

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Beechwood House
Centre ID:	OSV-0000409
Centre address:	Newcastle West, Limerick.
Telephone number:	069 624 08
Email address:	john@beechwoodhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Beechwood House Nursing Home Limited
Provider Nominee:	John Raleigh
Lead inspector:	Caroline Connelly
Support inspector(s):	Noel Sheehan
Type of inspection	Unannounced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	11

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.

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 November 2017 07:05 To: 17 November 2017 16:15

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of Beechwood House Nursing Home. This was a follow-up inspection that was carried out to monitor compliance with the regulations and standards. As part of the inspection, inspectors met with residents, relatives, the provider nominee, the person in charge, the Clinical Nurse Managers (CNM), the physiotherapist, nurses and staff members. Inspectors observed practices and reviewed all governance, clinical and operational documentation. Inspectors also followed up on the actions required from the previous inspection. The inspector arrived to the centre at 07.00hrs, there were five night staff on duty two nurses and three care staff. The nurses were administering some of the morning medications and the care staff were giving out breakfasts and assisting residents with care. There were a small number of residents up and in the day room and one resident was in the smoking room. The inspector attended the morning handover at 08.00hrs which was attended by all the nursing and care staff on duty for the day. Staff all received direction at this time as the requirements of the residents for the day.

The inspectors met with the provider nominated who had engaged with HIQA since he had taken up his role. There were regular governance and management meetings taking place and there was evidence that the centre had gone through an extensive period of change. Since the previous inspection in March 2017 there have been further changes to the management team. There were two changes to the person in charge and two newly appointed CNM's have left the centre. There is one CNM who had worked at the centre for a number of years continuing in post with another CNM post due to be filled in the next number of weeks. The current person in charge commenced her role in the centre in October 2017 three weeks prior to the inspection. She is an experienced nurse and manager. An interview was conducted with her during the inspection and she demonstrated a very good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents..

The inspectors spoke to numerous residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. Inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. The centre employed a physiotherapist who worked full time in the centre. Her role had been significantly developed and extended since previous inspections and was providing a vital service to residents. A regular routine of daily supervised activities was in place and undertaken by the activity co-ordinator and the physiotherapist. Independence of residents was promoted and many were observed mobilising freely throughout the centre. An easily accessible enclosed garden area was available for resident's enjoyment.

Inspectors saw that a number of the actions required from the previous inspection had been addressed. However there were also a number of actions such as the requirement for a safe and suitable alternative location for the smoking area and issues with residents' finances that had not been completed but progress was evident towards their completion. The inspectors also expressed concern about the number of residents receiving breakfast and medications at 07.00hrs, the inspector was given a list with 25 names which is nearly half of the residents. This is discussed and addressed further in the report. These areas and other actions required are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report. The action plan at the end of the report identifies improvements necessary to ensure compliance 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.

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 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Since a previous inspection undertaken in October 2016 the centre had gone through an extensive period of change. The current provider nominee took up post since then, supported by another director of the company who is a person participating in management. There had been a number of changes to person in charge and to the role of CNM. There was one CNM who had worked at the centre for a number of years and had continued in post with another CNM post due to be filled in the next number of weeks. The current person in charge commenced her role in the centre in October 2017 three weeks prior to the inspection. She is an experienced nurse and manager. An interview was conducted with her during the inspection and she demonstrated a very good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

Inspectors found that there was now a clearly defined management structure in the centre that outlined the lines of authority and accountability. However the centre now requires a period of stability to ensure new systems and processes are implemented fully. Although the provider had demonstrated a commitment towards regulatory compliance there were a number of the actions required from previous inspections that had not been completed. The inspectors saw evidence that progress had been made towards completion but areas remained outstanding.

On previous inspections inspectors saw evidence of the collection of key clinical quality indicators including pressure ulcers, falls, the use of psychotropic medications, bed rails, medication management and administration, the assessment of risk and health and safety, this data collection had continued. Inspectors also saw that a number of audits had taken place in the centre and the person in charge told inspectors she planned to develop this further. The monitoring and trending of falls was an area the inspectors highlighted required further attention as outlined under outcome 8 Health and safety.

There was evidence of consultation with residents and relatives through residents and relatives meetings which the new person in charge had held to introduce herself to everyone. Ongoing consultation with residents was evident through regular residents meetings and resident surveys.

Judgment:

Compliant

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:

There were two changes to the person in charge of the centre since the last inspection in March 2017 and HIQA were notified in accordance with legislative requirements. The current person in charge commenced her role in the centre in October 2017 three weeks prior to the inspection. She is an experienced nurse and manager. An interview was conducted with her during the inspection and she demonstrated a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspectors interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. Inspectors were satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. She had extensive managerial experience and had been a person in charge of a number of nursing homes in the past. She demonstrated a commitment to her own professional development and had completed post registration training in people management skills, leadership in management and person-centred dementia care.

