

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechlawn House Nursing Home
Centre ID:	OSV-0000115
Centre address:	Beechlawn House Campus, High Park, Gracepark Road, Drumcondra, Dublin 9.
Telephone number:	01 836 9622
Email address:	catherine.condon@olc.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of Our Lady of Charity
Provider Nominee:	Catherine Condon
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 June 2016 09:00 To: 14 June 2016 15:30

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This follow up inspection was the first in the centre since September 2015. The inspector followed up on the 6 outcomes which were in non compliance during that inspection. A number of improvements were noted since the last inspection. The 40 single bedded centre was in the process of being redeveloped. Stage one of the three stage project was nearing completion.

The management structure was robust. The person in charge was supported in his role by the Provider Nominee (PN) and two Clinical Nurse Managers' (CNM).

Residents and a relative spoken throughout the inspection expressed satisfaction with the level of service they were receiving and services provided to them. There was a noticeable improvement in the provision of internal, external and inclusion of residents' with dementia in activities. Staffing levels and skill mix on the day of this unannounced inspection were good. Staff appeared to meeting residents' needs in a holistic and person centred way.

Complaints were being addressed in line with the complaints policy. However, the complaints policy required review to ensure it met the legislative requirements.

The actions appearing on this report re repeated from the last inspection in September 2015 as they have not been addressed to date but most are within the timeframe set by the provider as they relate to the reconfiguration of the premises. The inspector found that the nursing and medical care needs of residents were met.

The action plans at the end of this report reflect the outcomes not met on this inspection.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. He had been employed as person in charge of the centre for over a year.

He worked full time, this was reflected on the weekly roster viewed. He demonstrated a good clinical knowledge of residents' condition and had a sufficient knowledge of the legislation and his statutory responsibilities. Residents' spoken with knew his name and spoke positively about his management skills. He informed the inspector he was in the process of completing a Diploma in Management.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy and procedures in place for, the prevention, detection and response to abuse. Residents spoken with told the inspector they felt safe in the centre. The inspector saw that all main entry/exit doors were kept secure and reception desk was manned during the day. There was a visitor's sign in book at the main entrance.

The inspector saw evidence that all staff had up-to-date training in relation to the prevention, detection and response to abuse. Staff spoken with had a good, clear understanding of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Their knowledge reflected that outlined in the policy. Two incidents of alleged abuse had been reported to HIQA in 2016 one was fully investigated and now closed the second was in the process of being investigated.

There was a policy on, and procedures in place, for managing responsive behaviours. The inspector reviewed a sample of documents for those displaying responsive behaviours. Residents' displaying such behaviour had a care plan in place which detailed the resident triggers, de escalation techniques with the use of as required (PRN) psychotropic medications as a last resort. Residents' medications were being reviewed by the residents' General Practitioner and the Person in Charge once every three months.

There was a policy on, and procedures in place, for the use of restraint. The use of bed rails as a form of restraint had reduced since the last inspection. The inspector saw that alternatives to restraint were available and in use throughout the centre including low low beds, crash mats and bed side wedges.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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:
The nursing, medical and associated healthcare needs of residents were met to a high standard. As discussed in detail under outcome 16 residents' social care assessments were now completed and these were person centred.

Residents social care assessments had been reviewed within the last four months and included the resident's past hobbies, interests and employment history they focused on

activities that the resident would potentially enjoy. Social care plans in turn were now person centred. Records of activities attended by residents were much improved.

As identified on the last inspection there was no single bedroom where each resident could receive end of life care in private. The inspector was informed that a room specific for end of life care was included in stage one of the reconfiguration plan and which was due for completion in September 2016.

Residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents requiring assistance were seated at a dining room table during lunchtime dining observed.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A record of all incidents occurring in the was maintained and, where required, notified to the Chief Inspector.

