



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

Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 June 2021
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0030226

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Thursday 17 June 2021	10:00hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead
Thursday 17 June 2021	10:00hrs to 17:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This inspection was unannounced and was carried out over one day. The centre was recovering following a large COVID-19 outbreak and at the time of this inspection, visiting restrictions were easing and residents were enjoying their families coming to visit them once more. Residents told the inspectors that 'life was great again' and that they were lonely for their families at times when the increased national restrictions were in place. Residents said staff had assisted them to keep in touch with their families by phone, video assisted technology and scheduled window visits. As the restrictions eased, the centre's oratory, which had a separate entrance was used to facilitate face-to-face visiting safely for residents. It was evident from inspectors' observations and residents' feedback that residents received a good standard of care and support in the service. The overall feedback from residents was that the management and staff in the centre were kind and caring, and that they respected their preferences and choices as much as possible.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures such as hand hygiene and temperature checking completed prior to entering the centre and residents' accommodation. There was a welcoming and relaxed atmosphere in the centre. One resident was enjoying her breakfast in a spacious seated area in the reception and two residents were sitting out in sun in the enclosed garden reading their daily newspapers. Other residents were relaxing in the sitting room and staff were assisting other residents with getting up and organised for their day.

The inspectors were accompanied on a tour of the centre by the person in charge after a short introductory meeting with the person in charge, and the management team. A tour of the centre gave the inspectors an opportunity to meet with the residents and over the day of inspection, the inspectors met several residents and spoke in more detail with five residents about their experiences of living in the designated centre. The inspectors also spent time observing residents' daily lives to gain insight into residents' living experiences in the designated centre and how their needs were met by the staff. All the residents who spoke with the Inspectors expressed high satisfaction levels with the service they received and confirmed that staff respected their rights, were kind and provided 'very good standards of care' to meet their needs.

The centre had experienced a large COVID-19 outbreak in January 2021 which affected 40 residents and 43 staff. Sadly 17 residents with COVID-19 died. Some residents told the inspectors that they contracted the virus and attributed their recovery to a variety of factors including 'the good care that staff gave me', 'it wasn't my time' (to die), 'did not realise I was so sick' and 'fought hard to live'. However, staff spoken with expressed that the outbreak was a challenging time and they missed the company of the deceased residents. One staff member described their 'deep sadness' when they passed the vacant bedrooms of residents they knew

so well on their return to work after being ill with COVID-19 themselves.

The centre's single storey premises was purpose built. The maintenance programme was interrupted due to the pandemic and inspectors observed a lot of wear and tear to the interior of the premises. For example, chipped and missing paint and damage to the surfaces was observed on wooden surfaces and walls on corridors, doors and on walls and floors in an equipment store room, sluice, cleaner's room and the laundry room. These findings posed a risk of cross infection, as effective cleaning of these areas could not be achieved. The inspectors also observed that cleaning equipment was inappropriately stored in the sluice room and stocks of toiletries for residents' use were stored on open shelving in the cleaner's room and as such, posed a risk of cross infection.

The inspectors discussed their observations with the person in charge during the tour of the centre and again at the inspection feedback meeting attended by the centre's quality, safety and risk manager. Inspectors were told during the feedback meeting that the extent of the refurbishment and maintenance needed in the centre had already been identified by the provider on taking over operation of the service and advanced plans prepared to complete these works were delayed due to the COVID-19 pandemic and the subsequent infection outbreak in the centre.

The inspectors saw that each resident's care was guided and provided as residents' preferred. This person-centred approach had a positive impact on residents' satisfaction regarding their feelings of wellbeing in the centre. Residents told the inspectors that staff were knowledgeable regarding their care needs. The inspectors noted that residents' call bells rang for prolonged periods, especially during the morning and a recent call bell audit referenced staff call bell response times from three to five minutes. The inspectors spoke with most staff and their feedback identified a need for more staff in the mornings and at night when residents' assistance needs increased. On the day of inspection there were four care assistants providing direct resident care and one care assistant coordinating visiting, two staff nurses, an activity coordinator, a clinical nurse manager and the person in charge working in the centre. There were 29 residents in the centre, some of whom required the assistance of two staff to meet their personal care needs. Although observed to be very busy, staff engaged positively and interacted in respectful and attentive ways with residents throughout the inspection. Residents told the inspectors that 'staff worked hard' and they were 'the best in the world. One resident said they would not be 'alive without the good care staff gave them'.

