



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

Issued by the Chief Inspector

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| Name of designated centre: | Beechwood Nursing Home |
| Name of provider: | Maisonbeech Limited |
| Address of centre: | Rathvindon, Leighlinbridge, Carlow |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 May 2022 |
| Centre ID: | OSV-0000199 |
| Fieldwork ID: | MON-0036807 |

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. 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.

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| Number of residents on the date of inspection: | 57 |
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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 10 May 2022 | 09:30hrs to 16:50hrs | Sinead Lynch | Lead |

What residents told us and what inspectors observed

This centre was found to be welcoming on arrival. Staff were seen to be very helpful and supportive to the residents. The inspectors observed residents calling staff by their name and appeared to be happy in the centre. It was obvious staff knew residents and their needs well and person centered interactions were observed. The inspectors met and spoke to many residents on the day of the inspection and also met a number of relatives who were in visiting. Residents were very complimentary about the care in the centre and reported they were 'grand and comfortable' and another resident said she 'loves to stay in bed in the morning until her prayers are said and staff don't mind that'. Residents spoke very positively about the staff in the centre, they said they were 'patient, kind, caring'

The inspectors arrived at the centre in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. Signage had been placed at the entrance to the centre, which provided advice and information about COVID-19. An opening meeting was held with the person in charge and then the inspectors were guided on a tour of the centre by the person in charge.

The designated centre is located in close proximity to the town of Leighlinbridge and is nicely situated on its own grounds, with a car park to the front of the building. The centre was located in a single storey building which meant that all residents could freely access the outdoors and they found it easy to negotiate their way around the halls. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre during the inspection day. The centre was well maintained, clean and decorated to a high standard. Bedrooms were personalised with items that were meaningful to individual residents. Dementia-friendly décor and furnishings were in place to help residents navigate their surroundings as appropriate. The centre was decorated in a homely and relaxed manner. Ample seating area with many smaller areas for residents to have some quiet time or to join the many activities in the centre. The centre had many private areas for residents to meet with their visitors. Small and homely rooms were placed around the centre allowing residents the choice of rooms.

The residents had access to enclosed gardens, these were areas that resident were seeing enjoying their afternoon walk with staff and visitors. There was ample seating available for residents to sit and relax with their afternoon drinks. This area was nicely decorated with shrubbery and colourful flowers. There was also an external walk-way around the centre. Staff were seen throughout the day taking residents out and around the centre in a relaxed and calming way.

On the day of the inspection there were many activities in the centre. Dedicated activities staff were employed to coordinate activities in the centre and staff were allocated specifically for both group and individual activities. Residents were seen in one area saying the rosary, others in another area watching a movie on the cinema

screen while a larger group attend a group crossword puzzle. On admission, a care plan was developed for each resident to identify which activities they enjoyed and at which level they could participate. Each resident had a 'life story' completed, which staff could use when engaging in conversation with them. An individual resident record was maintained daily of activities each resident was involved in or offered to them. One-to-one activities included soft toy exercises, reminiscence or using electronic devices such as iPads for a variety of entertainment. One resident stated that when she was in COVID times' she made use of the centre' Ipad and contact was made with family abroad. She said she has continued to use this resource and said she just 'loves being able to see her family'. She had never used technology like an Ipad before and it has been 'brilliant to learn a new skill'

Residents were very much involved in the running of the centre. Minutes of the residents meetings were observed that showed how residents wanted to have rosary earlier than midday and this was actioned on. Residents had suggested that the large gardens were divided in pods and that they wanted it opened up for family parties. The person in charge told inspectors that this work had been approved and would be completed over the next few months. The inspectors saw that there was generally a focus on a human rights-based approach that facilitates autonomy and choice. However lunch time meal was observed to be very early at 12md. Residents were assisted to the dining room before 12 midday for lunch and meals were being served shortly after this time. The inspectors spoke to the person in charge and suggested they review this time as it was very early for the main meal of the day.

Other than the time, mealtimes were observed to be calm and relaxing. Ample staff were available to assist residents and assistance was generally offered in a discrete and sensitive manner. Menu's were viewed by inspectors and these showed choices for all meal times.

The inspectors noted that staff were responsive and attentive to residents without any delay. Staff spoken to were very knowledgeable about their residents, their needs and preferences. The interactions between staff and residents was relaxed and staff appeared kind and residents appeared comfortable with the staff.

Visitors were seen coming and going during the inspection and were welcomed by staff. A staff member, ensured that visitors were signed in and undertook the infection control measures required. Visitors spoke with the inspector and were complimentary of the care given to their relatives and said that communication was good during the restrictions and throughout the year. They said that the person in charge was approachable and they felt confident that any concern or complaint would be taken seriously.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team were proactive in responses to issues as they arose, and used regular audits of practice to improve services. However, some improvements were required in relation to complaints management.

