

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Centre address:	Dunmurry East, Kildare Town, Kildare.
Telephone number:	045 534 000
Email address:	beechpark02@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Quesada Developments Limited
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	2

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

From:	To:
24 January 2019 11:25	24 January 2019 18:10
25 January 2019 08:45	25 January 2019 17:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Non Compliant - Moderate
Outcome 09: Statement of Purpose		Compliant
Outcome 12: Notification of Incidents		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. Unsolicited information received by the Office of the Chief Inspector since the inspection in August 2017 was also reviewed and was partially substantiated. Findings are discussed throughout the report.

The directors on the board of the provider company had changed since the last inspection in August 2017. Although some improvements in the governance and management of the service was evident, the findings of this inspection did not provide sufficient assurances that oversight of the quality and safety of the service was effective or informed continuous quality improvement. The inspector found that the local management team and staff were committed to providing a quality service for residents with dementia. However the governance and management of the service required strengthening to ensure the service provided was in line with the centre's statement of purpose.

Prior to the inspection, the provider completed a self-assessment of the level of compliance of the service provided to residents with dementia with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016. The provider identified improvement needed in meeting residents' rights, dignity and consultation needs and self-assessed the service provided as compliant in all other areas.

All interactions and care practices by staff with residents, as observed by the inspectors were person-centered, respectful and kind. While some interactions focused on completing care tasks, for the most part, staff interactions with residents were therapeutic. The inspector met with residents, relatives and staff members. Overall relatives and the majority of residents expressed their satisfaction and contentment with living in the centre. Some residents and relatives expressed dissatisfaction about the relocated residents' smoking area and the lack of associated consultation. The inspector discussed this matter with the provider representative who gave assurances that this information would be followed up on.

The health and nursing needs of residents with dementia were met to a good standard but improvements in residents' care documentation was required to ensure their care needs were informed with a comprehensive care plan that reflected their preferences and wishes. Efforts were being made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre but improvements were necessary to ensure each resident with dementia was supported and facilitated to engage in meaningful activities.

Residents were all accommodated at ground floor level. The centre was bright spacious and with the exception of provision of sufficient sitting room accommodation, provided a therapeutic and comfortable environment for residents with dementia. Some parts of the centre were in need of repainting and minor repair work.

Staffing levels required review to ensure residents' supervision, safety and activity needs were met. A staff training programme was in place but the inspector found that staff had training needs in safe moving and handling procedures, care planning and facilitation of activities to meet the interests and capabilities of residents with dementia. While staff were knowledgeable regarding fire safety and evacuation procedures, a number of staff were not facilitated to attend up-to-date training in fire

safety.

There were policies and procedures available to inform safeguarding of residents from abuse. All staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care. Some improvements were necessary to ensure residents who experienced behaviours and psychological symptoms of dementia (BPSD) were supported.

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to residents' healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3. There were 25 residents in the centre with a confirmed diagnosis of dementia and 16 other residents with symptoms of dementia. Therefore the majority of residents in the centre had dementia care needs. The inspector focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Aspects of care such as nutrition, wound care, medicines management and end-of-life care in relation to these and other residents with dementia in the centre were reviewed.

While some residents with dementia were admitted from their home in the community to continuing care in the centre, the majority of residents with dementia were admitted from local hospitals. The person in charge assessed all residents prior to admission. This gave prospective residents and their family information about the centre and also ensured that the service could adequately meet their care and support needs. Prospective residents and their families were also welcomed to visit the centre to assist them in making an informed decision about their admission.

A comprehensive nursing assessment and a care plan were completed within 48 hours of each resident's admission based on their assessed needs. The nursing assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs among others. The inspector found that the medical and nursing needs of residents with dementia were met to a good standard. Staff who spoke with the inspector were knowledgeable regarding each resident's care preferences. However, residents' care plans did not contain sufficient person-centred detail to inform their individual care preferences and wishes. This finding did not provide sufficient assurances that each resident with dementia was consistently provided with person-centred care. Residents' care plans were reviewed regularly on an ongoing basis. There was documentary evidence that residents and their relatives, where appropriate had provided information and were

involved in care assessments, care plan development and subsequent reviews. Residents with dementia were provided with timely access to health care. The residents' general practitioner (GP) was based in a local practice and visited the centre weekly or more often if required. This enabled some residents with dementia from the local community to retain the care services of the GP they attended prior to their admission to the centre. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, physiotherapy, occupational therapy, optician and chiropody services. Community psychiatry of later life services visited residents with dementia as necessary in the centre.

