



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin House
Name of provider:	Firstcare Beneavin House Limited
Address of centre:	Beneavin House, Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Announced
Date of inspection:	27 February 2025
Centre ID:	OSV-0000694
Fieldwork ID:	MON-0042128

About the designated centre

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

The designated centre is located in north County Dublin and is close to local shops and amenities. There is a car park situated at the front of the building and disabled parking is available. Beneavin House is a purpose built nursing home that provides accommodation for 150 residents over the age of 18 years. The nursing home offers 24 hour care to dependent residents with low, medium, high and maximum dependencies including people living with dementia. Accommodation is provided across four floors which are arranged around a central courtyard garden. Oakfield unit is situated on the ground floor and has 31 single bedrooms and four twin bedrooms. Willowbrook is situated on the first floor and has 35 single bedrooms and five twin rooms. Claremont is situated on the second floor and has 41 single rooms and one twin room. Claremont is divided into two units Claremont and Claremont Walk. Claremont Walk provides accommodation for 11 residents living with dementia and is designed specifically to meet their needs. Most of the bedrooms on Oakfield, Willowbrook and Claremont units have en-suite facilities. Cedars Unit is on the fourth floor and has 19 single and two twin bedrooms. All bedrooms on Cedars are en-suite. Each floor has additional communal bathrooms and wheelchair accessible toilets. There are communal lounges and dining rooms on each floor and Claremont has an additional lounge. There is also a hairdressing salon, an oratory and a family room with overnight facilities which can be organised through the Home manager. Activity rooms and a smoking room for residents are also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	125
--	-----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 February 2025	07:50hrs to 16:00hrs	Sinead Lynch	Lead
Thursday 27 February 2025	07:50hrs to 16:00hrs	Sarah Armstrong	Support
Thursday 27 February 2025	07:50hrs to 16:00hrs	Sheila McKeivitt	Support

What residents told us and what inspectors observed

Inspectors spoke with many residents living on each of the four floors of the centre. The feedback from all those spoken with and from those who had completed and returned satisfaction questionnaires, was overwhelmingly positive.

Residents appeared content living in the centre. Inspectors observed residents pottering around their bedrooms, reading the morning newspapers while having their breakfast in bed. Some residents were up enjoying their breakfast in one of the many dining rooms. They said they could eat their meal where ever they wanted.

Staff across all disciplines were observed speaking with residents kindly and respectfully, and interacting with them in a friendly manner. The inspectors observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Relatives said there were no restrictions on visiting. The inspectors observed that there was an open visiting policy in place. There were arrangements for residents to receive visitors in private.

The inspectors observed breakfast and lunchtime service and saw that there were staff available to assist residents in the dining rooms and in their bedrooms. Residents had a choice of meals and each dining room table had a menu on it displaying the choices available for each meal. Condiments, sauce bowls and drinks were available on each of the dining room tables. The service provided was conducive to promoting residents' independence.

Residents told the inspectors that they saw their general practitioner (GP) when they required and inspectors saw that each resident had a six monthly full GP review completed. Relatives spoken with said that the communication between the nursing staff, the residents and families was good and they were kept informed of updates on their loved one and life in the centre.

Residents had the planned time table of activities delivered to their bedroom; it included quizzes, art and music and the residents had a choice to attend all or any of those, as was their preference. Some residents were observed participating in what looked like a very interactive ball game in one of the communal rooms. Inspectors also saw that those residents who choose to stay in their bedroom had access to television, radio and Internet connection whilst others were receiving a foot massage. All residents observed residing in their bedroom had access to a call-bell.

Inspectors also observed that while premises were comfortable and homely, improvements were required in relation to ventilation in some areas, as well as the general maintenance and repairs in respect of call-bells or door handles.

While inspectors observed many positive changes in the designated centre since the last inspection, some further improvements were required in relation to the oversight of practices. These are discussed further under Regulation 23: Governance and Management.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good, well-resourced centre with robust governance and management arrangements which ensured residents were supported to enjoy a good quality of life. This was an announced inspection which took place over one day, to monitor ongoing compliance with the regulations.

Firstcare Beneavin House Limited is the registered provider for Firstcare Beneavin House. The senior management team consisted of a Chief Operating Officer and a Regional Director.

There was a clearly defined management structure in place with clear lines of accountability. On the day of inspection the person in charge was supported by two assistant directors of nursing (ADON), clinical nurse managers (CNM) and a team of nurses and healthcare support staff. To support the management team there was a regional director present on the day of inspection.

Although the management structure was found to be robust, further improvements were required in relation to the oversight of premises and practices and the proactive creation and implementation of action plans based on audit findings. These are discussed further under Regulation 17: Premises and Regulation 23: Governance and management.

An annual review was available and reported the standard of services delivered throughout 2024 and included a quality improvement plan for 2025. It included feedback from residents and relatives.

The registered provider had implemented measures to ensure the centre and the residents living in the centre were safe from the risk of fire. They had been proactive in ensuring all the required works in relation to fire safety were completed since the last inspection.

There was a complaints policy and procedure in place in the centre. This was updated as required. The complaints register was reviewed by inspectors. The provider and person in charge had followed the procedure in relation to the process for responding to complaints.

The registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents and staff were knowledgeable regarding the residents' needs. Residents' call-bells were answered to promptly and residents were appropriately supervised in communal areas.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff training records were maintained and a review of the records confirmed that all staff had attended training in manual handling and fire safety.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding improvements implemented since the last inspection, further strengthening in relation to the management systems and ensuring that the service is effectively monitored was required. For example:

- Medication audits identified five weeks prior to the inspection that medication that was no longer required was not timely returned to the pharmacy. However, on the day of inspection medication for two residents who no longer resided in the centre continued to be stored in the medication store.
- Environmental audits identified that the clinical room temperature was high five weeks prior to the inspection; this was not rectified and no action put in place to address the issue which posed a risk to the efficacy of the medicines stored in that room. The temperature on the day of inspection remained high.