Although relatively new to her post staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

On this inspection the inspectors only looked at specific aspects of documentation which included staff files.

The inspectors reviewed a sample of staff files including the files of newly recruited staff members. The provider confirmed that no staff was employed without completed Garda Vetting. The files viewed generally contained the required information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However there were two members of staff where there was only one reference on file for them and there was no evidence that verification of references was the standard practice. A more robust vetting of references is required.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were policies in place in the centre in relation to the management of responsive behaviour and the use of restraint in the centre. Inspectors viewed the use of restraint in the centre and saw that the use of bedrails had increase since the previous inspection where there were 14 residents using bed rails at that time the recent quarterly report showed a total of 19 residents using bedrails which is a high percentage out of 56 residents. Inspectors saw that some alternatives such as low profiling beds, crash mats and bed alarms were in use for some residents. Inspectors reviewed a sample of files of residents using bedrails and found that risk assessments detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented. The inspectors recommended a further review of bed rail usage be undertaken to ensure the least restrictive alternative was always in use.

Prior to the inspection the inspectors received notification of peer on peer abuse in the centre. The inspectors reviewed a sample of files of residents presenting with responsive behaviours and noted that comprehensive care plans were in place to guide staff in addition to behavioural support plans. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. Inspectors saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. Inspectors saw that episodes of peer to peer abuse were fully investigated reported to HIQA and relevant bodies and appropriate actions taken to prevent reoccurrence including greater supervision of residents and supervision of day rooms.

On the previous inspections inspectors viewed the system in place to safeguard residents' finances and saw that the system was not sufficiently robust. The administrator was a pension agent for a number of residents in the centre. Many of these residents did not have their own bank accounts so money was lodged to the nursing home account. Prior to the last inspection, the provider had contacted all residents and relatives of residents who the centre acted as pension agents for to see if they wished to put an alternative arrangement in place. This was a total of 15 residents and only one of these took back responsibility for the pension following two letters of communication. The provider had taken over as pension agent and had set up a nursing home pension account and pensions were now being paid directly into this account.

On this inspection the inspector saw that the provider was currently a pension agent for twenty residents. The arrangements in place to collect pensions for these residents required immediate review to ensure that residents had access to and retained control over their finances. The inspectors saw the statement of the centres pension account which had been opened in February 2017. Once the pension is paid in the provider deducted money for the residents care and the balance of the money remained in this account with the exception of monies some residents require for personal items. The inspector saw the account had already accumulated substantial amounts of resident's monies which remained lodged in this account. This practice does not meet the requirements of the department of social protection which requires that the full amount of the pension must be paid to the resident before any deductions can be made. It also requires the balance of payment to be lodged to an interest bearing account for the resident. The inspectors saw that residents who had accumulated monies prior to

February 2017 continued to have that monies kept in the central nursing home account. The inspector saw that a number of residents had large sums of money yet there was no interest accrued on these monies and they were not in individual names. Prior to the end of the inspection the provider had contacted the bank who confirmed they would provide individual named accounts within the nursing home account and these would be set up in due course. The inspector required a full review of the pension agent process to ensure the centre was compliant with legislation and resident's monies were fully safeguarded.

The inspectors saw that the system for the management of resident's day to day money handed in for safe keeping were sufficiently robust. Money was kept in a locked safe in the administration area, each resident had an individual plastic pouch which contained their monies and an individual notebook where all lodgements and withdrawals were documented and two signatures were present. There was also a corresponding entry on the computer system which recorded all transactions and balances. This system had also been extended to other items handed in for safekeeping such as jewellery, medals, bank books and records were maintained of these since the last inspection. A system of audit by the provider is now in place of these accounts and the provider told the inspector he will employ his accountant to do an external audit of all resident's finances but this had not taken place to date.

Judgment:

Non Compliant - Moderate

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:

On the last number of inspections of the centre the inspectors have found the location of the smoking did not allow for easy visibility or supervision of residents when smoking. The smoking room was in the older part of the nursing home down a corridor and away from the main activity areas. The inspector saw a resident in the smoking room at 07.45hrs there were no staff in the vicinity. The staff were all in the opposite side of the nursing home where handover would be taking place. The inspectors were not satisfied that there was adequate supervision of the smoking area. The provider had told the inspectors that he planned that the smoking room would be closed and the smoking facility will be relocated to a sheltered area to be provided in the external courtyard for the longer term. He showed the inspectors an order for the enclosed smoking cover for the outdoor area which is due to be installed in mid December. The provider was

required to review the current arrangements to ensure there is adequate supervision provided for residents while smoking.

