



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:	Announced
Date of inspection:	26 November 2019
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0027939

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 are accommodated in 33 single bedrooms and seven twin bedrooms. All single bedrooms have en suite shower toilet and wash basin or toilet and wash basin facilities. Four twin bedrooms have full en suite facilities and a toilet and shower is located within close proximity to the other three twin bedrooms. 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:	44
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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 26 November 2019	09:45hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 27 November 2019	08:00hrs to 13:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The inspector met with residents and some relatives who were visiting residents on the days of the inspection. Nine residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. Overall feedback from residents and their relatives was positive on all areas of the service. Residents and their relatives expressed their satisfaction with their bedrooms, their mealtime experiences and how they were cared for in the centre with the exception of one resident who wished to have gravy with their meals. One resident liked to have their refreshments in the seated area in the reception and this was facilitated for them.

Residents confirmed they were 'happy' living in the centre, felt very safe and most wanted nothing to change. The inspector observed that staff had developed good relationships with residents and made significant efforts to ensure residents felt comfortable and had their choices respected. Residents and their relatives said staff were 'exceptionally kind and helpful', 'friendly and welcoming' and always have time to discuss residents' care and progress. One resident commented that they get on well with the staff and looked forward to seeing them. Residents said staff were always available when they needed their assistance and they felt reassured by this.

Although residents were satisfied with the activities provided, some residents said they would like to go on outings more often. Several residents told the inspector that they were 'very comfortable' in the centre and particularly liked the 'relaxed atmosphere' and how they could spend their day as they wanted.

Residents and their relatives said they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied. Most said they had 'never needed to complain' but were confident that they would be listened to and that their concerns would be addressed without any delay.

Several residents spoke about the enclosed outdoor garden and said they liked to sit out on days when the weather was sunny and warm. Residents told the inspector that they were encouraged to make their bedroom 'their own' and had brought small items of furniture, photographs and ornaments from their own home.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the Regulations and Standards and was the first inspection since the provider entity changed in October 2019. The inspector followed up on notifications received by the Office of the Chief Inspector. The inspector assessed completion of the compliance

plan from the last inspection in April 2019 and found that the new provider was progressing the areas identified to bring the centre into compliance with the regulations. Six of the 12 regulations identified as not compliant on the last inspection were found to be compliant on this inspection. The compliance plans for the six remaining regulations were progressed but not yet completed.

The management structure in the new provider entity was clearly defined and all staff were aware of their roles and responsibilities. The new provider was progressing several improvements to provide robust review arrangements and oversight of the service. The chief quality and governance manager met with the person in charge on a weekly basis and formally on a monthly basis with the provider representative to review the quality and safety of the service. These meetings were structured from a standing agenda to ensure all areas of the service were reviewed and minuted. This arrangement provided assurances regarding oversight of the quality and safety of the service and the quality of residents' lives in the centre by the provider. However, in the absence of comprehensive analysis of information collated regarding clinical parameters or in audits of key areas of the service and completion of improvement plans, the effectiveness of the system in place for monitoring the quality and safety of the service was not assured.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Adequate numbers of staff were available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Feedback on the service was welcomed and an effective complaints procedure was in place. The procedure was displayed and all expressions of dissatisfaction with the service were recorded and investigated. While complainants were informed of the outcome of investigations, the records of investigations and satisfaction of complainants was not consistently documented. An appeals process was in place.

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and was as described in the centre's statement of purpose. A staffing roster was maintained in the centre with any subsequent changes recorded and reflected the staff on-duty on the days of inspection. Staffing arrangements were in place to provide relief cover for planned and unplanned leave.

Residents' call bells were responded to promptly. Residents who spoke with the inspector confirmed there were no delays in staff attending to their personal care and assistance needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were supervised on an appropriate basis according to their role in the centre, recruited, selected and vetted in accordance with best practice and legislative requirements.

Staff were facilitated to attend mandatory and professional development training to support them with their care of residents in the centre. Since the last inspection, staff were facilitated to attend training in dementia, including management of behaviours and psychological symptoms of dementia and care planning.

Although a small number of staff were overdue for completion of mandatory training, there was evidence provided of dates scheduled in the days following the inspection to ensure all staff were facilitated to attend mandatory training as required.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was made available to the inspector. The centre maintained the directory of residents to include all information as required by the Regulations.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by the inspector and contained the information as required in Schedule 2 of the regulations. All staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

Records of simulated emergency evacuation drills, tests of fire equipment and a record of the number and service records of equipment was maintained and made

available to the inspector.

