

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:	07 November 2024
Centre ID:	OSV-0005756
Fieldwork ID:	MON-0045086

About the designated centre

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

FirsBeneavin 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:	72
--	----

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 November 2024	07:35hrs to 15:20hrs	Helena Budzicz	Lead
Thursday 7 November 2024	07:35hrs to 15:20hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were very happy living in Firstcare Beneavin Manor, and their rights were respected in how they spent their days. Residents who spoke with inspectors expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The dining rooms were bright, spacious, clean and very nicely decorated. For example, the tables had a white linen tablecloth with a vase and flowers in the middle. The dining tables were set nicely, and condiments, serviettes, and a menu were available. Residents enjoyed meal times as many were seen laughing and talking with staff. Many residents told inspectors that the food was 'good quality' and that they had access to choices at mealtimes. This was evidenced by the menus with clear pictures of what food choices were available. The kitchen and pantries were clean, and there was a separate area for storing cleaning equipment.

Overall, the ancillary facilities at the centre supported effective infection prevention and control. Clean and dirty areas were distinctly separated, and the workflow in each area was well-defined. For instance, the housekeeping room included a janitorial sink and ample space for storing and preparing trolleys and cleaning equipment. This room was also well-ventilated, neat, and clean, with easy-to-clean surfaces. The cleaning carts were fitted with locked compartments for safe chemical storage. Sluice rooms were available on each floor.

There were staff members dedicated to manage activities for residents. The inspectors observed residents in each unit engaged in individual or collective activities with the staff members, and it was evident they enjoyed them.

The inspectors met with four visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection, and visitors were seen coming and going throughout the day.

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

Capacity and capability

Overall, this inspection found that this was a well-managed centre and that the quality and safety of the services provided to residents were of a good standard.

This was an unannounced inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection in May 2024. The findings of this inspection were that there was a positive level of compliance across most regulations reviewed. However, the inspection found some areas for improvement in respect of the premises and infection control.

Firstcare Beneavin Manor is a designated centre for older persons, operated by Firstcare Beneavin Manor Limited, which is the registered provider and part of the wider Emeis group. The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The assistant director of nursing was new to the position of IPC link practitioner and is planning to go on to the next IPC national course.

Inspectors found that the centre had an adequate number of staff working on the day of the inspection, including housekeeping staff, to fulfil its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each floor on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regard to good environmental hygiene. The centre was clean and well-maintained with no malodour. The cleanliness of the centre has improved since the last inspection.

Staff were facilitated to attend training that was appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults and infection prevention and control training.

A programme of audits was in place to support the monitoring of the quality and safety of the service. These audits were used to identify risks within the service, as well as areas of quality improvement.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were managed, controlled and reported. The most recent outbreak reported was in January 2024, when the centre received good support from the community support team.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed, and routine monitoring for *Legionella* in hot and cold water systems was undertaken. Recent water results were viewed by the inspectors and were being managed as per national guidelines.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly and effectively.

Regulation 15: Staffing

Inspectors found that there were sufficient resources in housekeeping services to meet the needs of the centre. The provider used agency housekeeping staff to fill in any gaps on the roster. The provider was actively recruiting to fill the vacancy of a housekeeping supervisor. All residents who required one-on-one care due to their complex care needs had staff allocated to support them according to their assessed hours.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training records demonstrated that staff were up-to-date regarding their mandatory training. The person in charge had ensured that staff had access to appropriate infection control (IPC) training. Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined organisational structure in place, with clearly identified lines of authority and accountability. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. An annual review of the quality and safety of care in 2023, which included a quality improvement plan for 2024. It also included feedback from residents and relatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of six contracts for the provision of services confirmed that residents had signed a written contract of care outlining the services to be provided and the associated fees. This included charges for additional services and the arrangements for one-on-one funding.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the amended regulations. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in a timely manner.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the residents living in the centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. The staff treated residents with respect and kindness, and there was evidence of residents' rights being upheld throughout the inspection. Improvements were required in the upkeep of the premises and in respect of the infection control practices, which will be further discussed in this report.

Inspectors noted improvements in the detailed person-centred care plans since the last inspection. After reviewing a sample of care records, they found that comprehensive assessments were being conducted regularly to ensure that residents' needs were identified and that the care plans clearly outlined the proposed care for each individual. Residents' care plans also described the behaviours and psychological signs and symptoms the resident displayed, while also detailing interventions to use to support the resident.

Some good examples of antimicrobial stewardship (AMS) practice were identified. The volume of antibiotic use was monitored each month, which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice. On the day of inspection, staff had good knowledge of "Skip the Dip", the national programme to stop the routine use of urine dipsticks to test for urine infections. IPC notice boards were available on each floor to guide practice. SEPSIS awareness posters were on display to highlight the importance to staff for early recognition of the deteriorating residents.