The files of residents who were transferred to hospital from the centre contained appropriate transfer information about their health, medications and their specific communication needs. Residents discharged back to the centre from hospital had information describing their care and treatment interventions during their hospital admission and directions regarding their ongoing care procedures. Health screening including retinal screening was made available to residents. Residents' vital signs were checked regularly and routine blood screening was completed annually. Residents were provided with annual influenza vaccination.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Two residents were receiving end-of-life care on the days of inspection. While residents' end-of-life care was provided to a satisfactory standard, residents' end-of-life care plans contained limited information regarding their physical, psychological and spiritual care preferences and wishes. Several residents had advanced care directives informing decisions regarding where their end-of-life care would be provided. While there was evidence that staff make efforts to get relevant information that reflected residents' wishes from their relatives or close friends, there was limited evidence that residents with dementia were involved in their advanced end-of-life care decisions. Residents were provided with good support to meet their spiritual needs from local clergy and had access to a spacious oratory for their funeral services if they wished. Residents' pain was closely monitored to ensure any pain experienced was effectively managed. Systems were in place to prevent unnecessary hospital admissions including subcutaneous fluid administration for residents at risk of dehydration.

The nutrition and hydration needs of residents with dementia were met to a good standard. Residents with dementia were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. A small number of residents with dementia experienced unintentional weight loss. Proactive management plans were in place that included regular reviews by a dietician and regular weight and intake monitoring. This monitoring process was implemented to assess the effectiveness of treatment interventions recommended by the dietician. Residents with diabetes were provided with appropriate diets and blood glucose monitoring reflected best practice standards. Blood glucose monitoring frequency and recommended blood glucose level parameters were described in the care plans for residents with diabetes. Residents with dementia who developed swallowing difficulties were referred and reviewed by a speech and language therapist. Nutritional care plans were in place but did not clearly describe recommendations made for individual residents by the dietician and the speech and language therapist where appropriate. Arrangements were in place to communicate

recommendations made by the dietician and speech and language therapist regarding residents' individual dietary and meal preparation needs. Residents with dementia who required modified consistency diets and thickened fluids received the correct diet and their modified meals were presented in an appetizing way. Mealtimes in the dining rooms were social occasions and staff sat with residents while providing them with encouragement or assistance with their meal. Residents with dementia were provided with choice regarding their menus, protective clothing and when and where they ate their meals. Picture menus were being implemented to assist residents with making informed choices regarding their meals. Alternatives to the menu and regular snacks were made available for residents with dementia.

A small number of residents had developed pressure ulcers either before admission or since admission to the centre since the last inspection in August 2017. Each resident had their risk of developing pressure related skin breakdown assessed on admission and regularly thereafter. A tissue viability nursing specialist and the dietician were available to support staff with expert advice and guidance to manage wounds effectively. Effective wound care procedures were in place. Repositioning schedules were in place and residents at assessed risk were assisted to change position at regular intervals and were nursed on pressure relieving mattresses. The frequency with which each resident's position needed changing or the pressure relieving mattress and cushions that should be used was not described in their care plans. The pressures in residents' pressure relieving mattresses were monitored. Occupational therapy services were available for seating assessments when necessary. Several residents were using pressure relieving cushions when resting in the sitting room.