A signed and dated daily record of each resident's health, condition and treatments given was maintained by nursing staff.

While a record of restraints used was kept in residents' files, a register of any restrictive procedures or equipment used, rationale for use, alternatives tried and duration of use was not maintained in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management structure in the centre and the procedures for escalation of issues to the provider were generally clear. Each person was aware of their roles and responsibilities in the centre. The person in charge reports to the provider representative and is supported in her management role by a chief operations officer and clinical nurse manager. The provider representative attended weekly management meetings where key aspects of the service were reviewed. Actions from these meetings were identified but completion was not assured in respect of some of the actions identified. Communication with the centre's staff team by the person in charge was assured with regular staff meetings.

The person in charge monitored key service parameters such as falls, hospital admissions, infections, medications, any use of restrictive equipment, pressure related skin damage, incidents of responsive behaviours and reviews by allied health professionals on a weekly basis. Although this information was collated, analysis or trending was not done to inform clinical effectiveness. Auditing Systems and satisfaction surveys were in use to monitor the quality and safety of the service and quality of life for residents in the centre. In the absence of consistent analysis and action plan development to inform improvements needed in the service, opportunities for continuous service quality improvement were not optimised. An example of where this was evidenced was failure by the provider to complete the compliance plan to bring the premises and infection control into compliance with the regulations since the last inspection.

Sufficient resources were provided to meet residents' needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was reflected in practice in the centre..

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted required statutory notifications of incidents involving residents to the Chief Inspector within the timescales as specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A policy was in place to inform the management of any complaints received and a summary of the complaints procedure was displayed. The person in charge was the centre's designated complaints officer. There were 13 complaints received in 2019. The records confirmed that the outcomes of investigations were communicated to complainants. While, an appeals process was in place, complainants satisfaction with the outcome of investigation of their complaint was not consistently recorded. A record of all complaints received was maintained but did not include sufficient detail of the investigation done or identification of any learning to be implemented. A nominated person other than the complaints officer to ensure complaints were appropriately investigated and complainants were informed of the outcome of investigations was not in place.

Complaints were reviewed at the centre's monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, other staff members or their family. An independent advocacy service was available to assist residents if necessary and was currently supporting one resident in the centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were centre-specific and included policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice

Judgment: Compliant

Quality and safety

Residents' nursing needs were met to a good standard and the documentation informing their needs was significantly improved since the last inspection in April 2019. Residents healthcare needs were met by timely access to a general practitioner of their choice. Good access to allied health professionals was put in place by the provider in the absence of assurances regarding timely access for residents to community allied health professional services. A physiotherapist employed by the provider attended residents in the centre on one afternoon every week. This arrangement optimised residents' independence and wellbeing. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. The inspector observed that the person in charge and staff had developed good relationships with residents and were committed to ensuring their care was provided to a high standard.

The provider ensured residents were protected from risk of fire in the centre and there were assurances from simulated emergency evacuation drills that residents' evacuation needs could be met in the event of a fire in the centre. Staff were knowledgeable regarding the emergency evacuation procedures in the centre. Fire safety management procedures and equipment were in place and staff were facilitated to attend fire safety training and evacuation procedures. The provider promoted a generally proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents health and safety needs were met. However, improvements in documentation including risk assessment and mitigation was found to be necessary to ensure a comprehensive and proactive system of risk management was implemented. Some inspection findings were not in line with the infection prevention and control standards.

Residents with behaviours and psychological symptoms of dementia (BPSD) were well supported. A minimal restraint environment was promoted in the centre and management of restrictions in place was informed by the national restraint policy. Staff were facilitated to attend training on safeguarding residents from abuse

and clearly articulated their responsibilities regarding any suspicions, disclosures or incidents of abuse they may witness.

Residents were all accommodated at ground floor level. The centre was bright and spacious. Provision of sufficient sitting room accommodation for residents required review to ensure their individual and collective needs were met. Repairs were necessary to paintwork on walls in some areas of the circulating corridors. Repainting and repairs were also necessary to the floor covering and wall surfaces in some shared toilets and en suites.

Residents were provided with choices about how they spent their day, when they ate their meals, the time they retired to bed and the time they got up in the mornings. Residents had access to meaningful activities but further improvement was necessary to ensure opportunities were optimised for residents with one-to-one or small group activities.