Residents were observed mobilizing independently or with the assistance of staff around the centre or out into the outdoor garden. The weather on the day of inspection was warm and sunny and residents were clearly enjoying being outdoors in the beautifully landscaped enclosed garden. In the afternoon, several residents were seen eating chocolate coated ice lollies.

Communal rooms in the centre consisted of a sitting room, an activity room, a dining room and an oratory. Seated areas in the reception and in a conservatory type area looking out on the garden were being used by residents. Fire safety training for staff was taking place in the oratory on the day of the inspection. The

inspectors were told that the activity room was also used as a sitting room for residents. However, the decor in this room was tired and uninviting, suitable comfortable seating was not provided in this room and a hairdressing sink was fitted in one corner of the room. Residents tended to prefer to rest in the main sitting room but the main sitting room could not comfortably and safely accommodate all residents. Residents meals were provided in two sittings to give all residents opportunity to dine in the dining room if they wished.

The activity coordinator was committed to ensuring residents had access to a varied and meaningful activity programme. Most residents told the inspector that they enjoyed the activities provided and the activity attendance records provided assurances that the activities suited and interested each resident. Resident who enjoyed gardening were encouraged to participate in tending the garden plants. One-to-one activities were based on individuals' needs and were regularly re-assessed and updated. Some residents preferred to pursue their interests alone. For example, one resident enjoyed the challenge of making jigsaws and he had a large drawing board in his bedroom to construct his jigsaw on. Various other group activities including artwork, bingo and skittles were examples of some of activities which residents enjoyed.

Residents told the inspector they were confident that they would be listened to if they were dissatisfied with any aspect of the service and would talk to one of the other staff members or their families.

Overall the residents were satisfied and supported to engage in interesting activities. Their needs were met by dedicated staff but more staff were required when residents were getting up in the morning and retiring at night. The maintenance programmed needed to be reactivated and improvements were required to ensure that environmental and equipment hygiene met appropriate standards. The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The management systems and arrangements in place to ensure the quality and safety of the service for residents needed improvement to ensure that issues that posed a risk to residents as identified by the provider were progressed. These issues included improvements identified to ensure residents' safety in the event of a fire in the centre, that the internal centre premises was appropriately maintained and that risk of cross infection was effectively controlled. Fire safety risks were identified by the inspectors that required immediate assurances from the provider regarding residents' safety. These assurances were provided as requested.

Dunmurry West Care Homes Ltd Limited is the registered provider for Beech Park Nursing Home. The company directors changed in August 2020 and there are

currently three directors on the board. There was a clear governance, management and reporting structure in place. One of the directors took a lead role and represented the provider in the operation of the designated centre. The provider has appointed persons in key senior roles to support the management of the service, including a quality, safety and risk manager who works from an office in the designated centre. The person in charge is appropriately qualified and experienced and is a registered nurse. The person in charge works on a full-time basis in the centre and had returned from a period of leave on the day of this inspection. The person in charge was supported in her role by a clinical nurse manager and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. The clinical nurse manager deputised while the person in charge was on leave.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included key clinical and environmental audits. This process was informing quality improvement plans, many of which were actioned to completion. However, delays with the progression of other improvements required risk assessment to ensure residents' safety needs were met. For example, delays with progressing necessary maintenance works impacted on cleaning and posed a risk of cross infection to residents in the centre.

Residents and staff in the centre had been through a very challenging time during the COVID-19 infection outbreak that affected the majority of residents and staff in the centre. The service was still recovering and the provider was implementing various supports for residents and staff. The service accessed infection prevention and control advice and support during the outbreak. A draft outbreak review report was at an advanced stage and included learning and recommendations in preparedness for any further outbreaks. Single bedrooms with en suite facilities were available and procedures to monitor residents and staff for symptoms of infection were consistently implemented.