The centre is owned and operated by Maisonbeech Limited who is the registered provider. The company is made up of two directors. There was a clearly defined management structure with identified lines of accountability and responsibility for the service, and staff and residents were familiar with these arrangements. The person in charge was responsible for the centre's daily operation and was supported by two clinical nurse managers and the senior management.

The person in charge demonstrated a clear understanding of their role and responsibility and a comprehensive knowledge of the residents. There were two clinical nurse managers, one in each of the centre's units/wards, who were supported by nursing, caring, housekeeping, activities and catering staff. The senior management team were supported by the administration, human resource manager, maintenance manager and accommodation manager.

Inspectors found that the centre was well resourced, in terms of staffing levels, to meet the needs of residents. The staffing rosters reflected the staff on duty in the centre on the day. The inspectors found that staff had received training appropriate to their roles including safeguarding, fire safety, infection prevention and control, and manual handling. A training schedule was in place for all staff. Additional training such as basic life support and dementia and responsive behaviour was also available to staff. Staff had also completed infection prevention and control training, donning and doffing of personal protective equipment (PPE), hand hygiene and Infection Prevention and Control training included Breaking the Chain of Infection,

A sample of staff files were reviewed. All nurse registration documentation was available. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was in place. The inspectors reviewed the minutes of staff meetings and was advised the person in charge was available for staff if they had any issues or concerns. There were appropriate on-call arrangements within the centre. Staff spoken with were clear on their roles and responsibilities.

The inspectors acknowledged that residents and staff living and working in centre had been through a challenging time, due to restrictions imposed by COVID-19. The service had come out of an outbreak of COVID-19. Staff were observed to be following best practice with infection control procedures and hand hygiene. The centre had an up-to-date COVID-19 contingency plan, which was reviewed on a regular basis.

There was a good system of oversight of the quality and safety of care delivered to

residents through a programme of audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback. Mandatory training in fire precautions had taken place for all staff working in the centre, however,

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. There were policy and procedures in place for the management of complaints. The procedure for making complaints was on display in the entrance to the centre. Inspectors found that there was generally comprehensive recording of written complaints and the complaint log was maintained electronically. The recording of the investigation, actions taken and the satisfaction or otherwise of the complainant was recorded. Complaints were discussed at meetings and areas for improvement were actioned. However the centre differentiated between verbal and written complaints and this is outlined under Regulation 34 Complaints

Regulation 15: Staffing

On the day of this inspection, inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents given the size and layout of the centre. Management staff rotated on duty at weekends, to ensure governance and oversight of the service, over seven days.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were seen in the provision of mandatory and other training since the previous inspection. A comprehensive training matrix was maintained and staff that were due training were booked onto the next available training.

Very good induction procedures were seen to be in place for new staff. The CNM supervised the staff, completing assessments on staffs abilities and care provided to residents. These were completed by working alongside the staff.

Judgment: Compliant

Regulation 21: Records

The sample of staff files viewed by the inspectors were seen to contain all the requirements of the regulations. All records requested as set out in Schedule 2, 3, and 4 of the regulations were made accessible to the inspectors on the the day of the inspection and were well maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes.

There was a comprehensive annual review of the quality and safety of the care delivered to residents in the designated centre. Resident surveys were completed and these formed part of the annual review. A copy of the annual review was made available to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include.

- the room to be occupied
- the fee for the service
- details of any additional fees to be charged that are not included in the fee.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre differentiated between written and verbal complaints. The inspectors saw and the person in charge outlined that although verbal complaints were generally dealt with and actioned, they were not recorded as complaints and did not follow the full complaint procedure as required by the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required to be in place under Schedule 5 of the regulations had been adopted and implemented in the centre. These had been updated within the three yearly required time frame and were seen to include evidence of best practice.

Judgment: Compliant

Quality and safety

Overall, this was a good service and a well managed centre that delivered a high quality of care to the residents. Residents needs were being met through good access to health care services in a timely manner. Access was made available to other health and social care professions as requested by residents or as required such as physiotherapist, occupational therapists and dietitians. Residents also had access to other specialist services such as the dentist, chiropody, old age psychiatry and palliative care specialist.

Residents records were well maintained using an electronic system. Staff used validated assessment tools to identify the residents care needs within 48 hours of admission. Inspectors reviewed a sample of care plans on the day of inspection and found they reflected the advice and recommendations from specialist services such as the dietician. These care plan were resident specific and sufficiently detailed to guide practice and care.

Residents had adequate space in their bedrooms to store and display personal items. A lockable storage press was also available for each resident. Each bedroom had a television and adequate seating for both the resident and visitors. Residents spoken to on the day of the inspection reported how they 'liked being able to bring

their bits and bobs from home'. Residents had access to daily and weekly newspapers of their choice. Residents meetings were held regularly and minutes of these were available and actions implemented. Residents used ipads and other electronic devises to maintain contact with their families particularly during restricted visiting during COVID and enjoyed the experience.

