



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	13 January 2021
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0031670

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:	50
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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
Wednesday 13 January 2021	09:30hrs to 16:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The centre was experiencing a significant COVID-19 outbreak at the time of inspection. As a result, the inspector limited movements within the centre. However, the inspector had the opportunity to meet with some residents living in Beechwood House Nursing Home, during a walk around. The inspector arrived to the centre in the morning, and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive. They included a signing in process, hand hygiene, face covering, and temperature recording. Following an opening meeting, the person in charge accompanied the inspector on a tour of the premises.

The inspector observed that the majority of residents were self isolating in their bedrooms, as per recommendations. For residents who found it difficult to isolate, a sitting room had been allocated to COVID-19 positive residents. Six residents were observed in this room, and there was a member of staff allocated to supervise these residents. One resident told the inspector how difficult isolating was, and stated he was looking forward to being able to move freely around the centre again. This resident also expressed gratitude to staff, who had all worked extremely hard and were in the centre "day and night ". A separate sitting room was allocated to residents that had not been detected of COVID-19. Two residents spent the day in this sitting room watching television. The inspector spoke with these residents at lunchtime and they stated they were happy with the food choices and quality of food provided.

There was an outdoor smoking area in the centre, for residents who liked to smoke, and the inspector saw that all the safety measures were in place, such as a fire blanket and an extinguisher. Residents had individual key fobs to internal doors, to enter and exit this area as they liked. The inspector had the opportunity to meet some residents in this external area. They were complimentary about the staff working in the centre and expressed that the past few weeks had been difficult, due to isolation and the virus outbreak.

The inspector observed the centre was generally clean throughout. There were sufficient cleaning staff working in the centre and were observed to be deep cleaning bedrooms on the day of inspection. The inspector observed that some areas of the centre were cluttered with excessive personal protective equipment (PPE) on corridors and in stairways. As recommended residents in isolation had their bedroom doors closed and correct signage in place. However, the inspector observed some staff were caring for residents with and without COVID-19. The inspector noted that PPE such as gloves and masks were used appropriately by staff during the course of the inspection, and staff were adhering to good hand hygiene.

The inspector observed a number of positive interactions between staff and residents. The inspector observed that staff were very responsive to residents needs. They answered bells promptly and assisted residents in every way possible.

Staff were observed to be visibly upset regarding recent deaths at the centre. They expressed how difficult the past two weeks had been and how they were grieving for both the residents and their families.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered in Beechwood House Nursing Home.

Capacity and capability

This was a one day unannounced risk based inspection to monitor compliance with the regulations. This centre was subject to a significant outbreak of COVID-19 involving residents and staff. As required by the regulations the person in charge had submitted a notification informing the Chief Inspector that the centre was subject to an outbreak of COVID-19, which effected 41 residents and 30 staff. Unfortunately, a number of residents passed away during the outbreak. The inspector acknowledged that residents, staff and families were going through a very difficult time. Thirty five residents were still COVID-19 positive on the day of inspection, and remained in isolation.

The centre is operated by Beechwood House Nursing Home Limited, who is the registered provider. The registered provider had appropriately liaised with the relevant bodies, throughout the outbreak. The centre had strong links with the public health team, who provided leadership and support during the outbreak. The person in charge liaised with the team on a daily basis and outbreak control meetings had been held in relation to outbreak management in the centre. The COVID response team from the Health Service Executive (HSE) also provided additional supports with nursing and care staff. The person in charge also actively engaged with the inspectorate during this time and provided regular updates on the COVID-19 status in the centre and the management arrangements that were in place daily.

A large cohort of the staff working in Beechwood House Nursing Home could not attend work, as they had tested positive for COVID-19, or were deemed close contacts. This included staff from the management, nursing, caring, household, catering and maintenance teams. The centre's staffing contingency plan was exhausted at an early stage of the COVID-19 outbreak, and there were significantly depleted numbers of skilled staff available. The registered provider had addressed the shortage in staff by arranging that the centres staff worked extra hours, through the acquirement of agency staff and by assistance from the HSE. Sufficient staffing levels were maintained throughout the outbreak.

A Clinical Nurse Manager, provided daily support and direction to staff on the ground and supervised care delivery, during the initial outbreak, while the person in charge coordinated staffing remotely. On the day of inspection the person in charge, was

present in the centre. The person in charge informed the inspector that some staff had now fully recovered and had returned to work, so staffing levels were now stabilised. During the inspection, the inspector found staffing levels and skill-mix were sufficient to meet the assessed needs of the residents.

Review of training records found that training was scheduled on an ongoing basis. COVID-19 related training included hand hygiene, personal protective equipment (PPE) training, donning and doffing, and infection prevention and control. An infection prevention and control specialist from the HSE had carried out a site visit in the early stages of the outbreak, and advised staff on isolation procedures and donning and doffing of PPE.