Prior to the inspection notifications were received by HIQA in relation to a number of falls that resulted in serious injury including a high incidence of fractures particularly over the last number of months. The inspector reviewed records of falls and spoke to the physiotherapist who did a full review following falls. She also told the inspector of her plans to set up a falls awareness and prevention group with the more mobile residents. This group will be in addition to the exercises groups she is running with all residents. Although falls are well documented they are not trended for patterns of times, of places, staffing levels etc. This is required so further control measures can be put in place to mitigate the risk of falls.

Judgment:

Non Compliant - Moderate

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:

During the previous inspection the inspectors saw that an incident of misconduct by a staff member had not been notified to HIQA. There was evidence that the incident had been investigated and handled appropriately leading to disciplinary action and further supervision of the staff member. However there is a requirement to notify to HIQA any allegations of misconduct within three working days. This was subsequently notified following the inspection.

Since the previous inspection all notifiable incidents and quarterly returns submitted to HIQA were generally timely. A record was maintained of incidents occurring in the centre and these correlated with relevant notifications submitted to HIQA. HIQA had received a number of notifications from the centre and notifications received were reviewed upon submission and prior to the inspection. The follow up to these notifications and actions taken were reviewed on inspection and inspectors were generally satisfied that all appropriate action was taken in response to these notifiable events. However the inspectors noted there had been a recent high incidence of falls resulting in fractures and required that further trending of falls and follow up on these incidents was required. This is discussed and actioned under Outcome 8 Health and Safety.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place in the foyer of the centre and residents were aware of it.

The complaints log was examined and the nature and detail contained in the record complied with the requirements of regulations.

The inspectors saw that complaints had been logged, details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied were generally recorded as required by regulations. The person in charge was the person nominated to deal with complaints. There was a nominated person separate to the centre's complaints officer to ensure that all complaints were appropriately responded to and records kept. The independent appeals process was included and also contact details for the office of the ombudsman.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Since the previous inspection a second activity co-ordinator was employed in the centre.

The inspectors saw and residents confirmed there was a high level of activity provision throughout the centre. The co-ordinators usually worked in different parts of the centre with a schedule of activities including arts and crafts, knitting and sewing sessions, sonus, music, games and reminiscence therapy. Inspectors saw residents participating in and enjoying the various activities throughout the inspection. There is a full-time physiotherapist on site in the centre also who provides group and individual exercise sessions for residents and residents told inspectors how important these were to them to maintain their mobility and fitness levels. Staff were observed treating residents and speaking with residents in a courteous and respectful manner. Residents who spoke to the inspectors were very complimentary about the staff and the care they received in the centre.

There was evidence available that indicated residents were consulted with and participated in the organisation of the centre. A residents' meeting takes place in the centre on a regular basis. On this inspection inspectors saw detailed minutes of residents' committee meetings and evidence that individual residents were consulted. There was evidence of follow up on issues raised and further updates which are fed back to the residents.

On a number of previous inspections the inspectors saw and residents confirmed that breakfast was served in the centre from 06:30hrs and most residents stated they had their breakfast between 07:00hrs and 07:30hrs. However, there was no evidence to support that this breakfast time was determined by residents' expressed preference or if it was based on routine practices in the centre. Some residents the inspector spoke with stated that they would prefer to stay asleep in the morning but are woken up for breakfast. The inspectors were informed that the practice of giving out early breakfasts and morning medication by the night staff had ceased with the exception of a very small number of residents. However when the inspector arrived unannounced to the centre at 07.00hrs nurses were already administering medications and care staff had commenced breakfast. The inspector was given a list of 25 residents that could have early breakfast, this was 25 residents out of a total of 56 almost half of residents. The person in charge and CNM said they were aware of the practice of early breakfast and medication administration but had not realised that there was so many residents receiving same. The inspectors found the regression to these practices did not promote person centred care and required immediate review. The safety of nurses who were tired after a night shift doing a large medication round at 07.00hrs also required review.

There was an open visiting policy and families with whom inspectors spoke confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where residents could receive visitors in private and inspectors saw numerous visitors in and out of the centre during the inspection.

Judgment:

Non Compliant - Moderate

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:

Inspectors saw that recruitment of staff was ongoing with the recent appointment of the new person in charge and a pending appointment of a second CNM. A further four staff are to join the service in the next number of weeks and the centre are currently acquiring Gardaí vetting and references for these staff prior to their commencement. As discussed in outcome 5 staff files more robust reference acquisition and verification was required.