Although there was evidence that staffing resources provided were regularly reviewed, a further review was found to be necessary to ensure staff were available to assist residents especially in the early part of the day. There were management structures in place to ensure staff were appropriately supervised but was not effective as evidenced by poor standards of cleaning and inappropriate use of personal protective equipment (PPE). Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. In response to the COVID-19 pandemic, training was provided on infection prevention and control related topics, such as hand hygiene, donning and doffing personal protective equipment (PPE) and COVID-19 information sessions.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate actions were taken to mitigate recurrence. Incidents were notified to HIQA as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that they had completed Garda Vetting in place before commencing working in the centre. The provider was not a pension agent for collection of any residents' social welfare

pensions.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. Complaints were investigated and managed in line with the centre's complaints policy and procedures.

Regulation 15: Staffing

Staffing levels required review to ensure there was sufficient staff available to respond to residents' staff call bells without delay.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Additional staff training was required on standard precautions including appropriate use of disposable gloves, waste management and the correct dilution of cleaning chemicals. Staff undertaking observational hand hygiene audits had not received appropriate training to inform this assessment process.

Supervision of staff required improvement to ensure that the laundry and the equipment store were cleaned. Improvements were required to ensure that residents' assistive and point-of-care testing equipment were cleaned. Supervision of staff to ensure personal protective equipment was appropriately used was also required.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Sufficient resources were not provided to ensure the centre premises was maintained to a high standard.

The systems in place to monitor the quality and safety of the service were not informing progression of improvements in relation to fire precautions and infection prevention and control. For example:

- to ensure the fire safety precautions in place were effective and residents' safety in the event of an emergency in the centre.
- to ensure residents were protected from risk of cross infection.

Judgment: Not compliant

Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 32: Notification of absence

Statutory notifications were received regarding two periods of absence by the person in charge in 2021. Appropriate deputising arrangements were in place on both occasions.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were empowered to do so.

A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints.

The inspector reviewed the complaints log and 12 complaints were recorded in 2021 to date. On review of the complaints log there was evidence that complaints were documented, investigated and the outcomes were recorded and communicated to complainants

An appeals procedure was available to complainants who were not satisfied with the outcome of investigation by the centre's designated complaints officer.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years in line with regulatory requirements. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance to date.

Judgment: Compliant

Quality and safety

Overall, residents in the centre were supported and encouraged to have a quality of life that was respectful of their wishes and choices. Residents had opportunities for social engagement. Residents' healthcare and nursing care was provided to a good standard. However, oversight by management to ensure that issues posing potential risk to residents' safety regarding fire safety, maintenance of the premises and infection control required improvement.

There was good oversight of residents' health and nursing care needs and they were provided with timely access to medical and allied professional support as necessary. Key clinical indicators were monitored. Although there was evidence of pressure ulcers developing in the centre, multidisciplinary disciplinary team expertise and

advice was consistently applied together with implementation of appropriate pressure relieving equipment and evidence based woundcare procedures. Residents nursing needs were comprehensively assessed using validated tools which informed appropriate person-centred care plans that were regularly updated to inform residents' changing and ongoing needs including their needs to prevent them contracting COVID-19 infection.

Residents and staff in the centre had availed of vaccinations at the time of this inspection. Oversight of environmental and equipment hygiene required improvement. This is discussed under regulation 27.

The centre premises was purpose-built on ground floor level throughout. The design and layout of the centre promoted an unrestricted environment where residents could freely and safely mobilise as they wished. The centre premises was arranged around a large garden that was well used by residents. There was a variety of communal rooms and seated areas provided. Residents bedrooms were spacious and met their needs. Storage of residents' toiletries required review. While storage for residents' assistive equipment was available, the room was not clean or maintained to a sufficient standard. Failure to maintain the premises combined with poor standards of cleaning in the centre posed risks to residents of cross infection.

There was a risk management policy in the centre and the provider had identified many risks and put measures in place to mitigate risks in order to keep residents and staff safe. However, additional risks found by inspectors impacting on the safety and wellbeing of residents in the centre had not been identified by the provider. These risks are discussed under regulation 28: Fire safety, regulation 27: Infection control and regulation 17: Premises.

