



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Manor
Name of provider:	Firstcare Beneavin Manor Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	09 June 2022
Centre ID:	OSV-0005756
Fieldwork ID:	MON-0037140

## About the designated centre

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

Beneavin Manor is a purpose-built centre in a suburban area of north Dublin providing full-time care for up to 115 adults of all levels of dependency, including people with a diagnosis of dementia. The centre is divided into three units, Ferndale, Elms and Tolka, across three storeys. Each unit consists of single bedrooms with accessible en-suite facilities, with communal living and dining areas. There is an enclosed outdoor courtyard accessible from the ground floor. The centre is in close proximity to local amenities and public transport routes.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	48
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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 9 June 2022	08:25hrs to 18:40hrs	Niamh Moore	Lead
Thursday 9 June 2022	08:25hrs to 18:40hrs	Siobhan Nunn	Support

## What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, residents received good clinical care from staff who knew them well. Inspectors observed many activities taking place on the day of inspection and could see both residents and staff enjoying each other's company.

On arrival at the centre, the inspectors were met by the receptionist who conducted a COVID-19 risk assessment and ensured a temperature check and hand hygiene was completed prior to starting the inspection. All those entering the building were wearing a facemask before entering.

Inspectors were guided on a tour of the premises by the person in charge. The designated centre is located in Glasnevin, Dublin 11 and on a campus with two other nursing homes. The centre provides accommodation for 115 residents in single occupancy rooms over three floors. All bedrooms within the centre had en-suite facilities. Inspectors viewed a number of residents' bedrooms and found them to be bright and homely spaces with nice furniture and fixtures. Many were personalised with family photographs and ornaments.

Inspectors were told that the registered provider had reduced the occupancy to 48 residents on the day of the inspection. This meant that the second floor of the centre had been closed. Inspectors were told that residents from this floor had recently moved downstairs to the ground floor. This floor had recently been painted and it allowed residents easier access to the enclosed gardens. Inspectors saw that the registered provider had sourced additional garden furniture for these areas, however maintenance works were required to clean up the areas. Residents were seen to enjoy the garden on the day of the inspection enjoying the sunshine with staff.

There was a number of communal spaces available to residents. Each floor was divided into a Park and Green area which had separate day and dining facilities. In addition, there was a hairdressing room, an activity room and a therapy room available for residents use. Overall, efforts to create a homely environment were evident, however not all areas within the centre were seen to be clean.

Inspectors observed that residents had good access to activities. Inspectors observed residents colouring, watching mass on the television, using the magic table and sitting at the simulated train. Inspectors were also told that residents had an outing to the Aquarium in Bray the day prior to the inspection to celebrate "World Ocean Day", with a stop off for ice-creams on the way back to the designated centre. Residents said that they enjoyed this outing. Records showed that activities were held Monday to Sunday and they included the celebration of birthdays and significant days such as Valentine's Day and St Patrick's Day.

Inspectors visited a memorial garden in the grounds of the nursing home. This was

built in memory of a staff member who had died. The designated centre had recently had an opening event for the garden. It was a peaceful space for residents, staff and visitors to use, with garden seating and colourful planting for their enjoyment.

Menus were displayed outside the dining facilities. Choices were seen to be offered for the main meal at lunch-time and tea time. Inspectors were told that residents were asked their mealtime preferences the day before but there was an option that residents could also change their preference on the day. Residents were consulted with regard to food within the centre's satisfaction survey. Residents spoken with confirmed that they were happy with the meals provided reporting "you get a good choice" and the lunch-time meal was "lovely".

Inspectors spoke with residents and also spent time observing residents' daily lives. Staff were observed to know residents well and to treat residents with dignity and respect, one resident told inspectors "staff are very good here". Inspectors observed that staff assisted residents with nail care and to curl their hair on the day of the inspection. Residents were observed to enjoy these activities.

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

There was an established management structure in place which ensured the designated centre was appropriately resourced for the effective delivery of care. Inspectors found that regulatory compliance and oversight had improved from recent inspections. This inspection identified some action was required in relation to the premises and infection control as detailed under the quality and safety section of this report.

Inspectors followed up on actions from the last inspection in November 2021 including following up on information received from concerns submitted to the Chief Inspector.

Firstcare Beneavin Manor Limited is the registered provider for Firstcare Beneavin Manor. The management team consists of the Chief Operating Officer, a Regional Director, an Associate Regional Director and the person in charge. The designated centre is part of Orpea Care Ireland and as a result, other management supports were available from this group such as finance, human resources, procurement and quality personnel.

The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers (CNM), nurses, healthcare assistants, social care

leaders, housekeeping, catering, maintenance and administrative staff.

Inspectors reviewed the worked and planned roster and were assured that there was sufficient staff to meet the assessed needs of residents. Staff members were allocated per floor with a CNM assigned to each floor. Rosters showed weekend supervision was provided by a CNM and there was a minimum of one registered nurse on duty per floor at all times.

Staff were supported to access mandatory training. Records reviewed showed that there was high attendance at mandatory training on fire safety, safeguarding and manual handling. Inspectors also reviewed records of training on COVID-19 and were assured that staff had good access. Inspectors were told that the registered provider was in the process of reviewing non-mandatory training offered to staff. Staff spoken with said they had received sufficient supervision and training to do their jobs.

