



## Office of the Chief Inspector

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

Name of designated centre:	Beechwood House Nursing Home
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Newcastle West, Limerick
Type of inspection:	Announced
Date of inspection:	16 September 2019
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0022815

## About the designated centre

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

Beechwood House Nursing home is a two storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There are two enclosed garden areas for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs a full time physiotherapist, two activity co-ordinators and occupational therapy services one day per month. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff and household staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	57
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## How we inspect

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
16 September 2019	10:00hrs to 18:15hrs	Caroline Connelly	Lead
17 September 2019	08:00hrs to 16:30hrs	Caroline Connelly	Lead
17 September 2019	08:30hrs to 16:30hrs	Ella Ferriter	Support
16 September 2019	10:10hrs to 18:15hrs	Ella Ferriter	Support

## What residents told us and what inspectors observed

The inspectors met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be approachable and helpful. Residents spoke of their privacy being protected and of having choice about when they get up in the morning, retire at night and where to eat their meals. One resident said she is totally happy with her life in the centre. Another spoke of her large bedroom and the privacy it afforded her especially when she had visitors. Another gentleman said he had a good quality of life and was well cared for.

Feedback from residents and relatives was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff saying staff were very kind, caring and helpful. One resident said staff are excellent, they work hard and are very cheerful. One resident described how all his needs were met, he loved the food and said was pampered in the centre. Residents were very complimentary about the physiotherapy service and said it was great to have daily access to physiotherapy.

Residents were particularly complimentary about the activities and the activity coordinators. They said there was always something to do and something to look forward to. A number said they enjoyed the group activities and others preferred the one-to-one activities. Residents and relatives spoke of the varied activities and loved all the themed days, vintage tea party and music particularly when it is held outdoors in the summer. Some residents were complimentary about the frequency of the religious services in the centre and enjoyed mass twice a week and rosary daily. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

All of the residents spoken with reported satisfaction with the food and said choices were offered at mealtimes and staff always ensured they had enough offered seconds and plenty of drinks and snacks.

## Capacity and capability

There were effective management systems in this centre, which had continued to develop and improve since the previous inspection, ensuring good quality care is delivered to the residents. The management team was proactive in response to issues as they arose and improvements required from the previous inspection were generally addressed and rectified. The inspectors were satisfied that there was a clearly defined management structure in place, which provided an effective governance structure that was accountable for the delivery of the service. Improvements continued to be required in the planning and provision of mandatory staff training.

The centre is operated by Beechwood House Nursing Home Limited and consists of two directors. Both directors are actively involved in the management and oversight of the centre and one of the directors is the Registered Provider Representative (RPR) who is in the centre on a daily basis. The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application as one component in the assessment of fitness of the entity.

The centre was managed by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by two clinical nurse managers (CNMs), a nursing and healthcare team, as well as administrative, catering and household staff. On this inspection the management team had been strengthened by the CNMs who took more responsibility for the oversight of clinical care. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. Weekly management meetings took place between the directors, the person in charge and the CNM where all aspects of the service was discussed and plans put in place for improvements. Meetings between the person in charge and CNMs also took place weekly and regular staff team meetings were held with all different disciplines at various times throughout the year. Minutes of all of these meetings were maintained and viewed by the inspectors.

HIQA had received unsolicited information prior to the inspection regarding aspects of infection control and poor staffing levels in the centre. These areas were looked into during the inspection. The person in charge said there had been a recent shortage of care staff due to sickness and a variety of leave. She assured the inspectors that the centre had not worked without adequate staffing and nurses had been working as carers to cover the shifts. During the inspection the inspectors found evidence that the service was appropriately resourced with staffing levels in line with that described in the statement of purpose. The inspectors saw that systems were in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected including pressure ulcers, falls, the use of psychotropic medications, bedrails, medication management and administration, the assessment of risk, and health and safety. Quality management measures such as reviews and audits were in place to demonstrate that the service provided was safe and effective. Incident recording and investigation processes included an assessment with evidence of learning and

revised practice taking place.

Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. An inspector sat in on the morning handover on the second day of the inspection and saw that there were good communication systems in place. There were improvements in the provision of staff training and mandatory training was in place for safeguarding, moving and handling, fire and responsive behaviours. However, not all staff had received mandatory training and gaps were identified. The inspectors saw that further dates for training were planned to address this. Staff supervision was implemented through monitoring procedures and by the increased use of the appraisal system. The management team ensured appropriate supervision of all aspects of clinical and social care.

Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had been notified to HIQA as required by the regulations.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

## Regulation 15: Staffing

A review of staffing rosters showed there were a minimum of two nurses on duty during the day and night supported by senior staff during the day and an on call system at night if required. There was a regular pattern of rostered care staff, household, catering and laundry staff on duty on a daily basis. Staffing levels during the inspection appeared adequate to meet the needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

There were some improvements in the provision of staff training and mandatory training was in place for safeguarding, moving and handling, fire and responsive behaviours. However, not all staff had received up-to-date mandatory training and gaps were identified in moving and handling training, safeguarding and responsive behaviours. Moving and handling training was provided by the in-house physiotherapist and fire training was provided by the appropriately trained maintenance man. This in-house training should facilitate all staff to have up-to-date mandatory training in these areas as part of the induction process. Further training dates were booked for moving and handling and safeguarding. The training matrix was not up to date during the inspection and it did not facilitate the management team to easily identify who was due training and when they were next due training. Training was an area that was also non-compliant on the previous inspection. The inspectors required a more comprehensive system be adapted around the whole area of staff training.

There was evidence of a good system of induction with a comprehensive induction checklist completed and signed by the new staff member and countersigned by management. Annual appraisals were taking place on a routine basis and also as required to ensure appropriate supervision and development of staff.

Judgment: Not compliant

## Regulation 19: Directory of residents

The directory of residents contained all the requirements of regulations and

was routinely updated..

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to very well maintained and contain the requirements of schedule 2 of the regulations. The management team assured the inspector that all staff had appropriate Garda vetting and nobody commenced employment without this in place.

Judgment: Compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place to protect residents' property and in relation to injury to residents and staff.

Judgment: Compliant

### Regulation 23: Governance and management

Ongoing continued improvements were seen in governance and management of the centre. There was now a more clearly defined management structure in place which was further enhanced by the introduction of a second CNM since the previous inspection. This has assisted with staff supervision, oversight of clinical care and induction of new staff. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Regular management meetings took place and good communication and oversight was evident.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place which clearly outlined the room the resident occupied and the occupancy of that room which had been required on the previous inspection. The contracts of care contained details of the service to be provided, the fee to be paid and they included the charges for additional services not included in the fee. They were found to meet the requirements of legislation.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. The centre differentiated between complaints and

concerns but both were still recorded and appropriate action taken. The inspectors advised that the legislation did not differentiate between concerns and complaints and going forward the person in charge said she would log all as complaints. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

A comprehensive system of policies and procedures was in place. The management team was in the process of updating but also streamlining the policies available. All the required policies and procedures were in place and were up to date.

Judgment: Compliant

#### Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day which they said they looked forward to. The inspectors found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave very positive feedback regarding many aspects of life and care in the centre. Improvements were required in infection control.

Staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by the activities co-ordinators and the physiotherapist who provided yoga, exercise programmes, sports and one-to-one physiotherapy. The activities programme was very full and varied and included, baking, games, quizzes, music sessions, gardening, yoga, sonas, imagination gym, reminiscence, movies and pet therapy. The programme of activities was resident-led and people chose whether to attend a particular activity. The programme was displayed widely and daily activities were highlighted on the activity boards in the various sitting rooms. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example, poetry reading, hand massage and reminiscence. The centre had held a number of theme days including a mock wedding, a country and

western day and more recently a vintage tea day. There were numerous photographs displayed of residents, staff and families participating and enjoying the festivities. Residents told staff how they looked forward to these days and to the trips out they have including a day at the seaside. A monthly activities report including photographs is prepared and made available to all. A new male activity co-ordinator is due to commence in the next number of weeks with the plans for further development of more male orientated activities.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre provided in-house physiotherapy and residents were reviewed on admission and regularly thereafter by the physiotherapist who worked full-time in the centre and also provided exercise classes for residents. The multidisciplinary team had been further enhanced by the addition of an occupational therapist who works one day per month providing seating assessments, restraint reviews and involvement in responsive behaviour plans and activities. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and inspectors were satisfied that residents' healthcare needs were well met.