There were arrangements in place to review accidents and incidents within the centre and residents were regularly assessed for their risk of falling. There was a low incidence of residents falling in the centre and sustaining a serious injury. Care plans were in place to inform residents' support and supervision needs needed improvement to ensure the detail provided was reflective of individual resident's needs. Residents' risk assessments, medications and care plans were reviewed and updated to include interventions to mitigate risk of further falls. Resident's independence was promoted by staff and this was optimised with input by the physiotherapy services attending the centre in risk assessment procedures and post fall reassessment.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Residents were protected by safe medicines management procedures and practices. Prescribing and medication reviews met with regulatory requirements and practice observed by the inspector in relation to administration of medicines by staff reflected professional guidelines. The provider ensured that residents had access to the pharmacist responsible for dispensing residents' medicines. The pharmacist completed regular audits in line with their obligations. Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment:

Non Compliant - Moderate

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:

Measures were in place to safeguard and protect all residents from abuse. Training records indicated that staff were facilitated to attend training on the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse and clearly articulated their awareness of their responsibility to report any disclosures, incidents witnessed or suspicions of abuse. There were no safeguarding issues being processed at the time of this inspection. All staff interactions with residents were observed by the inspector to be respectful, courteous and kind. Residents who spoke with the inspector confirmed these observations and stated they felt safe in the centre.

A small number of residents with dementia experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents were supported with managing their responsive behaviours. Staff were aware of individual resident's responsive behaviours, triggers to the behaviours and the most effective strategies to prevent or de-escalate any incidents. However, this person-centred information was not detailed in residents' behaviour support care plans. Specific behaviours were not documented in a manner that facilitated analysis and review. Behaviours were generally documented in the daily narrative notes and not in a behavioural chart where incidents could be analysed and used to inform their behaviour support care plans. This finding is actioned in outcome 1: Health and Social Care Needs. Staff were facilitated to attend training in managing behaviours and psychological symptoms of dementia (BPSD). Residents with dementia had access to psychiatry of later life services and from the cases tracked it was evident that chemical restraint was used as a last resort when all other strategies failed.

Use of restraint, especially restrictive bedrails was closely monitored by the person in charge. Efforts were made to promote a restraint free environment. Foam wedges were recently purchased by the provider and were being tried as alternatives to bedrail use. There was evidence that other less restrictive devices were tried such as low-low beds and crash mats. Assessment of need for bedrails was completed and bedrails were used when alternative equipment and care procedures failed. The period of time full-length restrictive bedrails were in use for individual residents was minimized with regular

removal schedules in place.

The provider kept some residents' money in safekeeping on their behalf. Residents were facilitated with access to their money as they wished. Details of residents' financial transactions were maintained and a sample of balances checked by the inspector was correct. Receipts were retained for any purchases made on behalf of individual residents. The provider was a pension agent for two residents' social welfare pensions and the procedures as described to the inspector reflected best practice and legislative requirements. A record of all visitors to the centre was maintained.

Judgment:

Compliant

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:

There was evidence that residents with dementia were consulted with and were encouraged and supported to participate in the organisation of the centre. Residents' meetings were convened on a six monthly basis. This frequency required review to ensure residents had sufficient opportunity to be involved in decisions regarding the centre that affected their quality of life. For example, the residents' smoking area was relocated without sufficient consultation with residents. Residents were supported to make choices regarding their care procedures, meals and if well enough where they spent their day in the centre.

Residents' privacy and dignity needs were met to a sufficient standard. Staff made efforts to respect residents' privacy and dignity in by closing screen curtains around beds in twin bedrooms and closing bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors.

Residents' activities were provided over seven days by two activity coordinators. The activities scheduled for each day were clearly displayed on a white board in the sitting room. Each resident with dementia had a 'key to me' completed and other information regarding the activities that interested them. The activity staff facilitated one-to-one activities for residents with dementia who did not attend activities in the communal sitting room. However, opportunities for a number of residents with dementia required improvement to ensure they were supported to participate in activities that suited their interests and capabilities. The activity care plans of residents with dementia did not contain sufficient person-centred detail to inform staff about the activities that should be facilitated for them to meet their interests and capabilities. The inspector was told that

residents with dementia were facilitated with an accredited sensory focused activity programme on one day per week. However, access to this activity programme was dependent on the activity coordinator, who was trained in facilitating this activity programme being on duty. Residents with dementia did not have access to a sensory focused programme on either day of the inspection.