Inspectors found that the management team had improved the systems in place for the effective oversight of the quality and safety of care in the centre. A review of meeting minutes including the management team, and clinical and corporate monthly governance meetings, showed that the management team met regularly to discuss and review key performance indicators. There was an audit schedule and system in place for auditing practices such as falls, tissue viability, the kitchen and the environment. Overall, there was evidence of learning and improvements being made in response to audit reports, for example, the registered provider implemented a new schedule for oversight of medicine management within the designated centre. However, the oversight of premises and infection control within the centre required further review.

The registered provider had completed an annual review of quality and safety of the service for 2021. This review involved the provider measuring themselves against the National Standards for Residential Care Settings for Older People in Ireland 2016, and incorporated feedback from residents and their families. There were quality improvement plans identified for 2022, such as pictorial food menus for residents and to improve regulatory compliance.

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. This procedure set out the steps to be taken to register a complaint, the complaints officer and indicated the appeals process to an independent officer. The provider also completed a quarterly audit on complaints received such as trending and to ensure that complaints received were managed in line with their own policies and procedures.

## Regulation 15: Staffing

Inspectors found the number and skill mix of staff was appropriate having regard to the assessed needs of the 48 residents in accordance with the size and the layout of

the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to training and training records showed a high compliance with mandatory training.

Inspectors reviewed a sample of annual appraisal forms and found that staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a well-defined governance and management structure in place that identified clear lines of authority and accountability. Inspectors found that the registered provider had worked hard to improve systems and oversight of the quality and safety of the care delivered to residents within the designated centre. Inspectors saw that the majority of the issues found at the last inspection had been addressed by the provider.

Judgment: Compliant

### Regulation 34: Complaints procedure

Inspectors reviewed a sample of four closed complaints from the centre's complaints register. Records seen confirmed that closed complaints were well managed in the centre, there was evidence of investigation with the outcome and the complainant's satisfaction level recorded. There was also evidence of learning from complaints seen.

Judgment: Compliant

## Quality and safety

Resident's well-being was maintained by a good standard of care and support. Care was seen to be person-centred with residents supported to be active participants in the running of the centre through monthly committee meetings and an annual survey. However, action was required to improve oversight of the premises and infection control.

Inspectors reviewed a number of residents' records including assessments and care plans. Assessments were used to develop relevant person-centred care plans relating to individual needs and preferences for nutrition, weight loss and mobility. Records were seen to be in place and reviewed at least four monthly, in line with the regulatory time frames.

A general practitioner (GP) was available within the centre twice a week. Inspectors saw that where specialist health and social care professional services were required for example, for physiotherapy and occupational therapy, relevant referrals were made in a timely manner.

There was evidence of a positive approach to the management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care records viewed showed that behavioural support plans were developed based on residents' individual needs. Inspectors saw evidence where the least restrictive measure was in place and observed staff using distraction and diversion techniques appropriately. Inspectors reviewed a number of restrictive practices. Records reviewed indicated that where residents had a restrictive practice in place such as bed rails or a sensor alarm, there was a risk assessment and care plan in place to evidence its use.

Safeguarding training was completed every two years and staff demonstrated good knowledge of reporting structures and appropriate measures to take if any risks were identified. The registered provider was pension agent for one resident. Appropriate systems were in place to ensure the transparent management of residents' finances.

Residents' rights and choices were seen to be respected throughout the inspection. There was a variety of social activities available to residents' to occupy their day hosted by two dedicated social care leaders who facilitated activities seven days per week. A monthly newsletter was completed for residents and their families to detail the activities and occasions that had occurred and were celebrated within the centre. This helped families to keep up to date with events, particularly when their loved ones were unable to keep them updated.

There was good access to visiting arrangements within the centre. Screening and infection control measures were in place for visitors who came to spend time with residents.

There was a laundry on the campus which collected and returned residents' clothing. Meeting minutes confirmed residents were happy with the current laundry arrangements in place. The registered provider had completed painting of the communal areas and some bedrooms on the ground floor which presented a warm

and homely environment. Inspectors saw that some areas still required painting and were told that there was a system in place to identify ongoing areas which required painting and repair. Inspectors also saw some areas of poor repair which had not been identified on the centre's maintenance log. This is further discussed under Regulation 17: Premises.

Inspectors observed the lunch-time meal service within the designated centre. Residents were offered choice regarding the food they ate and where they wished to eat their meals. Assistance provided by staff for residents who required additional support during meals was observed by inspectors to be kind and respectful. Inspectors saw that residents were offered drinks and snacks throughout the day between meals.

There were some good examples of infection control processes within the centre, for example, staff adherence to hand hygiene and PPE was appropriate. Cleaning staff spoken with were aware of cleaning processes and products for daily cleaning. However, inspectors observed that a number of areas were unclean which had not been identified on an environmental audit. Inspectors also observed gaps in cleaning on the first floor due to the ongoing use of corridors and the continuous requirement to clean and decontaminate all areas.

