



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Beechlawn House Nursing Home
Name of provider:	Sisters of Our Lady of Charity
Address of centre:	Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	23 September 2020
Centre ID:	OSV-0000115
Fieldwork ID:	MON-0030527

About the designated centre

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

Beechlawn House Nursing Home can accommodate up to 57 residents and provides care in the ethos of the Sisters of our Lady of Charity. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Wednesday 23 September 2020	10:00hrs to 17:30hrs	Sarah Carter	Lead

What residents told us and what inspectors observed

The inspector spoke with almost 10% of residents.

Residents told the inspector they liked their surroundings and their room and personal facilities. Residents singled out the gardens and grounds as a feature of the designated centre that they really liked. They told the inspector they had sufficient room in their bedrooms and bathrooms and could have the privacy they wanted.

Residents told the inspector that they liked the food, and felt for the most part that they preferred to eat in the dining room, as opposed to in their bedrooms. They welcomed the fact that they were able to meet in a socially distant way to dine with other residents.

All spoken with also said they really valued the activities on offer, and thought they were good fun and appropriate for what they wanted.

Residents told the inspector that during the outbreak of COVID-19 they found the measures in place restrictive, but understood the reasons for them and had accepted them as part of life. They had missed their visitors coming to the centre.

The inspector observed that the environment was peaceful and noise management features in the dining and seating areas were very effective. There were also many features that could assist and facilitate residents to mobilise independently, for example well placed hand rails and wide corridors.

There were courtyard garden areas in addition to the main grounds, and seating along corridors to provide rest stops for residents who may need to take breaks.

The inspector observed a well organised dining experience where two seating times for meals had ensured residents could have the company of others in a socially distant way.

Additional observations include a good adherence of staff to hand hygiene practices, and wearing personal protective equipment (PPE).

Capacity and capability

This was a good centre which utilised best available evidence to ensure compliance with regulations and standards and to deliver best outcomes for residents.

The inspector found a strong culture of person-centred care at the heart of care

delivery. This helped to ensure that the well-being and safety of the residents was prioritised and decisions that were made in relation to risks such as, infection control measures, were made with least impact on each residents' quality of life. The centre was well governed, and operated a service that both met residents' needs, and planned to meet their future needs.

This was a short-term announced inspection and the Provider had been informed about the inspection the day before the inspection was scheduled. This was done in order to ensure that the inspector was aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them.

This centre was last inspected in May 2018, and the length of time since the last inspection; in conjunction with the centres outbreak of COVID-19, triggered this risk inspection.

The centre experienced its first case of COVID-19 on April 7th 2020, and the outbreak was declared over by the Public Health Team in the area on May 27th 2020. Over the course of the outbreak, in total 26 residents developed the infection, of whom 21 recovered fully and 5 sadly passed away. During the outbreak some agency staff were taken on to manage staff shortages, and additional staff in the designated centre worked as carers to support the residents during this time. As soon as staff returned from their sick leave, the activity staff resumed their work as activity personnel and this included the publication of regular newsletters which were sent to families and friends to ensure they remained aware of what the residents were doing and activities in the centre. A COVID-19 response committee, made up of key personnel met frequently throughout the outbreak to co-ordinate the response and ensure residents safety. This committee was continuing to meet, despite no suspected or active infections in the centre to ensure they were prepared to respond if any further infection occurred.

The centre had recently had a change of personnel and had a new person in charge (PIC). The PIC had sufficient skills, qualifications and expertise to manage the service. The PIC had been the Chief Executive Officer (CEO) of the organisation, and intended to resume this role once a permanent PIC was recruited. The PIC displayed an open and transparent approach to this role and during this transitional phase, they communicated openly with the inspector regarding the challenges and recruitment processes. During the inspection, recruitment for the PIC role was at an advanced stage.

Staffing in the centre was sufficient to meet the needs of the numbers of residents and the layout of the building. There were two whole-time-equivalent activity staff, who provided activity and recreational opportunities across 7 days a week. There was one vacancy for a health care assistant role. Recruitment was ongoing. There were two clinical nurse managers (CNM), both established in their roles and with clear lines of responsibility. The CNMs were providing support to the PIC and supervising staff. The succession planning for management staff included the CNMs being available to fill the PIC position if the PIC became unavailable. Succession plans were also at an advanced stage for the Centres Winter time plan, as an

additional number of new short term new posts had been sanctioned, to support existing staff and provide cover if staff became ill. All staff in the centre were participating in the national programme of testing for COVID-19.

Staff had received all their mandatory training and 100% of nursing staff had completed a full suite of infection control training. 96% of health care assistant staff had also completed the training, with the remaining 4% on long term leave, excluding them from training.

The designated centres operations are overseen by a management committee. The governance structure in the centre was clear, with each member of the management structure having clear roles and responsibilities. A significant amount of work had been completed to ensure that the centre had appropriate contingency planning for any future outbreaks. These plans included the formation of a response team, who had clear roles and responsibilities, plans for business continuity and interruptions to the centre supply chain in addition to daily briefings for staff and communication plans for families and visitors. Additional staff could be re-assigned from non-clinical roles to fill in for clinical staff as required.