The inspectors viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on the resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to very comprehensive and very person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

The centre ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Advocacy services were available via an external advocate. Residents' meetings were held frequently and were well attended. Numerous issues were discussed and information related to all kinds of news was relayed to residents.

The premises were homely, warm, very clean and comfortable, with plenty of communal space in a variety of settings. The main day rooms were generally a hive of activity where people liked to gather, meet their friends and chat. Other quieter day rooms were available where residents liked to read their newspapers, chat and watch television. The addition of extra channels including sporting channels was welcomed by many. Since the previous inspection the centre had an addition of a sensory garden which was in a courtyard in the middle of the centre. The courtyard had been painted with brightly coloured murals of scenic areas, and contained flowers, plants and items of interest. The centre is planning to add a

water feature to further enhance the area. Residents can enjoy sitting in the garden or sitting in the library looking out to the garden. A further extended outdoor garden has also commenced for the front of the building. All areas of the centre were seen to be easily accessible with wide corridors and a lift was in place to enable access to the upstairs and lower ground floor. Bedrooms were spacious and had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences.

There were good policies and procedures in place in relation to infection control. However, the inspectors did identify a number of issues that required action to be compliant with best practice standards. For example, which chairs and equipment that required repair that could not be effectively cleaned, the layout of the laundry and inappropriate storage of trolleys containing clean items in the sluice room .

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Fire safety training was up to date for all staff. Improvements in the provision of fire drills was seen since the previous inspection and there was evidence that evacuations were completed cognisant of night time staff levels; these were timed and issues were discussed and analysed to improve learning.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place with an appropriate response for all emergency situations. There is a comprehensive procedure in place in response to a missing person and a missing person drill was undertaken in the centre which demonstrated a very positive response from the staff.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were generally robust systems in place to safeguard residents' money.

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal areas and in a number of other areas of the centre including the quiet/prayer room. The inspectors saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

### Regulation 12: Personal possessions

Bedrooms were furnished to a high standard and were spacious. Extra signage such as pictures of residents' interests were displayed outside bedrooms to support some residents to locate their rooms. All bedrooms had a large, well equipped en-suites which included shower, toilet and wash hand basin. There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Many bedrooms were seen to be very personalised.

Judgment: Compliant

### Regulation 13: End of life

The inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The inspectors saw that residents and their family members are supported and end-of-life care is provided in accordance with the residents and their families' wishes as outlined in an end-of-life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Care plans were found to outline residents' wishes at end of life including the religious needs, social and spiritual needs of each resident. Individual religious and cultural practices were facilitated and mass was held in the centre twice per week, delivered by a resident priest for those who wished to partake.

Judgment: Compliant

### Regulation 17: Premises

The premises was seen to be of a high standard and met residents individual and collective needs in a homely manner. The design and layout was of a very high standard and generally promoted the dignity, independence and well being of residents. The centre was generally well maintained and service records showed all required services were up to date. There were beautiful outdoor spaces and well maintained grounds and gardens. Since the last inspection there has been the addition of a safe enclosed sensory garden for residents use. Work has also

commenced on a further enclosed larger garden space, where residents could wander safely without meeting traffic from the car park or main road. This is at the front of the centre.

There were a number of issues in relation to torn chairs and a broken bed table, which are actioned under Regulation 27 infection control .The requirement for a review of the layout of the laundry is also actioned under that regulation.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience. Meals were served in bright dining rooms in an unhurried and enjoyable social manner. Residents were all very complimentary about the food, choice and its presentation including the modified and special diets. assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

### Regulation 20: Information for residents

A detailed statement of purpose, residents guide, previous inspection reports, a monthly activity report and numerous other pieces of relevant information about the centre was available at the reception. The centre also had numerous notice boards outlining what was happening for the day and residents stated they were always kept informed of activities and up-coming events.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any

potential hazards.

A missing person drill took place in response to a previous incident with a very positive response from all.

Clinical risks were documented actioned and reviewed on a regular basis.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. Staff had undertaken training in infection control and infection control audits were conducted by the CNM.