- On the day, the inspectors observed that the temperature of the medication fridge was reading well above the required temperature for medication to be stored; this was due to the thermometer being broken and was highlighted on the day of inspection by inspectors. Records of the last temperature checks completed by staff on the previous night showed acceptable temperature levels.
- The oversight of premises required review as further detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements. There was a nominated review officer available if required. The procedure for making a complaint was displayed around the centre and displayed in each lift.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Overall, care was found to be delivered to a high standard and residents enjoyed a good quality of life in this centre. The inspectors observed that residents' rights were upheld and they told inspectors that they were provided with a high standard of care.

The centre was clean, warm, bright and well-decorated throughout. However, some parts of the centre were found to require repair or maintenance input to ensure it was safe and comfortable for the residents living in the centre. This is discussed further under Regulation 17: Premises.

Pre-admission assessments were completed to ensure the provider could meet residents' needs. The sample of care plans reviewed by the inspectors indicated that the care provided to residents was person-centred and met their needs. Residents' care needs were assessed using validated assessment tools as described in their individual care plans. Where risks were identified, the care plans described preventative measures to guide staff actions and prevent incidents or deterioration in health. Where interventions had been prescribed by specialist practitioners these were implemented by staff. A copy of all resident transfer letters were kept on file.

Residents were provided with support that promoted a positive approach to responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). On discussion with the inspectors, staff were familiar with appropriate interventions for individual residents and had good knowledge of individual needs.

Each resident that presented with responsive behaviours had an up-to-date care plan to guide nursing interventions. The behavioural care plans contained person-centred information to effectively guide care. Some residents were prescribed anti-psychotic or mood altering medicines to treat an underlying condition. The inspectors found that the use of a PRN (a medicine taken only as the need arises) was carefully monitored and used as a last resort when other person-centred interventions had failed.

A restraint-free environment was promoted in line with national best practice guidance.

There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. All staff had received training in how to identify and report a concern in relation to abuse. Staff who spoke with the inspectors were very clear about their responsibility to keep the residents safe and confirmed their knowledge of safeguarding.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- One of two call-bells in a communal bathroom was not working. In addition, one bathroom was found to have exposed wire from the call-bell. This may hinder a resident seeking assistance when required.
- One bedroom was found to have a broken socket on the wall, which could pose a risk to health and safety.
- The handle of a door leading out to the balcony was broken, which would restrict access to a resident wanting to use this area.

- The ventilation in bathroom 340 was not working and required review. Furthermore, the ventilation in the clinical treatment room was also ineffective and remained unaddressed despite being identified by the provider's own local audit system.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water in their bedrooms and in communal rooms. Residents had a good choice of food available to them and they had access to drinks and snacks whenever they wanted.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors saw evidence that all relevant information accompanied residents who were transferred out of the centre to another service, and transfer letters were maintained in residents' files.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

All staff have received suitable training in fire prevention and emergency procedures including evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly

identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences. Those residents with wounds had a detailed wound care plan in place and the records reviewed were clear, concise and reflected the condition of the wound each time the dressing was changed.

The assessments and care plans reviewed were updated on a four monthly basis.

There was evidence that residents were consulted about their care planning arrangements at regular intervals.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through residents' own GPs and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was actively promoting a restraint-free environment within the home, in line with national policy. Alternatives to restraint were in use where assessed as being suitable.

A small number of residents exhibited responsive behaviours. These residents' had person-centred care plans in place to support the management of their responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to ensure residents were protected from abuse. All staff had completed the mandatory training in safeguarding vulnerable adults and displayed good knowledge of what constitutes abuse in their conversation with the inspectors. There were safe systems in place to safeguard residents' money. The provider acted as a pension-agent for a small number of residents. Financial

transactions were transparent and a separate account had been created for residents' finances.

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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	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 House OSV-0000694

Inspection ID: MON-0042128

Date of inspection: 27/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Additional training and mentoring has been provided to the nursing team to ensure that all findings from audits are appropriately actioned in a timely manner- complete</p> <p>Increased monitoring of audit findings and actions taken is currently being monitored by the ADONs- complete and ongoing.</p> <p>From 31st March 2025, all audits and action plans will be discussed at monthly Governance meetings to ensure that implementation of action plans is on target and to provide support for any improvements identified.</p> <p>Fridge thermometers have been replaced- complete Daily fridge temperature monitoring, accurate recording & escalation of anomalies has been discussed with the nursing team. Monitoring of compliance is overseen by Clinical Nurse managers- complete and ongoing</p> <p>A review of the temperature in the medication rooms is underway to address the increased temperatures. The findings from this review will determine the course of action required.</p> <p>Daily monitoring of temperatures is in place with discrepancies noted being addressed immediately.</p> <p>Maintenance team have ensured that all vents have been opened fully- complete</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A review of the temperature in the medication rooms is underway to address the increased temperatures. The findings from this review will determine the course of action required.</p> <p>Daily monitoring of temperatures is in place with discrepancies noted being addressed immediately.</p> <p>Maintenance team have ensured that all vents have been opened fully- complete</p> <p>All other maintenance issues identified during the inspection e.g. broken plug socket, exposed wire on call bell, broken handle on door have been actioned and completed.</p> <p>From 31st March 2025, the process of escalation of maintenance issues is now included at morning handovers to ensure all staff are aware and familiar with addressing environmental deficiencies.</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	30/06/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2025