The sitting room was overcrowded and although the activities provided were varied and meaningful for many residents, a number of residents with dementia were unable to participate in them. The inspector was told that the oratory was used as an alternative quieter area to the sitting room for facilitating small group activities for residents with dementia. However, no activities were facilitated in this venue on the days of inspection. Although many of residents with dementia had sensory based activity needs, sensory equipment was not made available to them in line with best practice in dementia care. For example, tactile blankets and rummage boxes. The activity coordinator facilitated activities for residents in the sitting room on the days of inspection. The activity coordinator was the only staff member in the sitting room for prolonged periods and was periodically engaged in assisting residents with care. This arrangement did not support the activity coordinator to meet the needs of all residents with dementia in the sitting room or to facilitate residents' activities without interruptions.

Residents with dementia were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks. Residents were satisfied with opportunities for religious practices.

There were no restrictions on visitors and there were several seated alcoves off corridors where residents could meet their visitors in private if they wished. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers. Newspaper reading was an activity facilitated by the activity coordinator for residents.

Judgment:

Non Compliant - Moderate

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 system in place to ensure that the complaints of residents with dementia or their representatives were listened to and acted upon, and that they had access to an

appeals procedure. There was evidence that complaints were taken seriously and feedback was welcomed.

The complaints procedure was displayed in the centre and was summarised in the residents' guide made available to each resident. The person in charge was the nominated complaints officer for the centre. The inspectors found that residents and their families knew how to make a complaint. Dissatisfaction with the smoking facility provided for residents was under investigation at the time of the inspection and the provider was working to resolve it. Complaints were recorded and evidence of investigation was also available. Although the records confirmed that the outcome of investigations was communicated with complainants, their satisfaction with the outcome was not consistently recorded.

Learning from investigation of complaints informed improvements in service provision. A person, other than the complaints officer was assigned to review the process to ensure complaints were appropriately managed in line with the centre's policy. Advocacy services were available to assist residents with making a complaint if necessary.

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:

Based on observations and the inspection findings, a review of staffing was necessary to ensure there were sufficient numbers of appropriately skilled staff to meet the assessed needs of residents, particularly during the period up to lunch time. The inspector noted residents' call bells were ringing for prolonged periods during the mornings on both days of inspection. A small number of residents also told the inspector that on occasions, they waited for prolonged periods for assistance from staff. The timeliness with which staff responded to residents' call for assistance was not audited. The inspector observed that residents' activities were interrupted as the activity coordinator was periodically engaged in assisting residents with meeting their hydration needs.

Staff were supported to care for residents' diverse needs through ongoing supervision and access to training and education. However, improvements were required to provide care staff with the skills to support the activity coordinator in meeting the one-to-one or small group social and recreational needs of residents with dementia. Although staff training in dementia care was ongoing, staff training and guidance was needed to ensure residents' behaviours and psychological symptoms of dementia were tracked and

analysed to comprehensively inform their support and care needs. Staff also had training needs in person-centred care planning for residents.

Although staff were facilitated to attend mandatory and professional training, not all staff had up-to-date fire safety training completed. Staff training in safe moving and handling procedures required review as the inspector observed several occasions, where moving and handling of residents by staff did not reflect recommended best practice procedures.

The inspector examined a sample of staff files and all information as required by schedule 2 of the regulations, including evidence of completed vetting by the National Vetting Bureau was available in each file. The provider representative confirmed that all staff working in the centre had appropriate vetting procedures completed.

Judgment:

Non Compliant - Moderate

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:

Residents' accommodation is provided at ground floor level throughout in 33 single and seven twin bedrooms. All single bedrooms have en-suite toilet, shower and wash basin or toilet and wash basin facilities fitted. Four twin bedrooms have an en-suite toilet, shower and wash basin fitted. Three twin bedrooms have a wash basin fitted in their bedroom and access to communal toilet and washing facilities within close proximity to their bedrooms.