The inspector reviewed the records of all accidents and incidents which occurred in the centre since the last inspection that is September 2015 and found that where required HIQA had been notified of an incident. The person in charge was auditing accidents and incidents on a monthly basis and where necessary putting additional measures in place to prevent such incidents re-occurring.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

Theme:

Effective care and support

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

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

Findings:

The high dependency unit contained ten beds (5 on each side of the unit) and one wash hand basin. These issues were discussed in the registration inspection report of June 2014 and thematic inspection in September 2015. It was not adequate to meet the National Quality Standards for Residential Care Settings for Older People in Ireland, however, the provider was adhering to the conditions of registration regarding the reconfiguration of the centre. Contractors on site had commenced the planned reconfiguration of the centre, stage one of the three staged project was near completion. The inspector requested written confirmation from the provider that this would be completed by 30 September 2016 in line with condition 8 on the certificate of registration dated 16 November 2014.

The inspector saw that alterations had been made to screens around bed spaces located by two entry doors in the high dependency unit to ensure that they completely extended around the bed spaces and ensured the privacy of residents' occupying these beds.

The high dependency unit was no longer being used as a thorough fare by all staff. Notices were on place on each of the three doors leading in and out of the ten bedded unit. Each sign stated that only staff providing care to residents' should enter the unit all other non care staff should speak with person in charge first.

The building was safe and secure. It was situated in grounds behind a secure gate which was manned by a receptionist during the day. Residents' were restricted from independently accessing the front of the centre while building contractors were on site. However, the inspector observed that all residents now had independent access to the safe secure inner courtyards and large rear garden. The inspectors saw doors leading from communal corridors to these areas were not locked hence all residents' could independently access these areas.

An adequate number of assisted showers, baths and toilet facilities were available. Sufficient communal dining and sitting areas were available for the number of residents accommodated. However, none of these were decorated in a manner that supported residents with dementia to find their way around.. For example, the doors throughout the house were all the same colour. The sanitary wear and fittings were all white. The signs on some bathroom/toilet doors were not large or clear enough to enable residents to find the toilet/ bathroom without the assistance of staff. The inspector was informed that this would be addressed in stage two of the reconfiguration project, it was within the timescale set by the provider in response to inspection report of September 2015.

Sufficient communal dining and sitting areas were available for the number of residents accommodated. However, all communal spaces, apart from the activities room, were sparsely decorated and very clinical in style. The colour schemes, fixtures and fittings were not suitable to meet the needs of residents with dementia. Communal rooms were not decorated in a homely manner and there were no points of interest for residents with dementia to encourage them to engage with or explore their environment. The inspector was informed that this would be addressed in stage two of the reconfiguration project, it was within the timescale set by the provider in response to inspection report of September 2015.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The inspector found that complaints were now being managed well. There was a complaints policy on display in the centre.

The complaints file was reviewed it contained all complaints received since the last inspection in September 2015. It contained records of each complaint/issue reported, the complaint investigation, outcome of the complaint, recommendations and complainants level of satisfaction.

The complaints policy required review as it did not meet the legislative requirements, the person responsible for overseeing complaints was the registered provider who was also the appeals person. This person should be independent of the complaints process. There was no evidence that complaints on file had been reviewed by the current person responsible for overseeing complaints. The complaints procedure on display referred complainants to HIQA if not satisfied with their outcome. As HIQA do not have the authority to investigate individual complaints this information is not accurate.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents with dementia were consulted with, and participated in the organisation of the centre. Residents were facilitated to communicate and exercise choice and control over their lives. Each resident now had opportunities to participate in meaningful activities in line with his or her interests and preferences. Each resident's privacy and dignity was respected.

Residents confirmed that they were treated with respect and dignity. They described staff as kind and keen to assist them. The inspector observed staff speaking to residents in a respectful manner. Staff confirmed and the inspector saw records which confirmed that staff had received training in communication with residents' with a dementia. There was no evidence of pet names being used by staff on this inspection.

There was a good level of interaction between staff and all residents. Staff were observed offering the residents' choice at morning tea time and at lunch time.