The inspectors spoke to a number of new staff during the inspection these staff confirmed that they had a comprehensive induction where they worked a number of shifts on a supernumerary basis and shadowed experienced staff. The training matrix was made available and inspectors found that there was a good level of appropriate training provided to staff and staff were supported to deliver care that reflected contemporary evidence based practice. The physiotherapist had undertaken the train the trainer in moving and handling and planned to roll this training out to all staff due training. She will be available to support and supervise staff in the movement of residents ensuring correct techniques are consistently used.

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their roles and responsibilities. They were aware of the regulations and standards and had access to copies of these if required. Staff had gone through numerous changes in practices over the last number of years due to the number of changes to the management and number of changes of person in charge. They told the inspectors they felt the centre was stable at the moment and the new person in charge was very approachable.

Although the inspectors were satisfied with the staffing levels seen during the inspection. The provider was required to keep his staffing levels under review to ensure adequate supervision of all areas of the service. This is particularly relevant as the centre increases resident numbers to ensure that there is adequate staff to meet the needs of the residents taking into account the size and layout of the centre. The person in charge had developed a template for allocation of roles and responsibilities throughout the day. The system of allocations will give greater clarity on staffs specific

roles and responsibilities, what break times they are to have and what area of the centre they are to work in.

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:

Caroline Connelly
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:	Beechwood House
Centre ID:	OSV-0000409
Date of inspection:	17/11/2017
Date of response:	11/12/2017

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The inspectors reviewed a sample of staff files including the files of newly recruited staff members. There were two members of staff where there was only one reference on file for them and there was not evidence that verification of references was the standard practice. A more robust vetting of references is required.

1. Action Required:

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

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:

A Staff File Compliance Audit is being undertaken to establish any references that require verification. To be complete by 5th January 2018.

Any un-verified references will be verified by 15th January 2018

Proposed Timescale: 15/01/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

A review of bedrail use in the centre is required

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Restraints Audit to commence from 12th December 2017.

This will then be carried out monthly with a view to reducing bedrail useage, in a safe and appropriate manner.

Proposed Timescale: 12th December 2017 & Ongoing

Proposed Timescale:

Theme:

Safe care and support

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

The system in place to manage residents accounts, particularly where the provider is a pension agent is not sufficiently robust to safeguard the resident's monies

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect

residents from abuse.

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

Individual Sub-Accounts under the Beechwood House Pension Account to be set up in the name of each resident for whom Beechwood House acts as a Pension Agent by w/e 15th December 2017. Once complete and opened, The Dept. of Social Protection will be written to on behalf of each resident as the authorised Pension Agent, requesting the change of bank account to where future monies should be paid.

These sub-accounts in each residents name will be interest earning savings accounts, and all debits and credits will be solely for each sub-account.

Pension payments to each resident will be paid into the sub-account in the first instance before any transfer of payment is made to the Beechwood House Business Account for the balance of cost of care.

Proposed Timescale: 31st January 2018 (or sooner)

Proposed Timescale: 31/01/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Although falls are well documented they are not trended for patterns of times, of places, staffing levels etc. This is required so further control measures can be put in place to mitigate the risk of falls.

4. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Monthly Falls & Incident Auditing are now in place to mitigate risk of falls in the home.

A Falls Awareness & Prevention Group is now in place.

Proposed Timescale: 11/12/2017

Theme:

Safe care and support

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

On the last number of inspections of the centre the inspectors have found the location

of the smoking did not allow for easy visibility or supervision of residents when smoking. The smoking room was in the older part of the nursing home down a corridor and away from the main activity areas. The inspector saw a resident in the smoking room at 07.45hrs there were no staff in the vicinity. The staff were all in the opposite side of the nursing home where handover would be taking place. The inspectors were not satisfied that there was adequate supervision of the smoking area. The provider was required to review the current arrangements to ensure there is adequate supervision provided for residents while smoking.

5. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Existing Smoking Room is now closed between the hours of 7PM to 9AM to minimise risk.

The alternative approved smoking area for residents, which is the courtyard adjacent from the Nurses station, is where residents can smoke outside of these hours. In addition to this, a retractable canopy is being installed in this area with heaters, and we have just been informed this will be delivered in January. On completion, this area will become the only designated area for residents to smoke, and the original smoke room will be closed.

Proposed Timescale: January 31st 2017 (or sooner)

Proposed Timescale: 31/01/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The inspectors found the regression to the practices of giving early breakfast and medication to almost half of the residents by the night staff did not promote person centred care and residents choice and required immediate review.

6. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Residents who choose to receive and enjoy their breakfast are doing so, at a time they themselves chose.

Breakfast commences at 8am for all residents except those who chose to have theirs at

an earlier time.

Only residents, who are awake and require assistance to dine, receive breakfast between 7am and 8am.

Proposed Timescale: 18/12/2017