The layout and design of residents' bedrooms met their needs to a good standard. However, the layout and design of residents' sitting room accommodation did not meet the collective needs of residents with dementia. While there was a spacious seating area open to the circulating corridor and a seating area in the reception, residents were provided with one communal sitting room. A spacious oratory was available which, the inspector was told was used on a weekly basis for facilitating an activity programme for residents with dementia. The communal sitting room was overcrowded and an alternative sitting room that would benefit residents with dementia with needs for a quieter environment was not available. A spacious dining room was available within close proximity to the communal sitting room and adjacent to the centre's kitchen.

A spacious, safe and secure outdoor garden was provided that was attractively landscaped with shrubs, small trees and cobble-locked winding pathways. The garden

was accessible from a number of doors along the corridors. Outdoor seating was available at various points in this outdoor area for residents' comfort. The centre was warm and comfortable. There was good use of natural lighting and the centre was comfortably furnished. Floor covering was bright and had no bold patterns.

The centre fabric was brightly painted but repainting was necessary to walls along circulating corridors and the walls in some residents' bedrooms. The surface on some doorframes was also damaged from passing equipment. Areas in one communal toilet needed repair. Accessibility for residents with dementia around the centre was optimised with handrails in contrasting colours to surrounding walls along all corridors. Toilet seat fittings were also in a contrasting colour. Grab rails were appropriately provided in toilets but additional grab rails were seen to be needed in residents' showers. Call bells were in place in bedrooms, toilets and bathrooms and communal areas. Assistive equipment was available to support residents with dementia as required.

Staff engaged with individual residents and worked to make the centre homely and an interesting place for them to live in. There was evidence of some effort made to make the centre comfortable for residents with dementia. For example a traditional kitchen dresser was in the dining room. However, there was opportunity for improvement of the communal environment with displaying residents' artwork in picture frames and increased use of lamps in seated areas and furnishings and memorabilia that is familiar to residents with dementia. Residents with dementia were encouraged to personalize their bedrooms. Several residents had family photographs, small items of furniture from home and possessions of importance to them displayed. While clocks were in place in communal areas, a small number did not display the correct time. Orientation notice boards were used to support residents with dementia. While signage was clear on doors to key areas, use of colour on the doors to key areas such as toilets would further support residents with dementia with accessing the centre.

Each bedroom had sufficient storage facilities. The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were measures in place to protect residents from risk of fire in the centre but improvements were required. The staff training records evidenced attendance of all staff at twice annual fire training. Each resident had a personal emergency evacuation plan completed that assessed their evacuation needs and supports in the event of an emergency. These assessments took account of residents with dementia or other cognitive problems. The inspector was told and some documentary evidence was available that simulated emergency evacuation drills were completed to ensure sufficient resources were available during the day and at night to evacuate residents to a place of safety. However the information in the documentation made available to the inspector did not provide sufficient assurances that residents would be safely evacuated in an emergency.

A fire prevention checking procedure was in place completed by the staff in the centre. While checking that fire exits were clear of obstruction was checked regularly, this was not done on a daily basis. The inspector observed that one fire exit was obstructed by items of equipment on the second day of the inspection. Weekly checks to ensure the fire alarm and fire exit doors were functioning was completed. Evidence of quarterly servicing by a service contractor was available. Staff spoken with were aware of the procedures for evacuation of residents in the event of a fire in the centre. However, the staff fire training records referenced that 16 staff were not facilitated to attend up-to-date training in fire safety.

The centre's safety statement was not up-to-date and required review. A risk management policy was available. Hazards were identified, risk assessed and controls were described to mitigate levels of assessed risk. However, this was not informed by a proactive review of risk management as the last review of the register of hazards and concomitant controls was recorded as being done in 2011. The process was also not informed by regular audits of the environment. Measures and actions in place to control the risks specified in Regulation 26 (1)(c) were also not described. These findings did not provide sufficient assurances that risk was comprehensively managed in the centre.

While staff were facilitated to attend training in safe moving and handling of residents, the inspector observed several occasions, where moving and handling of residents by staff did not reflect recommended best practice procedures. This finding is actioned in Outcome 6: Suitable Staffing.