Regulation 11: Visits

An open visiting policy was in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in several private areas off the corridors and in the reception area outside of their bedroom if they wished.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space for their clothing and personal belongings and they were supported to access and maintain control over their property. A record of each resident's possessions was maintained to ensure risk of loss was mitigated. Satisfaction regarding care of residents clothing was expressed in the nine pre inspection questionnaires for residents and by a number of residents in their conversations with the inspector.

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. Residents' clothing was discretely labeled to ensure safe return to individual residents. The inspector observed that residents' clothing was clean, ironed and well cared for.

Each resident was provided with a lockable space in their bedroom so they could store their valuable possessions securely if they wished. The provider did not keep any money in safekeeping on behalf of any residents for their day-to-day

expenses. The provider functioned as a pension agent for collection of two residents' social welfare pensions. The procedures for this process reflected the legislative requirements

Judgment: Compliant

Regulation 13: End of life

Where possible residents were consulted with or consultation was with their relatives, as appropriate, to ensure residents' preferences and wishes for their end of life care were known and documented in their care plans. This ensured residents were given opportunity when they were well to share their wishes regarding the end-of-life physical, psychological and spiritual care they wished to receive and where they wanted to receive care that was of priority for them. This information was regularly reviewed to ensure any changes in residents' wishes were known by staff and their care plans were updated.

Residents' relatives were facilitated to be with them in the event of them becoming very ill. The centre had an oratory which was available to residents for their funeral services as they wished. The person in charge outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents in the centre.

Judgment: Compliant

Regulation 17: Premises

Residents' accommodation was provided at ground floor level in 33 single and seven twin bedrooms. All single bedrooms have en-suite toilet, shower and wash basin or toilet and wash basin facilities fitted. Four twin bedrooms have an en-suite toilet, shower and wash basin fitted. A wash basin is provided in the remaining three twin bedrooms with access to communal toilet and washing facilities within close proximity.

Residents' bedrooms were spacious and met their needs including their needs for assistive equipment. A spacious dining room was available within close proximity to the communal sitting room and adjacent to the centre's kitchen. Residents were provided with one communal sitting room. In the absence of an alternative sitting room, the communal sitting room was overcrowded at times during the days of inspection and did not meet the residents' individual or collective needs to a sufficient standard.

The centre was warm and there was good use of natural lighting and comfortable furnishings. Floor covering was bright and had no bold patterns. Accessibility for residents with dementia around the centre was optimised with handrails in contrasting colours to surrounding walls along all corridors. Some toilet seat fittings were also in a contrasting colour. Grab rails were appropriately provided in toilets but fitting of additional and appropriate grab rails were necessary in residents' showers.

The centre fabric was brightly painted but repainting was necessary to walls along circulating corridors and the walls in some residents' bedrooms and en suites. The surface on some door frames was also damaged from passing equipment. Floor surfaces and walls in some communal toilets needed repair. Call bells were in place in bedrooms, toilets and bathrooms and communal areas. Assistive equipment was available to support residents with dementia as required.

Staff engaged with individual residents and worked to make the centre homely and an interesting place for them to live in with displaying residents' artwork in picture frames, use of lamps in seated areas and furnishings and memorabilia familiar to residents. Residents were encouraged to personalize their bedrooms. Several residents had family photographs, small items of furniture from home and possessions of importance to them displayed.

Each bedroom had sufficient storage facilities. The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. While appropriate storage was available for linen trolleys, this equipment was stored in a communal toilet/shower room.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date safety statement and risk management policy in place and

the health and safety of residents, visitors and others was promoted and protected. The centre's risk management policy referenced the measures and actions put in place to control the risks specified in Regulation 26 (1)(c).

While, hazards in the centre were identified, risk assessed and documented in the centre's risk register, this required improvement to ensure that the hazards identified included the concomitant controls in place to mitigate their occurrence. For example, although effective controls were implemented by the provider to reduce several areas of risk identified in the centre's risk register, these controls were not described and therefore their communication among the staff team was not assured. The process for assessing the level of risk posed by the hazards identified was not described in the centre's risk management policy and the inspector found that several hazards were not appropriately risk assessed.

Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others. Areas needing improvement were actioned and areas for learning were identified and implemented.

Staff were facilitated to attend training in safe moving and handling of residents. Residents' moving and handling needs were assessed and the inspector observed assistive equipment in use to assist residents with transferring from transport wheelchairs to more comfortable seating in the sitting room. Assistive 'handling belts' were provided in the communal areas for convenient access by staff to support residents as necessary.

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: Substantially compliant

Regulation 27: Infection control

The following inspection findings were not in line with the national infection prevention and control standards.