The governance system also included robust risk assessment and control - and key areas of risk had been assessed in the context of COVID 19 and controlling the risks and impacts of future outbreaks.

The CNMs completed regular audits, and had a schedule of audits planned. The PIC also compiled key performance data on key clinical indicators. The PIC held a meeting with the Clinical Nurse managers weekly to review clinical issues, and liaised closely with contracted staff; who fulfilled catering and household roles.

Complaints were thoroughly handled in the centre. All complaints received by the provider in 2020 were reviewed. Concerns and complaints had timely response's, which appeared comprehensive, and the outcomes and level of satisfactions with the resolutions were recorded. There was oversight of the complaints process by the Board of management of the centre.

Regulation 14: Persons in charge

The person in charge had recently changed in the centre. This change had been notified, as required to the Chief Inspector. Paperwork to reflect the new person in charge was being submitted to accompany the notification.

The new person in charge is a qualified nurse, with significant amount of management experience. They were a senior manager working for the provider prior to this role, and the provider intends for her to resume this role in the future.

A permanent replacement for the person-in charge was being recruited.

Judgment: Compliant

Regulation 15: Staffing

The number of, and mix of skills on duty on the centres roster was appropriate to meet the needs of the residents.

While several non-clinical staff had been retrained to provide care, as a contingency measure for staff shortages in the event of an outbreak of COVID-19, they were on duty in their own roles.

There was one whole time equivalent vacancy at health care assistant level, and as discussed above efforts were underway to permanently fill the person in charge position. As discussed above there was a person-in-charge on duty during the inspection.

Qualified nurses were on duty in the designated centre, and staff throughout the outbreak of COVID-19. Household and catering staff were outsourced to an external company, and there was sufficient oversight of their activities and staff by the person-in-charge.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their roles and knowledgeable about their line management and lines of accountability.

Staff had access to regular training, and in 2020, between 96% and 100% of staff had attended the different training modules on offer in infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The provider had sufficient resources in place to provide to meet the needs of residents as per the centres statement of purpose.

The Governance structure and roles and responsibilities in the centre, and between the centre and the management team were clear. The person in charge was being supported by two experienced and established clinical nurse managers.

A discussion took place with the person-in-charge on the day of the inspection regarding succession planning and the requirement to ensure a plan was in place to quickly fill any vacancies that arose. The governance systems in the centre included:

- regular clinical audit and action plans, results overseen by the person-in-charge.
- oversight by the board of management on complaints data
- risk assessment & review of the centres risk register monthly
- regular meeting between managers, and managers and staff.

A separate governance system had been developed to managed COVID-19, and this included a defined emergency response team and processes to manage the outbreak.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy contained all the necessary information to guide staff to handle complaints. The policy was known to residents spoken with, who confirmed how they would raise a complaint if they had one.

Complaints records were reviewed and showed that complaints were investigated in line with the centres policy, were clearly documented, and held separately to any residents files.

Where possible the satisfaction of the person who raised the complaint was captured.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions and some of these remained in place at the time of the inspection. However, the inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Activity staff had implemented a social care programme to meet the individual needs of residents, and developed innovative approaches to

meeting residents' recreational needs while maintaining social distancing and limiting group activities.

Residents had a care plan which was based on an ongoing comprehensive assessment of their needs. This was implemented, evaluated and reviewed. Staff who communicated with the inspectors were fully aware of the signs and symptoms of COVID-19 and identified a clear pathway to report any concern regarding a resident. They had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE).

Staff liaised with the community and acute services regarding appropriate admission and discharge arrangements and since the onset of COVID-19 those residents admitted to the designated centre had been cared for in single rooms in a specified area within the centre. A number of residents had been admitted from another designated centre, and this group were treated as a resident cohort in conjunction with the public health team advice.

The inspector found that residents received a high standard of nursing care and health services to meet their needs. This was confirmed by residents who talked about their experience of care and services. The records evidenced consultation with a variety of professional services such as dieticians and physiotherapy services. Those residents who had a weight loss had a clear care plan for their nutritional needs and were making a recovery. Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were satisfactory.

Two general practitioners had recommenced on-site visits to carry out medical reviews of their residents. Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respecting their dignity at end of life.

The inspectors saw that there were many opportunities for residents to participate in activities, appropriate to their interests and capacities. The activity staff had kept detailed records of resident's recreational achievements during the period of restrictions, and had a clear strategy to maintain recreational activities during any future restrictions. The activity team had researched and sourced resources that could be useful to engage residents in activity if they were restricted to their rooms.

The activity team also worked with the management team to ensure that they were not solely responsible for organising visits and video calls to families. This ensured they continued to have dedicated time for the residents' recreational needs. In addition the activities team were surveying residents routinely with an easy to read survey format, to ensure they were capturing and meeting their needs. The results showed that during this period of restriction they missed others, missed mass and wanted increased access to hair dressing services. Residents confirmed that they had been consulted in a range of matters for example their daily routines and activities.