Staff spoken to on the day were aware of the fire safety procedures in the centre, they were able to explain what to do if they found a fire. All residents had up to date personal evacuation plans in place and staff spoken to were aware of these and there use. Fire drills had taken place in the centre regularly, fire checks were in place and the servicing of all fire equipment was well maintained, although storage of oxygen needed review which is discussed further in this report.

There was a selection of activities in the centre for residents to avail of. A cinema screen was showing a western movie while other residents attended prayers in a different area. Throughout the day of the inspection residents were seen to be enjoying the interaction with staff while attending these activities. Some residents enjoyed walking around the enclosed gardens with staff or family members.

Religious orders of different denominations visited the centre regularly. While the rosary was said daily this did not impact on the other residents as it was in the library and residents had many other areas and activities to attend.

A voting register was completed in the centre giving residents their choice to vote in local and national elections.

The registered provider had procedures in place consistent with the standards for the prevention and control of health care associated infections. The centre was observed to be clean and well organised. The use of plastic incontinence sheets which was not in keeping with best practice in infection control or skin integrity management was removed on the day of the inspection.

Regulation 11: Visits

Visiting was facilitated in the centre and visitors spoken with spoke positively about the care their family member received. Visitors were welcomed into the centre and staff guided them through the COVID-19 precautions. The inspectors saw and met a number of visitors coming and going to the centre during the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors observed that the lunch time meal was served very early from 12md which was not in keeping with a normal lunch time meal. As many residents were getting up throughout the morning and having a late breakfast this did not seem to be a reasonable time for the main meal of the day and did not provide choice in this important aspect of the day.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place which identified the hazards, assessment of risk and the control measures in place in the centre. There was a missing person profile on all residents which was updated every three months or more often if residents presented with changes.

Judgment: Compliant

Regulation 27: Infection control

Compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was generally demonstrated during this inspection. Procedures implemented in relation to infection control were consistent with the standards for infection prevention and control. This centre was observed to be clean and well organised. The inspectors observed good hand hygiene practices by staff with alcohol-based hand sanitiser and hand washing sinks were available throughout the centre. The centre was clean throughout.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions against fire in that inspectors observed numerous unsecured oxygen cylinders in the nurses station and a storage press that required immediate action.

The person in charge told inspectors that an outdoor secure cage has been ordered and that all oxygen not in use will be store safely and securely.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There were effective systems in place for the assessment, planning, implementation and review of residents health and social care needs using validated tools. The care plans seen were personalised, residents were involved in their development and they were sufficiently detailed to guide practice.

Judgment: Compliant

Regulation 6: Health care

The Inspectors found that the healthcare needs of the residents were well met. There was good access to a GP service and residents had timely referrals completed and access to appropriate medical and allied health professionals. There was evidence that changes that were recommended from reviews were updated in the residents care plan.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff had been facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

Residents spoken to in the centre stated they felt safe and would have no problem approaching management or staff if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider has provided residents with ample facilities for recreation and opportunities to participate in the many activities in the centre. Residents had access to daily news papers, television and radio. Residents were seeing enjoying

walks with staff and visitors in the gardens.

Inspectors observed minutes of the residents meetings and actions that was taken. Residents had access to an independent advocacy services with signs and contact numbers displayed around the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0036807

Date of inspection: 10/05/2022

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 34: Complaints procedure | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are logged into the electronic complaints log on our Epic System without any differentiation since 13/05/22. All of the complaints are actioned and correct procedures are followed. The complaints are reviewed weekly at the DON meeting with the Senior Management Team. All complaints are signed off.</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The mealtime experience has been reviewed since the inspection. Breakfast for all the residents is finished within 09:30 hrs except for the residents who wish to have it later. The new mealtime was implemented from 23/05/22.</p> <p>A meeting was held with the residents and a choice of lunchtime was proposed. Residents decided on the new Lunchtime. Lunch is now served at 12:45 hrs and the residents have the choice for having lunch later if required.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> | |

We have already ordered a cage for the oxygen cylinders to keep them outdoor prior to the inspection. We are still awaiting its delivery and expected to have it commissioned before the end of June 2022. We have already sent back the 4 large O2 Cylinders supplied by the HSE during the pandemic.

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 18(2) | The person in charge shall provide meals, refreshments and snacks at all reasonable times. | Substantially Compliant | Yellow | 23/05/2022 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 30/06/2022 |
| Regulation 34(2) | The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that | Substantially Compliant | Yellow | 16/05/2022 |

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| | such records shall be in addition to and distinct from a resident's individual care plan. | | | |
|--|---|--|--|--|