While systems were in place for the purpose of detecting and containing a fire in the centre, assurances regarding effectiveness of these systems were not adequate on this inspection. The provider responded with satisfactory assurances that compartmentation of the premises for the purpose of containment of fire, smoke and fumes were addressed and effective. The provider also provided assurances that residents could be safely evacuated during night time conditions in the centre. This correspondence gave assurances that the fire alarm system in place was examined and actions needed to ensure it covered all areas of the centre including the attic areas were identified. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff resource needs including whether they had physical or cognitive impairments that could potentially delay their evacuation. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre. Training was necessary to ensure staff involved in fire safety checking were knowledgeable regarding the expected standards that should be in place.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place including training of all staff to recognise any signs of abuse. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay. Residents with dementia and predisposed to episodes of responsive behaviours due to their

diagnosis were regularly assessed and well supported in the centre. While use of full-length restrictive bedrail use had increased on this inspection, the increase was predominantly due to the absence of suitable alternatives to enable residents' feelings of safety and independent position changing.

Staff were seen to be supportive and encouraging in their interactions with residents. Residents' rights to privacy, dignity and access to social activities were respected. The service ensured that the impact of public health restrictions was minimised with provision of coordinated meaningful activities for residents in the centre. Residents were encouraged to socialise safely with their family and friends in line with public health guidance.

Regulation 11: Visits

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Scheduled visits were safely facilitated in line with updated public health guidelines.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified regarding the premises facilities:

- Armchair seating was not provided for residents in the second sitting room, therefore this room was not adequately equipped to facilitate residents' rest and relaxation.
- The floor of an equipment store room had what appeared to be a redundant waste water outlet in its surface and this posed a risk of infection.
- The fabric of the building was not maintained to a high standard and many areas of the centre were in need of redecoration.
- There was a lack of storage space resulting in the inappropriate storage of equipment and supplies. For example stocks of toiletries for residents' use were stored in the cleaners' room on open shelving and cleaning equipment was stored in the sluice room.

Judgment: Not compliant

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in regulation

26(1)(c).

Hazards in the centre were identified, risk assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. This included COVID-19 related risks identified with controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. The risk register is used and regularly monitored by the Quality, safety and Risk manager and risk management in the centre was a standing agenda item for discussion at governance and management meetings.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to negatively impact on infection prevention and control measures in the centre and therefore posed a risk of cross infection to residents were identified as follows;

- Gloves were observed to be worn inappropriately by staff on a number of occasions during the inspection.
- Clinical waste was not managed in line with national guidelines. For example clinical waste bins were placed on corridors and staff continued to routinely dispose of all PPE as clinical waste after transmission based precautions had been discontinued.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.
- There was ambiguity among cleaning staff with respect to the correct dilution of cleaning products and the two cleaners were observed to be using different products for general cleaning on the day of the inspection.
- The layout of the laundry including a ceiling fan installed in the ceiling did not ensure that risk of cross infection in this area was controlled. For example the walls and the ceiling fan was visibly dusty. This risked contaminating the clean linen which was inappropriately stored on open shelving within the laundry room. Residents clean clothing was hung directly over the sink in the laundry room.
- Items of residents' assistive equipment was dirty and a room used for storing this equipment were not clean. There was grit and dust on parts of this floor. Inspectors were told that two hoists in this room were ready for use but the platform surfaces of both hoists had grit and dust on them.
- Items of residents' assistive and point of care testing equipment were

observed visibly unclean. For example, red staining was noted on a glucometer, the phlebotomy tray was unclean and the base of two standing hoists were unclean.

- The stainless steel sinks in the laundry room and sluice did not comply with current recommended specifications for hand hygiene sinks. A number of available hand hygiene sinks did not comply with current recommended specifications for hand hygiene sinks.
- There were insufficient numbers of clinical wash-hand basins to encourage and assist staff to readily conform to hand-hygiene protocols. For example, a hand hygiene sink was not available in the cleaner's room.
- Areas of ancillary room surfaces and floors, including in the sluice room, cleaner's room, clinical room and laundry were poorly maintained, dusty, ill equipped and did not facilitate effective infection prevention and control measures to be implemented.