There were measures in place to control and prevent infection. Hand hygiene dispensers were located at various points throughout the centre. Staff were observed to complete hand hygiene practices as appropriate on the days of inspection. Environmental cleaning reflected best practice procedures. However the centre's cleaning trolley and cleaning equipment were heavily soiled. This finding was not in line with the infection prevention and control standards.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Systems in place to monitor the quality of the service needed to be strengthened. In addition the provider failed to submit notifications to the office of the Chief Inspector within the required timelines. The directors on the provider company changed since the last inspection. Notification of this change in directors was submitted to the Chief Inspector in the days following the inspection but had not been submitted within the required timelines. The registered provider had reviewed the management structure of the centre and implemented monthly governance and management meetings to review the service. These meetings were minuted and evidenced that key aspects of the service were reviewed and discussed. However this review process was not informed by a robust system for monitoring the quality and safety of the service. While some areas of the service provided were audited, the information collated was not analysed, action plans were not developed to inform a process of continuous quality improvement. The audits completed were not picking up areas identified on inspection as needing improvement. Consequently these cumulative findings did not provide sufficient assurances that there were appropriate systems and processes in place for effective oversight of this service by the provider.

The person in charge was in the post in July 2018 and met the regulatory requirements in terms of experience in a management role and in caring for older persons and was mid-way through completion of a post graduate degree in management. Support for the person in charge in her role was in place. The person in charge collated information on key clinical indicators which were reviewed at the governance and management meetings. The person in charge was knowledgeable regarding the regulations and standards.

The provider was in the process of preparing an annual review of the quality and safety of the service in consultation with residents for 2018.

Judgment:

Non Compliant - Moderate

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 statement of purpose was recently revised and was forwarded to the Office of the Chief Inspector. The revised document detailed the information as required by schedule 1 of the regulations

Judgment:
Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

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

Findings:
There were four incidents of residents falling in centre that necessitated their transfer to hospital for further assessment. These incidents were not notified to the Chief Inspector as required. The person in charge notified these incidents immediately and is aware of the regulations regarding notification of incidents.

Quarterly reports notifying specified events were forwarded to the Office of the Chief Inspector as required.

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 report¹

Centre name:	Beech Park Nursing Home
Centre ID:	OSV-0000012
Date of inspection:	24/01/2019
Date of response:	27/02/2019

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:

Residents' care plans did not contain sufficient person-centred detail to inform their individual care preferences and wishes. This finding did not provide sufficient assurances that each resident with dementia was consistently provided with person-centred care.

Staff were aware of individual resident's responsive behaviours, triggers to the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

behaviours and the most effective strategies to prevent or de-escalate any incidents. However, this person-centred information was not detailed in residents' behaviour support care plans.

Residents' episodes of responsive behaviours were generally documented in the daily narrative notes and not in a behavioural chart where incidents of behaviour could be analysed and used to inform their behaviour support care plans.

The activity care plans of residents with dementia did not contain sufficient person-centred detail to inform staff about the activities that should be facilitated for them to meet their interests and capabilities.

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:

Undertaking complete review and adapting necessary changes to make care plans more person centred. Care plans will be audited to ensure the improvements are implemented. An ABC chart commenced for responsive behaviours 04/03/2019 and we are awaiting confirmation of a mutually suitable date for the first week in April for care planning training. (Confirmed for 05/04/2019). Responsive behaviours and activity care plans will be reviewed and implemented by 10/04/2019.

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:

While there was evidence that staff make efforts to get relevant information that reflected residents' wishes from their relatives or close friends, there was limited evidence that residents with dementia were involved in their end-of-life advanced care decisions.

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:

Residents will be consulted for discussion regarding end of life advanced care decisions. A determination will be made based on the individual resident and their ability to express their preferences and how much they can realistically benefit from being present. This evidence will be documented in their care plan.

Proposed Timescale: 30/06/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The frequency with which each resident's position needed changing or the pressure relieving mattress and cushions that should be used was not described in their care plans.

3. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Better description of positioning and equipment needed has been documented in care plan. Staff have been advised of the changes.