Residents' decision not to participate in an organised social event was respected and

an alternative activity of the resident's choice was made available.

Staff were aware of residents' spiritual needs and did their utmost to ensure their spiritual well-being. There was an on-site chapel, with seating laid out to ensure social distancing. There was TV channel within the centre that broadcasted mass from the chapel to resident's televisions in their bedrooms. Residents reported this was a source of great comfort to them when they couldn't attend in-person.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre was divided in three units, which, at the time of inspection, were functioning as independent units in line with the designated centre's COVID-19 contingency plan. Resident bedroom accommodation was provided in 41 single bedrooms and 8 spacious twin bedrooms. Each bedroom had an en suite toilet, wash-hand basin and assisted shower. Those residents who spoke with the inspectors reported that they were satisfied with their living arrangements, having their own bathroom and the space available to them. They told the inspectors that this was especially important to them now that they spent more times in their bedrooms. Residents reported that staff took care of their personal possessions and treated them with respect.

Residents were encouraged by staff to maintain their personal relationships with family and friends. Visitors had been welcomed into the centre as restrictions had eased and guidance changed. A policy was in place that reflected the current guidance on visiting in residential care facilities.

Inspectors found that the risk management policy was fully implemented.

Infection prevention and control practices in the centre were observed to be safe. Staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in hand hygiene and use of appropriate personal protective equipment.

The premises was clean, tidy and well-equipped with hand washing stations, antibacterial gel dispensers, information posters and markings on the floor to assist and remind personnel to abide by social distance practices.

Overall, there were robust cleaning processes in place. Cleaning schedules and signing sheets were completed. Inspectors observed staff decontaminating equipment between use and adhering to infection control guidelines. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe laundry and waste management arrangements in place. There were cleaning schedules in place for high contact touch points.

A new digital thermometer had been introduced at the entrance to actively monitor staff and any visitors' temperature in a contactless manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they became ill. There was a staff uniform policy and all staff changed their clothes on coming on and off shift.

Regulation 13: End of life

Residents preferences for care at the end of their life were clearly documented in their records. Arrangements were in place to facilitate visitors on compassionate grounds, during this time.

Judgment: Compliant

Regulation 26: Risk management

A comprehensive suite of risk management policies was in place in the centre.

For the purposes of this inspection, the management of risk of COVID-19 outbreaks was focused on. There was a suite of contingency plans in place. External contractors (who employed the cleaning and catering staff) also had contingency plans in place, which addressed the shortage of supplies and / or staff.

A risk register was maintained, and reviewed and updated by the management team on a monthly basis. A wide rang of risks relating to COVID-19 had been identified, and controls identified to manage these risks.

Judgment: Compliant

Regulation 27: Infection control

A full suite of policies and procedures regarding infection prevention and control were in place.

Staff had received and had access to training. Staff and residents were monitored throughout the day and night for signs and symptoms of infection. All staff had been participating in the regular COVID-19 testing taking place. Cleaning protocols were clear and there was sufficient resources in place. Staff spoken with were clear about the procedures to enhance infection prevention and control.

Social distancing measures were facilitated through staggered dining, and discrete floor markings in communal spaces.

Staff were observed adhering to good hand hygiene measure, wearing PPE

appropriately and correctly and maintaining distance where possible.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A wide variety of care plans were assessed - in the three different areas of the designated centre. It was clear from review that care plans were current, reflected residents needs, and had been updated if the residents status or condition changed.

Care plans had been reviewed within four months.

Care plans had also been discussed with the residents themselves or their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Two general practitioners visited the centre throughout the week, and there was evidence that residents had access to a full range of health and social care professionals.

Where specialists made a recommendation this was added to the residents care plan.

There was evidence that residents if suitable were accessing national screening programme, and had access to regular optical and dental appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where resident experienced behaviours that challenges, they were treated in the least restrictive way.

Staff had clear care plans to guide them to respond to resident, and there were appropriate records kept of the residents behaviour and any triggers or factors that may effect them.

Judgment: Compliant

Regulation 8: Protection

The provider did not hold any pension agency for any resident. Residents told the inspector they felt safe in the centre.

Staff were well trained in safeguarding procedures and when any allegations or incidents occurred there was a clear policy in place to manage this.

The person-in-charge investigated any allegations made and notified the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 9: Residents' rights

There was a comprehensive approach to the provision of recreation and occupation in the centre.

The provider had sufficient resources in place:

there were two full time members of staff dedicated to this, who worked across 7 days per week

There were sufficient physical resources in place - activity rooms in addition to significant resources of activities and crafts.

The activity team had been re-deployed briefly to assist with clinical duties during the acute phase of the centre's COVID-19 outbreak, however they resumed their own duties quickly and deployed various methods to engage residents in activities. This included efforts to do corridor activity, when residents were being nursed in their room, and the purchase and supply of new materials that residents could engage in alone.

In addition the activity team were solely responsible for organising and supporting visits, and were able to continue to provide appropriate activities while another member of staff managed visiting arrangements,

A resident newsletter was being published frequently and being sent to families where appropriate, and there was an advocacy service available on site too.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