Judgment: Not compliant

Regulation 28: Fire precautions

Residents' safety in the event of a fire in the centre was not assured and the provider was required to respond with immediate action to provide assurances regarding the following;

- Assurances were not in place that residents could be safely evacuated in the event of an emergency at night, when staffing levels were at their lowest.
- There were gaps visible between leaves of three sets of fire doors on closure on circulating corridors, therefore these doors would not effectively contain the spread of smoke, fire and fumes through the centre.
- Staff were not informed regarding compartmentation arrangements in the centre, to inform evacuation procedures for residents in an emergency.
- Intumescent strips and cold seals were missing from parts of some fire doors including doors to higher risk areas such as the centre's kitchen.
- Assurances were not available that the fire alarm alert system in place was operational in all parts of the premises, including in the attic areas

Staff in the centre undertaking fire safety checks and emergency evacuation staff training drills required appropriate training to ensure that they were adequately informed regarding these procedures to ensure residents' safety in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated tools and care plans were developed as required. The information in residents' care plans was person-centred and for the most part, the information detailed described residents' individual care preferences and wishes. Residents' care plans were regularly reviewed and updated including in response their changing needs.

Sufficient detail was mostly included in each resident's care plan to inform the frequency of residents' individual care procedures and the optimal clinical parameters that should be maintained to ensure their ongoing health and wellbeing.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. Families were consulted on behalf of individual residents who were unable to be involved in their care planning and review process. Records were maintained of this consultation process.

The inspectors found that there was opportunity for reducing quantity and improving the quality and accessibility of some residents' care plan information by addressing repetition in some residents' care plans describing similar identified care and support needs.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with generally good standards of evidence based health and nursing care in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health guidance.

Residents had timely access to general practitioners (GPs) from local practices, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In the absence of availability of modified length bed rails, full-length restrictive bedrails were used for residents who requested the support of a bedrail to enable their feelings of safety and to assist them with changing their position in their beds.

Judgment: Substantially compliant

Regulation 8: Protection

Staff were facilitated to attend training and were knowledgeable regarding safeguarding residents from abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

The documentation records gave assurances that all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre.

Residents had opportunity to access to varied and meaningful individual, one-to-one and group activities in line with public health guidance following an outbreak of COVID-19 in the centre in January 2021. Records of the activities residents participated in and their level of engagement were maintained by the activity coordinator and demonstrated that the activities met residents' interests and capabilities.

Residents had opportunities to continue to practice their religious faiths and had access to newspapers, radios and television.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0030226

Date of inspection: 17/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full Staff meeting was held on 30th June with CEO, QSRM, HR, PIC and Operations Manager.</p> <p>Discussion included staffing, dependency levels of residents and staff absenteeism and staff wellbeing. Staff wellbeing work shops were conducted on 6th and 13th July and further workshops will be arranged during August and September. Links to further supports if required have been forwarded to the PIC Training in recognizing staff stress and wellbeing issues will be arranged for the PIC, CNM and Operations Manager in September to enhance support to staff</p> <p>Staff had good suggestions regarding the change of time of a certain shift which can provide more quality time with residents.</p> <p>Action plans: A review was undertaken by the group QRSM and the PIC and was completed on which included dependency levels of residents, staffing levels and skill mix and staff availability on 2nd July.</p> <p>As the dependency level was higher in blue zone, a 2-hour assistance from 8-2 HCA is added to the Zone from 10 to 12 noon.</p> <p>10-5 shift of HCA was changed to 8-3 from 2nd July.</p> <p>More residents were allocated to Staff nurses since 1st July to attend personal hygiene in order to support Care assistants.</p> <p>A further review of staffing will be conducted on the week of the 19th July by the PIC as a follow up to the one conducted on 2/7/21 to assess whether changes are effective</p>	

A new Staff absent return form commenced on 7th July to evaluate the absenteeism and to establish staff wellbeing on an ongoing basis.

A Call Bell audit was done on 24th and 25th June and 7th and 8th July to assess whether the residents are attended in proper time. In the first audit the maximum response time was 3.5 minutes for one call and the rest were between 2 and 2.5 minutes. Staff were spoken to about the importance of answering call bells promptly. In the second audit the maximum time was 2.5 minutes. Daily Monitoring by PIC/CNM continues and further call bell response spot checks will be conducted 2- weekly. The aim is to ensure that the call bells are answered in no more than 2 minutes.

