



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0042080

About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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
Tuesday 15 October 2024	08:55hrs to 15:50hrs	Helena Budzicz	Lead
Tuesday 15 October 2024	08:55hrs to 15:50hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

Overall, the feedback from residents and visitors was that this was a lovely centre to live in and that the care provided was very good. All of the residents and visitors who were spoken with were complimentary of the staff. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspectors observed that the registered provider had made positive changes in response to the previous inspection with some further improvement required in relation to infection control practices.

The centre was seen to be bright, clean and homely throughout, with the entrance hall and communal areas decorated for the upcoming Halloween festivities. There was sufficient private and communal space for residents to relax in. These rooms were comfortably furnished with an adequate amount of seating. The premises were mostly well-maintained; however, due to wear and tear, some areas required attention to ensure that all of the areas could be effectively cleaned and the risk of transmitting health care-associated infections was minimised as outlined under Regulation 27: Infection control in this report.

The design and layout of the home promoted free movement and relaxation. Throughout the day of inspection, residents were seen mobilising independently around the centre. Residents had easy access to an enclosed outdoor garden, which was well-maintained.

Residents' bedrooms were observed to be neat and tidy. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Most of the residents had personal items displayed around their rooms such as pictures of family and friends.

Laundry facilities were provided on-site. Residents told the inspectors that they were very happy with the laundry service. One resident told inspectors that some items of clothing had been 'misplaced' a long time ago, but now they get it back clean and fresh and 'have no complaints'.

The inspectors observed the mealtime experience and found that it was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The lunch food served was seen to be wholesome and nutritious. Residents were very complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. The inspectors observed adequate numbers of staff offering encouragement and assistance to residents.

Residents were supported to enjoy a good quality of life in the centre. An activity coordinator was on site to organise and encourage resident participation in events.

There was a range of activities provided during the day. In the morning, there was a trick-and-treat-themed baking event. The residents told inspectors that they 'enjoy baking very much but enjoy eating the scary squares even more'.

In the evening, there was a visit from a singer entertainer. This proved very popular with residents as the entertainer appeared very enthusiastic and encouraged resident participation. There was a comfortable familiarity between the staff and residents that created a positive atmosphere. Residents and staff were observed singing and enjoying a gentle dance.

The inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They all praised the care, services and staff that supported their relatives in the centre.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. The provider was proactive in ensuring the centre was adequately resourced to provide a high standard of quality care and ensure the safety of residents accommodated in the centre.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Inspectors found that the governance and management systems within the designated centre had strengthened since the last inspection, which resulted in improved compliance, and it was evident that the registered provider strived to provide a good service.

The registered provider was Firstcare Beneavin Lodge Limited, which is part of Orpea Care, Ireland. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents.

There were sufficient resources in place on the day of the inspection to meet the assessed needs of residents. Training records demonstrated that staff were appropriately trained to perform their roles.

The person in charge (PIC) was supported in their role by an administration team, an Assistant director of nursing (ADON) and two clinical nurse managers (CNMs).

Other staff included nurses, healthcare assistants, activity staff, housekeeping, laundry, catering, and maintenance.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. They included a regular monitoring of quality care indicators (KPIs) and a planned schedule of audits, which included weights and falls analysis, restrictive practices, call-bell audit and an infection prevention and control and environmental audit, which were discussed at both management and staff meetings. Quality improvement plans had been developed in response to areas where issues were identified to address these.

Documents were available for review, such as the directory of residents, complaint procedures and residents' information guide, and they were fully compliant with the legislative requirements.

The centre had a complaints policy that detailed the procedure in relation to making a complaint and set out the timeline for complaints to be responded to, as well as the key personnel involved in the management of complaints. The complaints log was well maintained according to the requirements of the regulation.

Regulation 15: Staffing

There was sufficient staff on duty with an appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and completed all necessary training appropriate to their role. Staff were appropriately supervised according to their roles and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. The person in charge completed an annual review of the quality and safety of care in 2023, which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high-quality care to the residents. The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Notwithstanding the positive findings, this inspection found further improvements were required in respect of infection prevention and control in the centre and will be detailed in the report under the relevant regulation.

The registered provider ensured that residents with communication difficulties could communicate freely with regard to their well-being, safety, and health, as well as that of other residents.

End-of-life care plans were reviewed. Inspectors found that in accordance with the resident's assessed needs and consent, referrals were made to specialist palliative care services so that an integrated multidisciplinary approach to end-of-life was provided.

While there was a refurbishment plan in place to address the environment and equipment concerns, inspectors identified some outstanding issues, such as the absence of clinical handwashing sinks in the centre's treatment rooms, which had the potential to impact the effectiveness of infection prevention and control measures within the centre.

Residents were supported, where possible, to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and health care professionals, such as dietitians, were consulted if required.

Residents' rights and choices were promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, WIFI, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Regulation 10: Communication difficulties

The communication needs of residents were outlined in residents' care plans, and communication techniques for how the staff should approach and communicate with residents to help them communicate freely were clearly described.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

From a review of a sample of residents' records, end-of-life care plans outlined residents' wishes and preferences, where known, with regard to arrangements to be put in place.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. They were offered a choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

The provider maintained a written guide of 'Information for residents'. It was available to all residents and contained all the requirements of the regulation.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). However, further action is required to be fully compliant. For example;

- The ancillary facilities in the centre did not fully support good infection prevention and control practices. For example, there was no clinical hand washing sink available in the treatment room.
- Aspects of the premises were not sufficiently maintained internally, preventing the areas from being sufficiently cleaned. Some areas of the centre required painting and repair. For example, inspectors observed scuffed doors, chipped paint on walls, wooden skirting and handrails. Flooring in communal areas and the medication room on the Botanic floor was heavily

scored and marked, preventing effective cleaning. Also, the seal around the toilet in the hydrotherapy bathroom on the ground floor required review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre, and all interactions observed during the day of inspection were person-centred and courteous.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0042080

Date of inspection: 15/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Works have been scheduled to include painting and decorating walls, skirtings and architraves and a system is in place to identify and plan works as they arise- complete</p> <p>Repairs to the flooring area in Botanic medication room and the seal in the Hydrotherapy bathroom on Botanic floor are due for completion by 31st March 2025</p> <p>Installation of an additional clinical hand hygiene sink on Iona floor, close to the medication room, will be completed by 31st March 2025</p> <p>Flooring replacement in identified areas on Botanic and Iona will be completed by 30th June 2025</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2025