Proposed Timescale: 04/03/2019

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While residents' end-of-life care was provided to a satisfactory standard, residents' end-of-life care plans contained limited information regarding their physical, psychological and spiritual care preferences and wishes.

4. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

Residents will be consulted for discussion regarding end of life advanced care decisions. A determination will be made based on the individual resident and their ability to express their preferences and how much they can realistically benefit from being present. This evidence will be documented in their care plan.

Proposed Timescale: 10/04/2019

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:

The sitting room was overcrowded and although the activities provided were varied and meaningful for many residents, a number of residents with dementia were unable to participate in them.

5. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:

Some unnecessary furniture has already been removed to alleviate overcrowding. Full review of activities is to be undertaken in consultation with activities co-ordinators, to include looking at opportunities to relocate some activities to other areas within the nursing home

Proposed Timescale: 30/04/2019

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Opportunities for a number of residents with dementia required improvement to ensure they were supported to participate in activities that suited their interests and capabilities. Residents with dementia did not have access to a sensory focused programme on either day of the inspection.

Although many of residents with dementia had sensory based activity needs, sensory equipment was not made available to them. For example, tactile blankets and rummage boxes.

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:

Full review of activities is to be undertaken in consultation with activities co-ordinators. As training was completed on the Sonas programme in March 2019, we will develop and include further sessions in our schedule going forward. We will purchase necessary sensory equipment including tactile blankets, rummage boxes etc. and any additional equipment required

Proposed Timescale: 30/04/2019

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Residents' meetings were convened on a six monthly basis. This frequency required review to ensure residents had sufficient opportunity to be involved in decisions regarding the centre that affected their quality of life.

7. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:

Meeting was held on March 14th, 2019 at which residents were advised about upcoming survey to determine their preferences and to obtain feedback on communication methods currently used and where improvements are needed. The pharmacist also attended to answer any questions.

Proposed Timescale: 14/03/2019

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:

Although the records confirmed that the outcome of investigations were communicated with complainants, their satisfaction with the outcome was not consistently recorded.

8. 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:

All complaints have been followed up satisfactorily and complainants satisfaction or otherwise has been recorded. The practice did not require revision as the system of follow up in place was not properly demonstrated on the day of inspection and has operated for some time.

Proposed Timescale: 11/03/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Based on observations and the inspection findings, a review of staffing was necessary to ensure there were sufficient numbers of appropriately skilled staff to meet the assessed needs of residents, particularly during the period up to lunchtime.

- Residents' call bells were ringing for prolonged periods during the mornings on both days of the inspection.

- Residents' activities were interrupted as the activity coordinator was periodically engaged in assisting residents with meeting their care needs.

9. 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:

Audits planned for call bells and activities. Staffing requirements will be reviewed based on the outcome and as is current practice, will be continually reviewed to ensure we meet the assessed needs of the resident.

Proposed Timescale: 31/03/2019

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

- improvements were required to provide care staff with the skills to support the activity coordinator in meeting the one-to-one or small group social and recreational needs of residents with dementia.

- staff training in dementia care was ongoing, staff training and guidance was needed to ensure residents' behaviours and psychological symptoms of dementia were tracked and analysed to comprehensively inform their support and care needs.

- staff had training needs in person-centred care planning for residents.

- staff training in safe moving and handling procedures required review as the inspector observed several occasions, where moving and handling of residents by staff did not reflect recommended best practice procedures.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Training planned as follows: Dementia and MRB – 04/04/2019, Person centred care planning – 05/04/2019, Refresher Manual Handling and Patient Moving – 28/03/2019.

Proposed Timescale: 30/04/2019

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 layout and design of resident's sitting room accommodation did not meet the collective needs of residents with dementia.

There was opportunity for improvement of the communal environment with displaying residents artwork in picture frames and increased use of lamps in seated areas and furnishings and memorabilia that is familiar to residents with dementia.

11. 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:

Plan to improve comfort and appearance of designated seating area and engage with activities co-ordinators to improve use of same for residents with dementia. Residents will be consulted about their preferences at meeting scheduled for 14/03/19

Proposed Timescale: 30/04/2019

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Additional grab rails were seen to be needed in residents' showers.

