



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 February 2019
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0024178

About the designated centre

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

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 66 single and 2 double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

The following information outlines some additional data on this centre.

Current registration end date:	31/05/2021
Number of residents on the date of inspection:	65

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 February 2019	08:25hrs to 16:40hrs	Michael Dunne	Lead

Views of people who use the service

The inspector spoke with several residents during the inspection and found high levels of satisfaction with the quality of care provided and the helpfulness of staff. The inspector observed staff interacting with residents and noted that resident's autonomy and choice was respected and promoted. Residents mentioned that staff were helpful and provided personal care assistance in the manner residents liked. Residents were also happy with support given to maintain their health and in particular support to see the GP.

Residents were observed having their lunchtime meal and those spoken with afterwards said that they enjoyed the food and the choice available. They told the inspector that if you did not like a meal then staff would ensure that it was changed for something that you liked. Residents said that if they wanted they could arrange for your meal to be served in their room.

Residents told the inspector that staff do a good job ensuring that their room was cleaned and also mentioned that the laundry service was good. They said that if something needed fixing in their bedroom then the maintenance staff would fix it for them without delay.

The activity programme was on display in the centre and those residents spoken with said that they were happy with the activities on offer and they particularly liked one to one activities. Residents were complimentary of the volunteer who arranged walks into the local village on a regular basis.

Residents felt that their voice could be heard in the centre and that their views were listened to and respected. They said that they were aware of the residents meeting held every two months and that they could attend if they wished.

Capacity and capability

Overall this was a well managed centre providing good quality care to its residents. There was a statement of purpose in place which clearly identified the services that were offered to residents. Resident placement contracts were reviewed and all found to be in order.

There was a stable management structure in place which facilitated and enabled effective care interventions for residents. The centre had a person in charge (PIC) who was in position for over two years and was supported by a team comprising of two clinical nurse managers (CNM) nurses, physiotherapist, care and housekeeping

staff. Additional oversight and support was given by the general manager who was also the registered provider representative.

The centre had structured meetings in place to ensure the effective governance of the centre. Review of clinical and non clinical audits occurred on a regular basis and helped form part of the centres key performance measurement criteria. Regular face to face consultation with residents and families and information accessed through satisfaction surveys also featured in the centres annual plan and plan for service improvement.

The inspector found that there were appropriate numbers of staff with the necessary skill mix to meet the needs of the residents. There was evidence of regular supervision and support from management to enable staff to deliver safe and effective care to the residents. There was a training programme in place to support continuous development of staff knowledge. The inspector also found that the centre was using their own existing staff resources to fill staff absences when they were unable to access additional support. Although the centre was ensuring that staffing gaps were filled, it will need to review and explore how they can access appropriate cover for staff absences from outside of the existing team. This will ensure that staffing numbers are at the same level as described in the statement of purpose.

The centre had a complaints policy in place to guide anyone who wished to make a complaint. The policy was clear and set out in plain terms how one would go about making a complaint, it was also advertised in the centres statement of purpose and in the centre. There were no complaints received in 2018 or 2019 but complaints received in 2017 were seen to be investigated thoroughly and the required feedback issued.

Regulation 15: Staffing

The inspector found that there were the appropriate numbers of staff with the necessary skill mix to meet the needs of the residents. There was sufficient supervision and support from management to enable staff to deliver safe and effective care to the residents. There were qualified nurses on site at all times to provide clinical oversight and guidance to care staff. Additional ancillary staff provided catering, cleaning, maintenance and activity support to the home. The inspector noted a high turnover of health care assistants and management were looking at innovative ways of addressing this issue.

The inspector reviewed planned and worked rosters and noted that the centre was sometimes encountering difficulties in covering staff absences. The centre was using their own existing staff resources to back fill these absences. Although the centre was ensuring that any staffing gaps were filled, it will need to review how they can access appropriate cover from outside the existing team as some shifts did not provide expected staff levels.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an extensive training programme in place including arrangements for access to training up to July 2019. This training consisted of a range of mandatory and non mandatory training. Records examined indicated that staff were attending fire training, moving and handling and safeguarding training on a rolling basis. This training was supplemented by staff attending courses in Dementia and communication, Infection control, nutrition, restraint, responsive behaviours. Discussions with staff throughout the day confirmed their attendance at a range of training and staff were confident that they were able to their transfer learning to day to day practice. Training records were well maintained and easily accessible.

Judgment: Compliant

Regulation 21: Records

There was a good standard of record keeping in the centre. All records requested were readily accessible for the inspector to examine. Records seen were clear and maintained to a high standard. Records were stored on a computer system and in hard copy format. Records were stored securely and maintained in a manner to satisfy the requirements of the GDPR. The centre had made improvements since the last inspection with regard to ensuring all staff had the required garda vetting to work in the centre. All staff records seen on this inspection had the required garda vetting documentation in place in conjunction with references, qualifications and employment histories.