Residents who were colonised with a multi-drug resistant organism (MDRO) were cared for with the appropriate personal protective equipment (PPE) and were identified on the nursing hand over sheet and through the electronic care records.

The inspectors observed that the equipment used by residents was in good working order and that reusable equipment was cleaned and stored appropriately.

Vaccination records for residents were kept up-to-date, and there was a high vaccine uptake for COVID-19 and influenza.

In each unit in the corridors, there were clinical hand wash sinks that were in line with the recommended specifications for good hand hygiene practices. Some barriers to hand hygiene were observed during the course of this inspection. For example, not all resident's rooms had an alcohol gel dispenser at the point of care. This is discussed under Regulation 27: Infection control.

Some areas of the centre were very warm. The provider had installed mechanical ventilation units in most of the treatment rooms to assist with the ventilation of these rooms, which was working on the day of the inspection. However, the treatment room in the Ferndale Unit was very warm; this room had no unit to assist with ventilation. This is discussed under Regulation 17: Premises.

Records of residents transferred to and from the acute hospital were reviewed. The inspectors saw that where the resident was temporarily absent from the designated centre in an acute hospital, relevant information about the resident was provided to the hospital to enable the safe transfer of care.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Measures were in place to safeguard residents from abuse. Members of staff who spoke with the inspectors were familiar with the procedures to be followed should a safeguarding concern arise at the centre. Residents said that they felt safe and that they could talk to a member of staff if they were concerned about anything.

Regulation 11: Visits

There were no visiting restrictions in place and visits and social outings were facilitated and encouraged. Friends and relatives were seen coming and going on the day of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

New systems for laundry and personal property have been implemented, allowing staff to track missing items efficiently. This systems support residents in maintaining access to and control over their clothing and personal belongings. Additionally, residents have sufficient space to store their clothes and other personal possessions.

Judgment: Compliant

Regulation 17: Premises

The premises were bright, clean, tidy and conformed with all matters set out in Schedule 6 of the regulations. The overall environment was designed and laid out to meet the needs of the residents. However, further improvements were required. For example:

- The temperature in the treatment room was very warm. This room was used to store build-up drinks for residents, which should be stored at room temperature. The inspectors were given assurances that these drinks would be moved to a different room that had mechanical ventilation.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Menus were on display in dining rooms, including in written and pictorial formats. Inspectors observed that residents were provided with adequate quantities of food and drink that appeared wholesome and nutritious. On the day of the inspection, there were enough staff members available to assist residents with their nutritional needs. Those residents who required help were supported during their meals in a respectful and dignified manner.

Judgment: Compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information about the services and facilities provided, including the complaints procedures and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents
<p>A review of documentation found that there was effective communication within and between services when residents were transferred to or from the hospital to minimise risk and to share necessary information.</p> <p>The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of healthcare-associated infections and colonisation to support the sharing of and access to information within and between services.</p>
Judgment: Compliant
Regulation 27: Infection control
<p>The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant. For example;</p> <ul style="list-style-type: none"> • The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries, which may leave staff exposed to blood-borne viruses. • Alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
<p>The inspectors reviewed a sample of residents' care plans and nursing documentation and found that care plans for nutritional, personal, incontinence, recreational and safeguarding care plans clearly guided staff in providing person-centred care in line with residents' individual preferences and wishes. A further review of care plans found that accurate infection prevention and control information was recorded in residents' care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.</p>
Judgment: Compliant

Regulation 6: Health care

Residents received medical care tailored to their needs, including access to specialists such as gerontologists, wound care experts, and dietitians as necessary. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring and analysis of antibiotic usage in terms of volume, indication, and effectiveness. Infection prevention efforts were focused on addressing the most frequently occurring infections. Prophylactic antibiotic usage in the facility was kept at a minimal level, aligning with best practices.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had received training to support residents who may display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and interventions to be implemented by staff to support a consistent approach to the care of the residents.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff and regularly audited.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially 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

Compliance Plan for Firstcare Beneavin Manor OSV-0005756

Inspection ID: MON-0045086

Date of inspection: 07/11/2024

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: From 1st December 2024, the temperature of all treatment rooms is subject to daily monitoring and will be audited weekly by the maintenance department. Any fluctuation in temperatures identified will be escalated and remedial actions will be taken to rectify same- complete and ongoing.</p> <p>As a corrective action, the oral nutritional supplements are now stored in an alternative store room- complete</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: A review of the availability of alcohol gel dispensers at point of care has been completed.</p> <p>Works are underway to install additional dispensers on all corridors and in every bedroom at the point of care. This will be completed by 31st January 2025</p> <p>All needles in use are now fitted with safety devices- complete</p>	

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	01/12/2024
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	31/01/2025