Completion Date: Two x audits completed by 8th July. This will be ongoing

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training course for all housekeeping staff is arranged on 30th September 2021</p> <p>A chemical training for all staff involved in cleaning is arranged in September.</p> <p>BP external Training company was contacted on 8th July to arrange a Training for the PIC, CNM and Household Supervisor to enhance their skill in the conduction of Infection Control Audits. Planned for September 21</p> <p>An IPC champions course is being Organised for the CNM (who is the infection control link person for Beech Bark Nursing Home. It is hoped to commence this in September 2021</p> <p>A Meeting was conducted with Household supervisor, the PIC and Operations Manager, on 30th June 2021. This was to review the issues raised in the HIQA inspection -17/6/21. The need for Deep cleaning review for all areas in Nursing Home was discussed Discussed the need to change the storage of resident's toiletries from Cleaner's storing room to another safe area.</p> <p>The need to ensure that all housekeeping staff know the correct dilution of the Achichlor tablets</p> <p>Laundry room- to ensure Ceiling fan, light and walls are included in the deep cleaning list.</p> <p>Clean clothing of residents to be removed from hanging above the hand washing sink to another area in the room.</p> <p>The shelving of clean linen to be covered to avoid spreading of infection.</p> <p>Residents' aids equipment Room to be looked at for adequate cleaning and storage.</p> <p>Clinical bins were replaced by ordinary bins for appropriate PPE disposal.</p>	

Action plans

Environmental Audit was conducted on 12th July by the supervisor. An action plan has been developed from this on 13/7/21

The Housekeeping Supervisor has retrained the housekeeping staff on the correct dilution of Achichlor tablets

Clinical bins were replaced with general waste bins for appropriate PPE disposal as needed on 19th June.

Residents point of care testing equipment are cleaned by Nurses on 18th June and has now been included in the routine cleaning list. This will be monitored regularly by CNM and PIC.

Daily IPC checks will be continued by PIC /CNM. Action plans will be included in this.

A new storage area near the Second Nurses Station is identified to keep the residents' toiletries from Cleaner's storing room. All toiletries will be moved there by 23/7/21.

Cleaning trolley will be kept in Cleaner's store room after removing some extra shelving and residents' toiletries from the room by 23rd July.

Laundry ceiling fan, lights and walls were cleaned thoroughly on 18th June.

New area identified in laundry room for hanging the clean clothes of residents. This will be done by 23rd July.

Shelving of the clean linen were reviewed for covering and plans to get rails or alternative to prevent spreading of infection to the clean linen. Completion date: 31/8/21

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Corridor and kitchen Fire doors were reviewed by Masterfire on 20th June. (Please see the response of regulation 28). Remedial works were carried out in relation to Intermission strips and gaps in doors on 20th June. Daily and night time and fire checks are carried out on an hourly basis and these checks are recorded. The Nursing home is divided into 13 compartments (the maximum rooms in any compartment is 6 (three compartments) and all staff were given a copy of Flooring plan and the compartments on 20th June. Compartments are displayed in the whole nursing home on 21st June and this was also added to the fire policy. Night fire drill and evacuation was conducted by the Joymac instructor on 19th June. 3 staff and 6 "Residents" participated in the evacuation drill. The instructor provided Beech Park with a report of this. More Fire drills and evacuation simulations are for 20th, 21st and 23rd July for Day and Night staff. Plan

in place for continuing monthly fire drills to ensure all staff have participated in evacuation simulations. Going forward, the floor plan and compartments will be clearly identified in the Fire safety training. Housekeeping training are arranged in September. Staff training and education will be promoted as needed for reducing the risk of infection. Deep cleaning schedule for each Department in place and will ensured and monitored by PIC/CNM.

Completion Date: 30th September 2021 and fire evacuation simulations will be ongoing

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The second sitting room was reviewed and facilitated with required arm chairs and other equipment to facilitate residents' small group activities. The room is decorated with residents' art works and paintings. This was completed by 8th July 2021.

