their interests and capabilities.

Proposed Timescale: 30/06/2019

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The records examined by inspectors did not consistently detail the investigation or the timelines of actions taken regarding the complaint management procedure.

7. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
The complaints documentation has been reviewed to detail any investigations, outcomes, timelines and whether or not the complainant was satisfied.

**Proposed Timescale:** 23/05/2019

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors were told a person was nominated to ensure that complaints are responded to appropriately and records are kept as required. However, this information was not detailed in the complaints policy or procedure documentation.

8. **Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
The Complaints Policy has been reviewed and updated with all necessary information and a person nominated to ensure all complaints are responded to appropriately and records maintained to validate this.

**Proposed Timescale:** 23/05/2019

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The complaint policy and procedure documentation required updating to reference the person in charge as the contact person for managing complaints in the centre.

9. **Action Required:**
Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

**Please state the actions you have taken or are planning to take:**
The Complaints Policy has been updated to reference the Person in Charge as the contact for managing complaints.
Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that a review of staffing levels and skills was necessary to provide assurances regarding the following:
- an arrangement was in place where the person in charge or deputy used the public address system in the centre to instruct staff to attend to unanswered ringing call bells.
- on the first day of inspection that some residents needing one-to-one assistance, were not consistently provided with care one to one assistance during their tea-time meal.

10. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
A Review of Staffing Levels will be performed and measures taken to ensure that all Residents who require 1:1 Assistance have the necessary care provided to them especially during meal times.

There are now plans in place to perform observational audits on response times to call bells and these will be completed on a regular basis to avoid unnecessary use of the PA System.

Proposed Timescale: 30/06/2019

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were facilitated to attend training on safe moving and handling procedures but inspectors observed several moving and handling procedures carried out by staff that posed a risk of injury to residents.

11. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
This has been addressed by our In-House Manual Handling Instructor / Physio who has developed an ongoing Programme of 1:1 Supervision and Assessment of all Care Staff.
Appropriate manual handling equipment will also be audited and any short fall identified and then addressed.

**Proposed Timescale:** 30/06/2019

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

The **Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The there was insufficient storage facilities for residents assistive equipment, For example wheelchairs and zimmer frames were stored in the library and hoists were stored in an alcove off a circulating corridor and in a shared toilet/shower.

**12. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The provision of extra storage space is currently being reviewed and will be Addressed.

**Proposed Timescale:** 31/07/2019

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**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

The **Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The system in place to monitor the quality and safety of the service and residents' quality of life required strengthening to ensure it informed continuous quality improvement.

**13. Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A more robust review of audits and risk assessments has been put in place to monitor and ensure the quality and safety of the service. This will be documented in detail.

**Proposed Timescale:** 30/06/2019