- damaged and stained floor covering and damaged wall surfaces in a number of en suites and shared toilets.
- storage of continence wear in shared toilets.
- wash basins and storage boxes stored on floors in residents' en suites and shared toilets.
- storage of four trolleys with clean linen and other equipment in a shared toilet/shower room.

- open pipe outlet in flooring of the store room.
- storage of urinals on handrails in several en suites and shared toilets.
- heavily rusted shelving in some resident's en suites and shared toilets.

Hand hygiene dispensers were located at various points throughout the centre. Staff were observed to complete hand hygiene practices as appropriate on the days of inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

There were measures in place to protect residents from risk of fire in the centre. Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of any obstruction. The inspector was told that the building was compartmented and horizontal evacuation arrangements were in place if necessary. A floor plan of the premises identifying four zones was displayed by the fire alarm. While compartments were identifiable on the floor plan displayed, the compartment boundaries were not clearly identified to comprehensively inform evacuation procedures in the centre. The provider assured the inspector that this would be addressed as a priority.

Each resident's emergency evacuation needs were assessed and this assessment included any cognition problems that might hinder their timely evacuation. This information was clearly recorded and discreetly displayed in their bedrooms for ease of reference in an emergency. All staff were facilitated to attend fire safety training and to participate in a simulated evacuation drill. Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements. A simulated emergency evacuation drill testing evacuation of residents from the centre's biggest compartment in night time conditions demonstrated that timely evacuation was achieved.

Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures and no gaps were noted. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Quarterly and annual servicing of emergency fire safety equipment including emergency lighting by a suitably qualified external contractor was completed. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and reviewed regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, activity and their mobility support needs. This information was used to inform residents' care plans regarding the supportive care interventions to be carried out by staff to meet their needs. Staff who spoke with inspectors were knowledgeable regarding residents' individual needs and their care preferences.

Residents' care plans were significantly improved since the last inspection and were found to clearly describe the priorities of care for each resident in line with their individual preferences and wishes. Where possible, residents, or their families on their behalf were involved in their care plan development and subsequent reviews and records were maintained of this consultation process.

Residents were closely monitored for any deterioration in their health and wellbeing and where deterioration was identified, timely interventions and specialist supports were sought and implemented. The frequency of blood glucose sampling, optimal blood glucose parameter levels and the actions that must be taken if blood glucose results are outside of these parameters were described in the care plans of residents with a diagnosis of diabetes. The recommended fluid intake over 24 hours for residents with assessed risk of dehydration and the actions that should be taken if not achieved were described in residents' care plan interventions.

Each resident with an assessed risk of falling had a care plan in place to guide staff on the measures that must be implemented to mitigate risk of occurrence. The person in charge reviewed all falls by residents and remedial actions implemented demonstrated positive outcomes for residents who were at risk of recurrent falls.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. General practitioners from a local practice and an out-of-hours on-call emergency medical service was available to residents if necessary. In the absence of availability of timely community allied health professional services to residents, the provider had made alternative arrangements to ensure residents were not waiting for prolonged timescales to access these services. The provider employed a physiotherapist on one afternoon each week. The centre's physiotherapist was involved in assessing residents' moving and handling needs and risk of falls in addition to providing one-to-one physiotherapy treatments and chair exercise sessions. An occupational therapist, dietician and speech and language therapist attended residents in the centre on a once per month basis. Chiropody,

dental and optical services were available to residents as necessary. Community psychiatry of older age and palliative care services were available to residents on referral, as appropriate.

Residents were supported and facilitated to attend out-patient appointments and were given opportunity and supported to access national health screening programmes, as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents with dementia were periodically predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were systems in place to support these residents with managing any episodes of responsive behaviours that they may experience and the inspector found that any episodes of responsive behaviours were minimised. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours.

Staff knew residents well and the inspector observed that residents' responsive behaviours were well-managed with person centred de-escalation strategies. Residents' behavioural support care plans detailed the triggers to behaviours and individual effective person-centred de-escalation strategies to guide consistency in each resident's care procedures. The details of any episodes of responsive behaviours experienced by residents were recorded to inform treatment plans.

A minimal restraint environment was promoted in the centre and bedrail use was significantly reduced since the last inspection in April 2019. Arrangements were in place to ensure the impact of any restrictive procedures and the period of time they were in place was minimised. A risk assessment was completed to ensure each resident's safety using a bedrail. Details of alternatives tried before a decision was made for use of full length bedrails were recorded.

