

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Beechlawn House Nursing Home
<b>Centre ID:</b>	OSV-0000115
<b>Centre address:</b>	Beechlawn House Campus, High Park, Gracepark Road, Drumcondra, Dublin 9.
<b>Telephone number:</b>	01 836 9622
<b>Email address:</b>	catherine.condon@olc.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Our Lady of Charity
<b>Provider Nominee:</b>	Catherine Condon
<b>Lead inspector:</b>	Sheila McKeivitt
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 September 2016 09:30 To: 14 September 2016 13:00

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

Outcome	Our Judgment
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant

**Summary of findings from this inspection**

The provider informed the Authority that phase one of a three phase re-development project was complete. Phase one included the construction of a two storey extension to the existing nursing home. This inspection was carried out to inspect the two storey extension to determine if it met the legislative requirements. The provider planned to transfer 18 residents' (including those occupying the 10 bedded high dependency unit) from the existing building into this new extension. Phase two and three involved the re-development of the existing nursing home building and increasing bed numbers from 40 to 58.

The inspector also followed up on two non compliances identified on the last inspection in June 2016, in relation to the premises and the complaints process. One had been addressed the second in relation to the premises was in the process of being addressed.

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 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):**

No actions were required from the previous inspection.

**Findings:**

All reasonable measures had been taken by the provider to ensure residents' were protected in the event of a fire. Emergency fire fighting equipment was located in all areas throughout the centre. Emergency lighting was installed in all areas and over all emergency exit doors. Fire exit plans were posted in the corridors and all beds on the first floor had ski sheets in place to enable the safe evacuation of residents' in the event of a fire. The inspector was informed that the provider was awaiting a fire compliance certificate to be issued for the new extension and agreed to submit this to the Authority once received. The provider informed the inspector that fire drills would be practiced with staff prior to residents being transferred into the new extension.

**Judgment:**

Substantially 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 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

The actions identified on the previous inspection report stated:

Space around beds in the high dependency unit was 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.

All wash hand basins did not have hand wash and dry facilities in place at the time of this inspection.

**Findings:**

The inspector found the provider was in the process of addressing this non compliance.

The proposed time scale set by the provider was 01 October 2017 which they were actively working towards.

The Authority had been informed that phase one of a three phase re-development project was complete. Phase one included the construction of a two-storey extension which included 19 single en-suite bedrooms. This building was to be occupied by residents to enable phase two and three of the project to be completed. Phase two and three included re-development of the existing building in a two stage process.

The newly built two-storey extension was bright, heated and fully furnished. All areas of the extension contained non-slip floor covering. The wide corridors had handrails on either side and were well lit. There was a large lift in place. All doors were self closing and connected to the fire alarm system. They consisted of 19 single en-suite bedrooms, nine on the ground floor and ten on the first floor. One of these bedrooms was extra large containing a couch and area for the residents' relatives to reside, the plan was to use this as an end-of-life room. Each bedroom contained all the required fixture and fittings to meet the needs of the resident. For example, each room contained a low-low bed with a call-bell and over bed light. Storage for personal belongings was provided as each bedroom contained a bed side locker (with a lockable drawer), a chest of drawers and a wardrobe. There was also a large chair for residents use, a visitors chair, a bedside and round table in each room. Each bedroom window had a blind and pair of curtains which ensured residents' privacy could be maintained. The en-suite bathrooms were designed as wet rooms each contained a large shower area, a wash hand basin and toilet all with handrails and call-bells in close proximity. Hand-wash and dry facilities were in the process of being installed over each of the wash hand basins. There was a dining room with a kitchenette, a sitting room, an assisted bathroom containing a large bath, a clinical room and a sluice room located on each floor. All of these rooms contained the required fixtures and fittings to ensure the needs of residents' could be met in-line with the centres statement of purpose.

The inspector was informed that the transfer of residents from the existing building to the new extension was planned for week of the 17 October 2016.

**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):**

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

**Findings:**

The actions identified on the previous inspection report stated:

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.

**Findings:**

The complaints policy had been reviewed since the last inspection. It now reflected the legislative requirements and the revised policy was on display in the centre. There was only one complaint on file since the last inspection of June 2016 and it had been dealt with in line with the complaints policy. The person appointed to oversee complaints was scheduled to do so four times each year. This review was next scheduled for a date in October 2016.

**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 report<sup>1</sup>

Centre name:	Beechlawn House Nursing Home
Centre ID:	OSV-0000115
Date of inspection:	14/09/2016
Date of response:	14/10/2016

### 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 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:

Fire drills had not been practiced by staff in the new extension at the time of the inspection.

#### 1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety

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

management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire Drills of all staff will take place week commencing the 17th October prior to the Residents moving into the new wing.

**Proposed Timescale:** 21/10/2016

**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.

**2. 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 bed numbers in HDU has been reduced from 10 to 8 to allow more space in each bed area and also to enhance the privacy and dignity of the residents.

Planned closed for HDU is still as per the revised schedule pending the receipt of the building and fire certificates\*.

Signage has been designed and will be place in each wing on completion of each phase of the development.

Phase one of the development is complete providing a dementia friendly environment. This will be replicated in the existing nursing home as the phased re-development takes place.

Proposed Timescale: Phase one due to open 17th October 2016\*

HDU closure due 23rd October 2016

Completion of Project 30th January 2017

**Proposed Timescale:** 30/01/2017