Residents told the inspectors that they enjoyed a variety of activities. A seven day activities schedule was in place with activities being lead by one of the two activities staff now employed. An activities co-ordinator had been employed since the last inspection. A copy of the activities schedule was on display throughout the centre and in each of the residents' bedrooms, this had been enlarged in size since the last inspection. There was a choice of group or one-to-one activities for residents' to chose from. The inspector saw a number of residents' participating in group activities including exercise class, skittles and choir practice.

Residents participating in these activities said they enjoyed the activities on offer. One to one activities such as hand massage and chatting were being provided to those residents' who remained in their bedroom a lot of the time. The inspector saw that each resident now had a detailed social assessment completed which included their past interests and/or hobbies. Inspectors reviewed the activities schedule and saw that specific time each day had been allocated for 1:1 activities. Activities staff had a list of 1:1 activities preferred residents' these were identified in the residents' social assessment and care plan and evaluation records indicated that residents' enjoyed them. Staff were now keeping detailed records of what activity residents' attended and were commenting on their level of participation.

Some residents' informed the inspector about their outings, one of which was planned each week. These outings were chosen by residents' each resident being given an opportunity to select an outing of their choice. The activities staff then organised the outing. They had attended a tea party in Clontarf the previous Saturday and were doing a tour of Croke Park at the end of the month. Having the two activities staff working full time enabled residents' to attend events at weekends and enjoy more events outside the centre. Photos of residents' at these events were posted on notice boards. Staff were seen involving residents' in the organisation and participation of these events. The inspector was told that relatives were becoming more involved by inviting residents' to events that may be of interest to them in the area.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and for the size and layout of the centre.

Staff had up-to-date mandatory training in place. They also had been provided with education and training in relation to meeting the needs of residents with dementia including meeting their communication needs. The continuous education provided to staff resulted in positive outcomes for residents with dementia. This was clearly evident in the improved manner staff communicated with all residents, promoted their independence and promoted their abilities.

All staff nurses were registered with An Bord Altranais agus Cnáimhseachais na hÉireann for 2016.

Staff spoken with confirmed they had an appraisal completed with the person in charge this year and this was confirmed by the inspector as they were seen in a sample of staff

files reviewed. The sample of staff files reviewed on this inspection were in compliance with legislative requirements.

This outcome was judged to be substantially compliant in the self-assessment, inspectors judged it as compliant.

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:

Sheila McKevitt
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:	Beechlawn House Nursing Home
Centre ID:	OSV-0000115
Date of inspection:	14/06/2016
Date of response:	19/07/2016

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 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Space around beds in the high dependency unit is restrictive and does not allow free movement around all furniture and equipment.

The signage throughout the centre did not meet the needs of residents with dementia.

The colour schemes, fixture and fittings in toilet and bathrooms did not enable residents with dementia identify the toilet, wash hand basin or shower/ bath.

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

1. 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:

The planned closure of the HDU on the 30th of September in line with condition 8 on the certificate of registration will go ahead on time. As part of the development phases 1, 2 and 3, the issues with signage's, colour schemes, fixtures and fittings will be upgraded to ensure that a more dementia friendly environment will be provided for our residents.

Proposed Timescale: 01/01/2017

Outcome 13: Complaints procedures**Theme:**

Person-centred care and support

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

The complaints policy did not reflect legislative requirements as it did not name an independent person nominated to oversee complaints.

There was no evidence that complaints on file had been reviewed by the current person nominated to oversee complaints.

Complainants were referred to HIQA if not satisfied with the complaint outcome.

2. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The registered provider acknowledges that on the day of inspection, due to her absence, the reviewed copy of complaints was not available to the inspector.

Complaints are submitted by the PIC along with the weekly report and are reviewed on receipt and a follow-up meeting is set if required.

Complaints policy have been updated to include a review process by a nominated independent person over and above the reviews carried out by the registered provider. We have also removed the reference to HIQA in our complaints procedure.

Proposed Timescale: 25/07/2016