Judgment: Compliant

Regulation 23: Governance and management

There was a well defined, clear, stable management structure in place to support the effective running of the centre. The person in charge (PIC) had managed the service for over two years and they were supported by and assistant director of nursing (ADON) and by two clinical nurse managers (CNM). The management team were also supported by the general manager and registered provider representative who had direct links into the board of directors. There were weekly meetings in place to discuss the performance of the centre and to identify areas of

good practice or provide support where needed.

There were a range of systems in place to monitor key performance indicators including the use of resources, quality of health and social care interventions. The centre was using audits to assist this process with a focus on falls prevention, restrictive practices, resident weights, pressure ulcer care and wound care.

The building was in good repair and there were maintenance contracts in place to maintain the fabric of the building. Staff records were checked and all those seen contained all the required information as per regulations. The centre had an annual plan of quality and safety in place which was produced taking into account the views of residents and family members which was accessed through satisfaction surveys.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The centre had an agreement in place for each resident in the form of a written contract. All contracts seen were witnessed and signed either by the resident or by a family representative. The terms and conditions of the contract were clear indicating levels of fees for the placement and for ancillary services such as activities. The contract also made reference to provisions of services for residents in receipt of the nursing homes support scheme. The centre was clear with regard to its duties and responsibilities when supporting residents funded under this scheme.

Judgment: Compliant

Regulation 3: Statement of purpose

A written statement of purpose was in place and it set out clearly the services and facilities on offer by the centre and was found to meet the requirements of the regulations. This document also gave information about staffing levels and on how a resident could make a complaint, it also described the aims and objectives and ethos of the centre.

Judgment: Compliant

Regulation 30: Volunteers

The centre had one volunteer providing activity support to the residents. The volunteer had worked in the centre for a number of years and knew the residents

very well. They were observed engaging and supporting residents with activities in a supportive way. Records seen indicated volunteer's received the necessary supervision from management and the centre had the required recruitment arrangements in place.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which met the requirements of the regulations. The policy was displayed in a prominent position on the ground floor. Information on the centres complaints policy could also be found in the statement of purpose and was explained to residents at the point of admission to the home. Records seen showed that there were no complaints recorded for 2018 or 2019. Complaints received in 2017 were thoroughly investigated and processed according to the policy. Residents who required support to raise a complaint received assistance to do so, and the centre had a pro-active approach to resolving concerns and issues before they turned into an official complaint. Records also indicated that management reviewed and analysed complaints received with a view to identifying trends to improve practice.

Judgment: Compliant

Quality and safety

There were good health care outcomes for residents using the service. Residents spoken with confirmed that staff ensured that their health and social care needs were met. There was evidence that a robust pre assessment of residents needs underpinned effective care planning and formed the basis of effective intervention. The centre used a number of evidence based nursing tools to assist this process. Care plans reviewed showed they contained sufficient detail for them to be followed and implemented fully. When resident needs changed, the relevant care plans reflected this, in particular where specialist advice on treatment was given the care plan reflected this guidance. There was also evidence that residents played an active role in their care plan construction and where they were unable to engage support was given.

The centre had well established links with community services for psychiatric and psycho geriatric input. There were arrangements in place for a GP to visit three times a week although residents could choose their own GP if they wanted. Agreements were in place for accessing primary health care services such as opticians, chiropodists and dentists. Referrals for occupational therapy services were

processed by the centres physiotherapist whilst there were arrangements to access allied health care professional such as dietician and speech and language therapists.

The centre was well presented and clean. There were maintenance contracts in place to ensure equipment was regularly serviced and maintained. There were examples where storage had improved, it was seen that oxygen cylinders were now stored in a safe manner. Improvements were also noted with regard to signage in the home as it was now easier to orientate around the building. There were a number of internal and external communal spaces available to residents to access including a conservatory, sitting rooms on each floor, and an outside garden

There was a risk register in place and arrangements for the regular assessment of risks both clinical and non clinical were in place. The auditing of risks was carried out on a regular basis to identify trends so that risks could be reduced or eliminated. Staff spoken with were aware of the risk register and of their role in the contributing to risk assessment and risk management.

Residents were complimentary about the provision, quality and choice of food on offer. Inspectors observed residents being supported with having their meal, and this was done in a sympathetic manner showing awareness of resident specific needs. There was evidence that residents could access additional food and drink through the day. Discussion with catering staff confirmed that they were able to provide special diets if needed and good communication with nursing staff around dietary requirements was also noted.

The centre ensured that their staff received mandatory fire training within the stated time frame of one year. The centre carried out regular fire drills and were analysing findings from these drills to improve practice. Fire systems and equipment were monitored and serviced on a regular basis. There were good fire monitoring practices in operation day to day at the centre however there were others that needed improvement such as the daily fire check of fire doors which was not addressing aspects of poor practice whereby half doors not linked to the fire system were left open.