Inspectors reviewed the administration of medicines, the record of medication related interventions and the storage of medicines. Inspectors found that the registered provider had safe systems in place.

## Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate visits for residents with family and friends in the centre.

Judgment: Compliant

## Regulation 17: Premises

Action was required in the oversight of the premises and to maintenance within the designated centre. Wear and tear was visible on paintwork, on the hairdressers chair and the nurses' desk stations which prevented affective cleaning. In addition, external gardens required more attention to ensure these areas were clean and tidy.

Inspectors saw areas of poor repair which had not been identified on the centre's maintenance log. For example damage from a leak was seen in two bathrooms and a bedroom. Flooring in the corridor on the first floor was worn and felt like an adhesive under foot, due to the continuous cleaning of the floor. Fans in two sluice

rooms were not seen to be working.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Inspectors saw that residents had nutrition care plans which identified their preferences for meals. Choice was seen at meal-time and meals including for modified diets were well-presented. Inspectors saw that residents had access to a safe supply of fresh drinking water in bedrooms, with additional fluids offered throughout the day.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required to ensure the registered provider was in compliance with the National Standards for Infection Prevention and Control in Community Services 2018. For example:

- Cleaning schedules and procedures required review:
  - Resident equipment such as hoists, wheelchairs and medical equipment such as glucometers were seen to be unclean.
  - Communal rooms and store rooms such as the hairdressing room, treatment rooms, therapy rooms and store rooms were seen to be unclean and there were gaps seen on the cleaning records for these areas.
- Inappropriate storage had the potential to lead to cross-contamination. For example, inspectors saw unlabelled shampoos, conditioner, body cream, shaving foam and a razor within the hairdressing room. In addition, unused incontinence wear had been removed from its packaging and was stored in a bath in a shared bathroom and on shelving within store rooms.
- There were insufficient clinical hand washing sinks which complied with the required standards. This was a repeat finding from the inspection of November 2021.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Inspectors observed a medicine round and found that the practices reviewed on inspection were safe. Residents' prescriptions identified which medicines were to be crushed and was signed off by the prescribing doctor. Inspectors found that the staff nurse actively engaged with residents when undertaking the medicine round and medicine was administered in accordance with the directions of the prescriber. Medicines were stored securely within locked cupboards with the nurse retaining the key at all times.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed resident records including assessments and care plans. Assessments and care plans were regularly reviewed, up to date and contained information such as residents' preferences to guide staff on how to meet individual care needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by GPs and referrals made to specialist professionals as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Records and practices observed on the day of the inspection demonstrated that responsive behaviours were managed in the least restrictive way.

Assessments and care plans for restraints were completed and seen to be used in accordance with the current national policy.

Judgment: Compliant

### Regulation 8: Protection

Inspectors reviewed a sample of safeguarding documentation such as risk assessments, safeguarding plans and investigations. Inspectors found that investigations were completed in a timely manner and sufficient measures to protect residents were put in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' views were obtained through monthly resident committee meetings along with a recent satisfaction survey which was incorporated into the centre's annual report on the quality and safety of services delivered to residents.

Residents were provided with a variety of recreational opportunities including outings. Residents had access to television, radio and magazines. Arrangements for accessing an advocacy service were displayed in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Firstcare Beneavin Manor OSV-0005756

Inspection ID: MON-0037140

Date of inspection: 09/06/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            S: The PIC in conjunction with the Regional Director has commenced a review of the entire premises and will develop a schedule for refurbishment.            S: A painting schedule has been agreed for the centre and this work has already been completed on most of the ground floor. Work will continue throughout the remainder of the centre until all areas are re-painted (all work will be complete by 31.12.2022).            S: The hairdressing chair and nurses’ desks are on order.            S: A plan is in place to seal the floor in Elms Park to facilitate residents to transfer there to enable the floor in Elms Green to be repaired.            S: The leak had been identified and reported in the weekly meeting with maintenance and the Director of Nursing. The maintenance team meet weekly with the Director of Nursing on a Friday and this meeting will include a review of the maintenance log to ensure that all future issues are logged.            S: All outdoor spaces are cleaned Monday, Wednesday and Friday by maintenance            M: Through audit and review by the PIC, Housekeeping Manager and the maintenance team            A: By the PIC and regional management team            R: Overview by the Regional Director in conjunction with the RPR.            T: 31st of August 2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            S: The cleaning schedule was reviewed by the Group Accommodation Manager and Housekeeping Supervisor, and a new schedule put in place to identify all areas requiring</p>	

cleaning with contemporaneous recording of cleaning as it takes place. This is now signed off daily by the CNM/ADON and assists in the immediate identification of any gaps in cleaning.

S: All storage rooms and all rooms where items were stored have been reviewed. Designated storage areas for specific items have been cleared and labelled. Storage has been reviewed and reorganized to ensure that items are stored appropriately. All unlabeled items have been removed.

S: Clinical hand washing sinks have been sourced and are now due for installation by August 31st 2022.

M: Through audit and review by the PIC, Housekeeping Manager and the maintenance team

A: By the PIC and regional management team

R: Overview by the Regional Director in conjunction with the RPR.

T: 31st of August 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2022