The premises had been reviewed as part of the registered providers contingency plan in relation to planning for isolation and cohorting of suspected or confirmed COVID-19 residents. The downstairs area of the centre had been identified as the area to cohort residents with COVID-19 if an outbreak was to occur. This area could accommodate 14 residents. However, due to the large number of residents effected this was no longer a suitable and effective plan. Therefore, residents who were negative for COVID-19 were not segregated in a separate area of the centre with separate staff, to reduce the risk of transmission. The inspector was informed that some residents chose not to relocate to another bedroom, and this decision was respected. The majority of residents were accommodated in single rooms.

A record of incidents occurring in the centre was reviewed by the inspector and found to be well maintained and comprehensive. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner.

Regulation 15: Staffing

The person in charge acknowledged that there had been challenges with maintaining staffing levels in the centre, due to a large number of staff testing positive for COVID-19, or being deemed close contacts. The registered provider had liaised with an agency and hired nursing and care staff to supplement staffing levels. The HSE had also supported the centre by providing health care attendants and a registered nurse. Staff working in the centre also worked additional shifts.

On the day of inspection the inspector found that there was adequate staffing levels to care for the residents living in Beechwood House Nursing Home. The person in charge was directing care. She was supported by a Clinical Nurse Manager, three nurses and seven healthcare attendants. There was also sufficient staff allocated to cleaning, maintenance and catering. The inspector observed staff talking kindly to residents, and staff had knowledge of resident's needs and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training records provided to the inspector referenced that staff were facilitated to attend specific training in practices and procedures to prevent transmission of COVID-19 infection. Additional training on site since the outbreak occurred was provided in donning and doffing of PPE. All mandatory training was up to date.

Residents' records reviewed, and information provided to the inspector by staff in the centre, demonstrated that there was good oversight of residents' care needs. Appropriate supervision of all grades of staff and oversight of the standard of care and service they provided was in place on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the inspection was facilitated on the day by the person in charge. The management team was knowledgeable and responsive in their roles and responsibilities and there were clearly identified lines of authority and accountability. There was evidence of weekly governance meetings where topics such as staffing, recruitment, residents care, complaints and incidents were discussed and reviewed.

The annual audit schedule indicated that regular audits were taking place in areas such as accidents, incidents, falls, the environment, wound care and medication. There was also adequate oversight of environmental hygiene and there was a systematic cleaning protocol in place. Increased monitoring of the service was taking place since the COVID-19 pandemic commenced. However, increased oversight was required in infection prevention and control measures within the centre, which is discussed under regulation 27.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy was clearly displayed at the entrance to the centre. There was a robust 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. 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

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 outbreak in the centre and the restrictions that were in place. However, overall the inspector found that the quality of care and support residents received was of a good standard. Some improvements were required in infection prevention and control, risk management and individual care planning which are discussed further under the relevant regulations.

Residents' health needs were being met through access to medical and nursing care. The person in charge reported that while on site general practitioner assessment and treatment of residents was reduced during the outbreak, medical support was available through phone consultations and a secure clinical email service. The centre employed a full time physiotherapist, who would assist residents in their rehabilitation post COVID-19. Although there was a system in place to record residents dietary intake and output, this was not being used or recorded effectively. This was of increased significance due to the increased monitoring required of residents nutrition and hydration while impacted by COVID-19.

Residents were comprehensively assessed on admission and regularly thereafter and these assessments contributed to the development of care plans that were personalised. They provided adequate guidance on the care to be delivered to each resident, in most instances. However, the inspector found that some end of life care plans were out of date and required review.

The centre had adequate numbers of cleaning staff available to ensure the nursing home was appropriately cleaned. The provider contracted the services of an external cleaning company during the outbreak, to support their own depleted number of cleaning staff available. Some further actions and improvements were required regarding infection prevention and control to ensure adherence to best practice.

Residents were encouraged by staff to maintain their personal relationships with family and friends. They were facilitated to maintain contact with their families by telephone and video call during the COVID- 19 outbreak. The person in charge took responsibility for keeping families informed on a daily basis. Social and recreational activities had ceased, and residents were isolating in their bedrooms as recommended. Management were putting plans in place to recommence the social and recreational programme when the centre was deemed COVID free.

Regulation 18: Food and nutrition

The centre had policies and procedures to guide practice in relation to the management of nutrition. Residents were weighed and assessed for the risk of malnutrition on admission and at regular intervals thereafter, using a validated tool. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector found that residents on diabetic diets, modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Although there were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration, they were not being used effectively by staff. This is addressed under regulation 6.

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. However, it did not identify the person responsible for taking action and date the risk required review. Regular health and safety reviews were carried out to identify and respond to any potential hazards. Risks pertaining to the COVID-19 pandemic were addressed and control measures were in place.

Judgment: Substantially compliant

Regulation 27: Infection control

Isolation precautions and staff adhering to the correct use of PPE, were observed to be adhered to on the day of inspection. The residents were actively monitored for signs and symptoms of COVID-19 by nursing staff twice daily. An Infection Prevention Control nurse specialist from the Health Service Executive had attended the centre on a number of occasions during the outbreak to advise on outbreak management and infection prevention and control practices. Some residents in whom COVID-19 had not been detected were accommodated in areas where residents with a confirmed diagnosis of COVID-19 were being cared for. This was in conjunction with public health and involved consultation with residents, some of whom chose not to relocate. Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE.