Judgment: Compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse in the centre. Staff were facilitated to attend training in recognising and responding to any suspicions, incidents or disclosures of

abuse. Staff who spoke with the inspector were knowledgeable regarding the different kinds of abuse, how evidence of abuse may present and clearly articulated their responsibility to report. All interactions observed by the inspector by staff with residents were respectful, courteous and kind and residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to participate and influence the running of the centre and the frequency of residents' committee meeting was increased since the last inspection. A residents' satisfaction survey was also completed and feedback received was being progressed. For example, residents wanted to do more arts and crafts based activities and wanted information on the schedule of activities planned each day. However, as also found on the last inspection, the sitting room was overcrowded and although the activities provided were varied and meaningful for many residents, a number of residents with dementia were unable to participate in them. The inspector was told that the oratory was used as an alternative quieter area to the sitting room for facilitating small group activities for residents with dementia. However, the oratory was not available for residents' activities on the days of inspection and a group of residents participated in a sensory based activity in a seated area off a circulating corridor. There was an absence of suitable tables in the sitting room that provided residents with a comfortable and spacious surface for their activities or to rest refreshments. The use of several small tables placed by residents increased congestion in the sitting room. The provider and person in charge told the inspector that they were progressing the purchase of suitable tables to meet residents' needs and had already identified a suitable alternative sitting room area which they will refurbish in consultation with residents.

Residents' activities were provided over seven days by two activity coordinators. Care staff were allocated to assist the activity coordinator with facilitating residents' activities and this arrangement ensured the residents' activities were not interrupted to meet residents' personal care needs. The inspector observed that the activities scheduled for each day were clearly displayed on a white board in the sitting room. Each resident, including residents with dementia had a 'key to me' completed and other information regarding the activities that met their interests and capabilities. Each resident's activity needs were described in a care plan that reflected their personal interests and the activities that best suited their needs. The activity staff facilitated one-to-one activities for residents with dementia in the communal sitting room and for residents who wished to remain in their bedrooms. An accredited sensory focused activity programme was facilitated on one day each week. The inspector was told that plans were underway to increase the frequency of this programme for residents. Residents with dementia were provided with tactile blankets and rummage boxes. Records of activities that residents participated in and their level of interest in these activities were recorded to provide assurances that the

activities programme was meaningful for individual residents and it met their interests and capabilities.

Residents were afforded opportunity to access the outdoors as they wished with provision of an enclosed garden. The outdoor garden area was accessible from a number of circulating corridors. The garden was colourful and interesting and outdoor seating was in place at various points along the pathways so residents could rest and relax as they wished.

Residents' privacy and dignity needs were respected. Staff were observed to knock on residents' bedroom doors before entering and ensured bedroom and toilet/shower doors were closed during residents' personal care procedures.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. All residents were provided with access to a telephone if they wished. Newspapers and magazines were available to residents.

Judgment: Substantially 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0027939

Date of inspection: 27/11/2019

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Planning to have a record of restraint register with any restrictive procedures or equipments used, rational for use, alternatives tried and duration of use for each residents in the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Completion of action plans identified from the management meetings will be in place. A new format for documenting the minutes of meeting in place. Current method of auditing will be reviewed and added action plan development in order to inform the improvements needed in the centre for continuous quality services.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A nominated person is appointed to ensure that the complaint officer appropriately investigating the complaints. Person in charge will ensure to deal with complaints	

properly and to document the complainant satisfaction with the outcome of the investigation.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Plans to organize painting, repairs and other maintenance works in the centre. Alternative seating area is considered other than the main sitting room. Liaise with occupational therapist regarding the correct positioning of grab rails in shower rooms. Linen trolleys are moved away from the communal shower room to another storage area.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk register will be reviewed and added the control measures for the hazards identified and the communication among staff will be assured.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Repairs, flooring and maintenance works are planned. Appropriate storage of incontinence wears will be maintained in the shared toilets. Wash basins and laundry boxes will be kept in proper places in residents' en suites. Urinals will be kept in the proper stands with names on them. Effective infection control and prevention techniques will be followed. Training will be provided to the staff at regular intervals.	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents' rights will be well respected in the centre. Alternative seating area is considered. More meaningful activities for residents with dementia will be included. Their participation will be ensured. Purchasing of suitable tables for residents' activities in sitting room is in progress.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/07/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	30/07/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	30/01/2020

	designated centre and are available for inspection by the Chief Inspector.			
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	Yellow	28/02/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	28/02/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	28/02/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	30/07/2020

	associated infections published by the Authority are implemented by staff.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/03/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/03/2020