Repainting was necessary to walls along circulating corridors and the walls in some residents' bedrooms. The surface on some doorframes were also damaged from passing equipment. Areas in one communal toilet needed repair.

12. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Following a review of the grab rails by Tom Ryan, they appear adequate with two in each shower. Maintenance plan has been reviewed and repairs are ongoing.

Proposed Timescale: 30/09/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The inspector was told and some documentary evidence was available that simulated emergency evacuation drills were completed to ensure sufficient resources were available during the day and at night to evacuate residents to a place of safety. However the information in the documentation made available to the inspector did not provide sufficient assurances that residents would be safely evacuated in an emergency.

13. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Fire drills will be completed with fire training sessions on March 14th and March 21st. New ski pads have been purchased to improve the evacuation process. The HIQA guidelines will be used to inform improvement. Fire drills are already taking place and will continue, therefore this is an area which is under constant review.

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Hazards were identified, risk assessed and controls were described to mitigate levels of assessed risk. However, this was not informed by a proactive review of risk management as the last review of the register of hazards and concomitant controls was recorded as being done in 2011. The process was also not informed by regular audits of the environment.

14. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:

Review Health and Safety Statement and increase number of audits undertaken. Clinical risks will also be included. This area may require some outside professional assistance as it is our intention to develop it further to help inform action required in Outcome 8, where information is used to inform improvements.

Proposed Timescale: 31/05/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Measures and actions in place to control the risk of abuse specified in Regulation 26 (1)(c) were not described in the risk register. .

15. Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:

Add to risk register and staff will be informed at daily handover.

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Measures and actions in place to control the risk of unexplained absence of a resident as specified in Regulation 26 (1)(c) were not described in the risk register.

16. Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:

Add to risk register and staff will be informed at daily handover by 31/03/2019. Daily checks are carried out to ensure all residents are present. We will schedule a missing person drill.

Proposed Timescale: 30/04/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Measures and actions in place to control the risk of accidental injury to residents as specified in Regulation 26 (1)(c) were not described in the risk register.

17. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:

Add to risk register and staff will be informed at daily handover.

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Measures and actions in place to control the risk of aggression and violence as specified in Regulation 26 (1)(c) were not described in the risk register.

18. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

Please state the actions you have taken or are planning to take:

Add to risk register and staff will be informed at daily handover.

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Measures and actions in place to control the risk of self-harm as specified in Regulation 26 (1)(c) were not described in the risk register.

19. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management

policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:

Add to risk register and staff will be informed at daily handover

Proposed Timescale: 31/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The centre's cleaning trolley and cleaning equipment were heavily soiled. This finding was not in line with the infection prevention and control standards.

20. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Issue addressed with housekeeping and cleaning refresher course has been completed and item added to the housekeeping infection control audits.

Proposed Timescale: 14/02/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

While checking that fire exits were clear of obstruction was checked regularly, this was not done on a daily basis. The inspector observed that one fire exit was obstructed by items of equipment on the second day of the inspection.

21. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

Clear responsibility delegated for daily checklist of fire exits, storage in kitchen corridor has been reviewed and requirement to keep fire exits clear already included in training.

Proposed Timescale: 21/03/2019

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Staff fire training records referenced that 16 staff were not facilitated to attend up-to-date training in fire safety.

22. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

Refresher training scheduled 14/03/19 and 21/03/2019.

Proposed Timescale: 21/03/2019

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 service review process was not informed by a robust system for monitoring the quality and safety of the service. While some areas of the service provided was audited, the information collated was not analysed, action plans were not developed to inform a process of continuous quality improvement. The audits completed were not picking up areas identified on inspection as needing improvement. Consequently these cumulative findings did not provide sufficient assurances that there were appropriate systems and processes in place for effective oversight of this service by the provider.

23. 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:

The management team will undertake a review and investigate a quality management model that will assist in collating the information gathered. It is envisaged this will be

quality information which can be used to review each area and develop action plans to improve the quality of our service to the resident.

Proposed Timescale: 30/06/2019