The inspectors found there were a number of areas where improvements were required in infection control to meet the requirement of good infection control standards and best practice guidance.

- there were trolleys stored in the sluice room there that contained clinical items and items of clean incontinence wear that was not appropriate to be stored in a sluice room.
- there were a number of chairs and a bed table that were torn or worn and the surface was no longer impermeable to ensure effective cleaning.
- the layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen.

Judgment: Not compliant

### Regulation 28: Fire precautions

Overall, regular fire training was delivered in the centre. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Staff demonstrated an awareness of what to do in the case of fire and signage on what to do in the case of fire, identifying compartments, was available throughout in the centre. Fire drills took place on a regular basis during the day and the evening and when reduced staffing levels at night time.

The smoking are was well equipped with a fire blanket, extinguisher, metal ashtrays, smoking aprons all to mitigate risk,

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. The centre have moved to a system of electronic prescribing and administration which the staff are all very happy with and feel it is a much safer system. A sample of prescription and administration records viewed by the inspectors contained appropriate identifying information. Administration practice was observed to be compliant with the rights of medication administration. Regular audits took place and medication management training was provided to staff.

Medications that required crushing had an instruction at the top of the residents prescription sheet saying the resident may have their medications crushed. However, medications were not individually prescribed as such and some medications cannot be crushed, therefore nurses may be administering medications in an altered format without the appropriate prescription which could lead to errors. This was rectified during the inspection and medications that were to be crushed were individually prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The centre's computerised system of assessments and care planning was fully established. Care plans viewed by the inspectors were comprehensive, very personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were met. There

was evidence of regular access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapy dietician, speech and language, chiropodist and psychiatry of old age as required.

Wound care was delivered following a scientific assessment and advice from the tissue viability nurse was sought as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods.

There had been reduction in restraint usage since the previous inspection and a number of residents were currently being trialled without bedrails and a number of residents were using only one bedrail but could exit the bed on the other side. Regular checkes were seen to be in place and there was evidence that least restrictive alternatives were employed.

Judgment: Compliant

### Regulation 8: Protection

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided and was seen to be up to date for staff.

Residents' finances and invoicing for care was all managed in a robust manner. The management of money handed in for safekeeping had improved since the previous inspection and all transactions had double signatures. A count undertaken by the inspector corresponded with records and money maintained. During the inspection inspectors saw that there were items handed in for safe keeping that had not been recorded. This was rectified immediately on the identification of same and a book was put in place to record all items handed in for safekeeping.

Judgment: Compliant

## Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available which residents reported very favourably about. Trips out had taken place to areas of local interest and to the seaside. Advocacy services were available as required. Residents all were given the opportunity to vote in house at local and national elections. Theme days had proved to be a great success.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0022815

Date of inspection: 17/09/2019

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The training matrix has been updated to easily identify when all staff have received their most recent training for all training requirements. It also shows a column that highlights the next due date that each training type must be completed by. COMPLETE.</p> <p>Going forward the overall responsibility and administration of the training matrix will be carried out by the CNM's, and this will be approved and signed off by the Person in Charge at the monthly CNM Meeting. In place for upcoming meeting. COMPLETE.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>1. Trolleys containing clinical items are no longer stored in the sluice room. These trolleys are now stored on the floor they are used on, in a designated, secure area (access by fob for staff members only). COMPLETE</p> <p>2. The worn bed table has been removed from service and replaced. COMPLETE</p> <p>A comprehensive review of all seating is currently underway and is to be complete by 10.10.2019. Seating that requires corrective action to ensure it is impermeable and can be effectively cleaned to be actioned without delay and complete by 31.12.2019</p> <p>Dining chairs (20) for the Barnagh Dining Room have been ordered to replace the existing chairs. The new chairs are more appropriate for good infection control.</p> <p>3. A review of the Laundry Room is to happen by 31.10.2019. The aim of this review will be to come up with a suitable layout to ensure the appropriate segregation of clean and</p>	

dirty linen. It is envisaged that any proposal may require some structure changes to the laundry room or adjacent areas and a target of 31.12.2019 is set to complete.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/10/2019
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	31/12/2019