The centre was observed to be clean throughout. An updated cleaning matrix was in place and specific named staff had responsibility for the completion of tasks. High use areas were cleaned frequently and deep cleaning schedules had been enhanced. The registered provider had employed additional contract cleaners during the outbreak to deep clean the centre. However, some risks remained, which included the following:

- The Inspector observed some staff crossover between COVID and non COVID areas. Infection prevention and control measures were in place and staff were providing care to non COVID-19 detected residents first as per recommendations of IPC specialist.
- Although sufficient supplies of personal protective equipment were available they were stored inappropriately and overstocked. Efforts were being made to de-clutter the centre, on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident records and found that they were comprehensive. They described how the health and social care needs of residents should be met, to ensure they enjoyed a good quality of life. Care plans were based on the comprehensive assessment of residents by an appropriate health care professional prior to or on admission to the designated centre. Care plans were observed to be reviewed and updated every four months, or more frequently where necessary, and there was evidence of consultation with residents, their next of kin and their general practitioner (GP). However, the inspector found that some end of life care plans required review and updating. This was particularly important in light of the fact that some staff were working in the centre on a temporary basis to assist during the outbreak, and would not have the same level of intimate knowledge of each resident as the centre's own staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard. Nursing staff were in regular contact with GPs and advising them of each resident's status and medical needs. Medication was prescribed for end of life and for managing symptoms of COVID 19. GP involvement was predominately over the phone. The centre employed a full time physiotherapist who would assist residents in their rehabilitation post COVID-19.

Wound management records detailed dressings and wound progress with photographic records in line with best practice guidelines. Residents required increased monitoring of nutrition and hydration while effected by COVID-19. Some residents were prescribed subcutaneous fluids as it was determined that they were unable to take in adequate fluids orally. The inspector found that record were not maintained of each resident's intake and output, and there was no objective record on each resident's hydration status. This record is of increased significance due to the allocation of agency and HSE staff who are not familiar with individual residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence that formal residents' meetings were facilitated and relevant issues were discussed and actioned. While visiting restrictions were in place, alternative means of communicating with families had been introduced, such as the use of video and phone calls, and visits from a distance though windows. This form of communication continued to be well used to provide opportunities to call family and friends. Visiting on compassionate grounds was maintained throughout the outbreak.

Activities for residents had ceased since the outbreak commenced. The person in charge informed the inspector that they were looking forward to these recommencing when the COVID-19 outbreak was declared over. Television and radio were available for residents. The inspector observed small groups of residents watching TV and listening to radio. Residents were encouraged, when not in isolation to move freely throughout the premises. The registered provider facilitated this by issuing key fobs to residents, where appropriate.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0031670

Date of inspection: 13/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Covid free residents who declined to relocate were cared for, in liaison with Public Health Infection Prevention & Control specialist's advice at the time of the outbreak. Staff wore full PPE and followed this advice.</p> <p>However, on January 13th, staff were incorrectly instructed by a new staff member which the PIC immediately corrected once informed.</p> <p>All staff are fully trained in the home as per the HSPC guidelines and have been applying appropriate IPC measures up to this time.</p> <p>Regular training takes place and will continue and two CNM's have been appointed this month to assist in the governance and management of the home.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Immediate action was taken to document and identify the person responsible for taking actions, in relation to identified risks, required by certain dates.</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>As per the advice of the Infection prevention nurse specialist, covid free residents received personal care prior to covid residents as so many residents declined to relocate from their rooms.</p> <p>Emergency PPE was ordered as per HSE guidelines, (per usage per person for an outbreak) and resulted in some having to be stored temporarily in an unused lounge which was vacated and decluttered by January 15th enabling residents, on completion of their isolation period to enjoy again.</p> <p>Excess PPE was kept on some corridors / outside bedrooms as usage was excessive and staff wanted to ensure adequate PPE was at hand. All excess PPE was removed on 15th as isolation was complete on the 16th.</p> <p>Hand sinks are in situ in each bedroom, (all ensuite):</p> <p>6 separate hand sinks on the ground floor 2 on the first floor 1 on the lower ground floor</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Four monthly reviews of all care plans and a comprehensive assessment of all residents takes place by nursing staff and management in the home on an ongoing basis. Residents end of life status is discussed at staff handovers. However, we will endeavour to ensure that all residents end of life care plan's are clearly documented and prioritised in the current climate and at all times</p>	
<p>Regulation 6: Health care</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Staff placed Nutritional and Fluid Intake Charts outside resident rooms, (some of which were not turned towards the door to ensure data protection), to monitor and ensure an adequate intake of appropriate nutrition and hydration for those who had covid-19. Also, some recorded intake on EpicCare. We will ensure accurate and adequate documentation is consistent and maintaining resident's privacy at all times, in the event they should be</p>	

required.

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 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.	Substantially Compliant	Yellow	08/03/2021
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	15/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	15/01/2021

	associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	08/03/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	13/01/2021