A full repairs and refurbishment need of Beech Park Nursing Home was conducted on March 21 and a comprehensive action plan was developed. This is reviewed and updated on a very regular basis with log of updates included in the document and all actions completed are included in updates as well as a review of outstanding items.

Stocks of toiletries will be removed from Cleaner's room to another storage area near to the second nurses' station by July 23rd

Storage for the cleaning trolley was reviewed on 25th June. This will be kept in Cleaner's store room once all the toiletries and some shelving removed from Cleaner's room by 23rd July

Laundry Room was reviewed on 25th June for adequate storage of clean linen and position of clothes drying rails
Ceiling fan and walls were thoroughly cleaned.

The clean clothes of residents which are hanging above the hand washing sink will be moved to another part of laundry room by 23rd July.

Shelving of clean linen was reviewed for covering and plan to get rails and washable enclosing curtains or alternative to prevent the spreading of infection to clean linen.

Completion date: 13th August 2021

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Daily IPC checks will be continued by PIC/CNM. Clinical bins were replaced by ordinary bins for routine disposal of PPE on 19th June. Tubs of 70% alcohol wipes were removed from inappropriate areas on 20th June. Training for cleaning staff is organized in September 2021. Ceiling Fan, Light and the walls of Laundry were thoroughly cleaned 18th June 2021 and added in the deep schedule list. This will be monitored by PIC/CNM. Assistive equipment room was reviewed for correct storage of items and adequate cleaning on a routine basis. This was added in the deep cleaning schedule. Staff were instructed about the proper cleaning of Hoists before and after use. Cleaning checklist in place and will be monitored by PIC/CNM. Glucometer and phlebotomy tray were cleaned by nurses on 18th June 2021 and this was added in the routine cleaning list. This will be ensured by PIC/CNM. A meeting held with Household supervisor on 30th June and areas need more supervision were identified and plan is in place for the same. (Please see the response for Regulation16) Deep cleaning schedule for each department in place and this will be regularly monitored by PIC/CNM.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Corridor and kitchen Fire doors were reviewed by Masterfire on 20th June. Remedial works were carried out in relation to Intermision strips and gaps in doors on 20th June. Daily and night time and fire checks are carried out on an hourly basis and these checks are recorded. The Nursing home is divided into 13 compartments (the maximum rooms in any compartment is 6 (three compartments) and all staff were given a copy of Flooring plan and the compartments on 20th June. Compartments are displayed in the whole nursing home on 21st June and this was also added to the fire policy. Night fire drill and evacuation was conducted by the Joymac instructor on 19th June. 3 staff and 6 "Residents" participated in the evacuation drill. The instructor provided Beech Park with a report of this. More Fire drills and evacuation simulations are for 20th, 21st and 23rd July for Day and Night staff. Plan in place for continuing monthly fire drills to ensure all staff have participated in evacuation simulations. Going forward, the floor plan and compartments will be clearly identified in the Fire safety training.</p> <p>Masterfire service the fire alarm system on a quarterly basis. Masterfire attended to Beech Park on the 21st June 2021 to conduct a service of the fire alarm system. Beech Park have just recently completed fire safety remedial work, as part of this, fire stopping was installed in the attic. We have detectors in the attic and these have been serviced by Masterfire however due to the recent works there is additional detectors needed and this was only detected on the day by Masterfire. We have instructed Masterfire to install the additional detectors as required and have requested additional</p>	

hatches be installed. Since then, Masterfire have confirmed that they will commence these works on 23rd August. The plan is that the works will be completed by the 3rd September.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A complete review of the restrictive practices was conducted on 22nd June.

The PIC spoke to all residents who requested bedrails regarding the option of partial bedrails on 8th July. A few of them refused to use half bed rails as they told they felt more comfortable with long rails. Two were willing to try an enabler.

Enablers were trialed with one resident but she did not find them to be suitable as her legs tend to fall over the side of the bed when she sleeps

The second resident also tried an enabler and found it not to be suitable for her security.

Companies who provide bed rails were contacted for the availability of partial bed rails on 8th July. We are looking at different options available

Completion Date: 30th August 2021

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/07/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/08/2021

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Not Compliant	Orange	30/09/2021

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/09/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/07/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	30/08/2021

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
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