Regulation 17: Premises

Resident accommodation was provided over three floors, lower ground, ground and first floors. Resident rooms were seen to be tastefully decorated and contained the required seating and storage requirements and the majority had en suite facilities. The centre was decorated to a high standard and there was an effective cleaning programme in place. There centre was adequately lit and now had appropriate signage in place to orientate staff and residents around the building. The storage of oxygen cylinders now met the required guidelines. Moving and handling equipment was observed to be stored in its allocated space and was well maintained. The centre had its own maintenance personnel and routine day to day maintenance issues were resolved without delay. There were adequate spaces

available for residents to meet friends or relatives in private.

Judgment: Compliant

Regulation 26: Risk management

There was an extensive list of policies relating to health and safety and risk management. The centre had a risk register in place which contained both clinical and operational risk assessments. These assessments were reviewed on an annual basis or as and when required. Risk assessments were constructed according to best practice guidelines with hazard identification, introduction of control measures and risk reduction or elimination. Discussion with staff members confirmed their awareness of risk assessments and the responsibility that they have in maintaining a safe environment. A health and safety committee consisting of members from all departments comprising of clinical and non clinical members of staff meet every quarter to review health and safety issues.

Judgment: Compliant

Regulation 28: Fire precautions

Records seen showed that staff had received the required fire training and there was a rolling training programme in place to ensure staff received this training regularly. There was evidence that the centre completed fire evacuation drills twice yearly and that learning and feedback from these drills was achieved and implemented. Immobile residents or residents with mobility problems had a personal emergency evacuation plan in place for safe evacuation. Fire exits were clearly marked and it was noted that good fire signage was observed throughout the building.

The centre had a fire register in place and the fire procedure identified a nominated fire support person each day to support with implementing this procedure. Discussions with staff indicated that they were aware of the fire procedures in the building and were able to explain how they would support an evacuation if required.

The centre had a contract in place with a fire management company to review and maintain fire equipment and recent checks were noted for fire extinguishers (01/11/18), fire system check (04/12/18), emergency lights(08/01/19).

The centre also had a range of daily, weekly and monthly fire checks in place, however these checks require review as they did not identify poor practice with regards to leaving resident room doors open so that in the event of a fire alarm

activation they would not provide the necessary fire protection. In addition poor practice was identified where waste bins were placed underneath fire extinguishers, these were removed immediately by staff when it was identified.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A number of resident care plans were reviewed and it was found that they were based on a comprehensive assessment of their needs. Care plans examined contained sufficient detail and guidance on how residents needs were to be addressed and monitored. It was observed that care plans were produced in conjunction with the resident and were mindful of the residents preferences. Care plans were reviewed within the appropriate timescales or as and when required. A number of care plans were seen to incorporate guidance issued by health care professionals

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were assessed using a number of evidenced based nursing tools. Care plans were produced on the basis of these assessments and incorporated professional guidance and treatment plans. The inspector saw evidence of timely referrals to specialist services and noted that the centre had established good working relationships with a number of statutory and non statutory services. The centre had arranged access for its residents to a range of primary health care services such as dentists, chiropodists, and opticians. Referrals were also seen to dietitians, tissue viability nursing services, and speech and language therapists. Access to psychiatry services was in place through referrals to a local health centre and for psycho geriatric input by referring to a local Hospital.

The centre also had access to a physiotherapist every other day and they also made referrals for occupational therapy input to the Health Services Executive (HSE). Residents were also supported to access the national screening programme operated by the HSE. Residents who wanted to have their own GP could do so or access the GP services arranged by the home.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents felt that their rights were protected and promoted. Resident meetings were held on a bi monthly basis and the home carried out regular satisfaction surveys to gauge how they can improve the service. Residents could access independent advocacy support and it was noted that advocacy services were advertised around the centre at prominent locations. Inspectors observed staff interacting with residents in a respectful courteous manner, knocking on resident door before entry respecting their autonomy. Resident rooms were decorated according to resident individual taste and contained televisions and telephone facilities. Staff communicated in a way that supported the resident to engage in discussion. Evidence was seen where residents were supported to vote and unhindered access to newspapers was also noted. There was an activity programme in place which incorporated both group and one to one activities ,residents spoken with were content with the current levels of support.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0024178

Date of inspection: 21/02/2019

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. We are using our own staff resources to cover staff absences. If a staff member is absent, we try to get our own staff who are not on duty to cover the shift. 2. If our staff members are not available, we book agency services. We have service level agreement with at least three agencies already, in order to meet staff absenteeism. 3. Beechfield Manor Nursing Home is part of a Group, in times of staff shortages we can use staffing resources from our sister nursing homes. 4. Staff recruitment ongoing by the HR Manager and team. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Memo sent to remind all staff to ensure that all side panel bedroom doors are closed/locked at all times. Staff meeting held to reiterate the same. 2. Fire door checks (including side panel doors) are added to daily checks and non-clinical checks. 3. Small waste bin was located beside the fire extinguishers, these were removed immediately and no bins will be located beside fire extinguishers. Fire extinguishers are/were easily accessible. 	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	25/04/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	27/03/2019