



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

## Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0036547

## About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

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

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 24 March 2022	08:45hrs to 18:35hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

The inspector met residents and visitors throughout the day of the inspection. Overall, residents expressed satisfaction with their lived experience in the designated centre. Residents spoken with were highly complimentary of the staff within Firstcare Beneavin Lodge, with one resident reporting to the inspector that "staff couldn't be nicer".

An opening meeting was held, and the person in charge accompanied the inspector on a tour of the centre. During the walk around, it was evident to the inspector that significant premises works had occurred since the last inspection. All walls in communal areas had been repainted and the majority of wood work across the designated centre had also been repainted. Some flooring and furniture had been replaced. As a result, the environment was bright, welcoming and homely.

The designated centre is located in Glasnevin, Dublin 11 and provides accommodation for 70 residents in single and twin bedrooms located over two floors. The ground floor was referred to as Botanic and the first floor was referred to as Iona. Each floor had separate communal and dining areas available for residents' use. The ground floor also had a dedicated activities room.

Resident bedrooms were set out across both floors. All bedrooms within the centre had en-suite facilities. The inspector was told that the three twin bedrooms were currently single occupancy. Residents' bedrooms were seen to be personalised with items such as blankets, photographs, ornaments and flowers. Feedback from residents spoken with was that they were content with their bedrooms. The inspector saw that residents had sufficient space to display and store their personal items.

Residents were seen to spend time in communal areas and some residents chose to spend the majority of their day in their bedrooms. Residents were also seen mobilising and enjoying the good weather within one of the internal courtyards. The inspector saw that maintenance of the garden areas was required.

Information on independent advocacy support was available throughout the centre. Activity schedules were displayed on notice boards. The inspector observed that while an art class and bingo class was seen to take place on the day of the inspection on the ground floor, the activity schedule was not adhered to. One resident told the inspector that they would prefer more activities to take place.

The inspector observed lunch time during the inspection. A menu was on display, and there were three main course options available with an additional two options at the tea time meal. The inspector saw that staff provided residents with the level of assistance they required at mealtimes. Residents' confirmed to the inspector that they enjoyed the food on offer.

The registered provider had arrangements in place to support residents to receive their visitors. The inspector observed residents could receive visitors in private in their bedrooms and there were other private communal rooms available also.

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.

## Capacity and capability

The designated centre had an established management structure. On this inspection, some gaps were identified in auditing systems and contracts for the provision of services. Residents received good clinical care and support within the designated centre. There was sufficient staffing levels and staff had access to training and supervision.

Firstcare Beneavin Lodge Limited is the registered provider for Firstcare Beneavin Lodge. The management team was established and consisted of the Chief Operating Officer, a Regional Director, an Associate Regional Director and the person in charge. The designated centre is part of Orpea Care Ireland and as a result, other management supports were available from this group such as Human Resources and Quality personnel.

The person in charge was supported in their role by an assistant director of nursing and two clinical nurse managers. Other staff resources included staff nurses, team leaders, healthcare assistants, a social care leader, housekeeping, maintenance, administration and catering staff. During the inspection, the inspector reviewed, worked and planned rosters and found there was sufficient staffing levels in place.

Staff had access to mandatory training which included fire safety, manual handling, infection control and safeguarding of vulnerable adults. There were good systems in place to ensure that staff were supervised in their roles.

A review of management meeting minutes found that the management team met on a monthly basis to discuss key performance indicators. These topics included residents, concerns and complaints, accidents and incidents, regulatory information, audits, risk management, policies and procedures, staffing and COVID-19. In addition, there were specialised meetings seen to take place for the different roles such as nurses, healthcare assistants, catering and social care staff. There were also plans to introduce a structured governance meeting in the weeks following the inspection.

The registered provider had completed an outbreak review from the COVID-19 outbreak within the designated centre from 03 October 2021 to 08 November 2021. This review identified what went well and also lessons learnt from this outbreak.

The inspector followed up on the compliance plan actions from the last inspection and found that the governance structure had been strengthened within the designated centre with the creation of new management posts to support the person in charge. Overall, the registered provider had taken action to improve the oversight for all areas of care with areas identified at the last inspection as not compliant being addressed. Improvements were seen within the maintenance and cleanliness of the premises, and action was being taken to improve residents' rights. However, audits had not identified that the bed pan washers within the designated centre had not been serviced since 2020.

An annual review of the quality and safety of care delivered to residents for 2021 in the designated centre was complete. There was evidence that this review incorporated some feedback from residents, however plans were in place to include additional feedback from a recent survey. The registered provider had measured themselves against the National Standards for Residential Care Settings for Older People in Ireland 2016. There were quality improvement plans delivered to respond to any necessary improvements.

The inspector reviewed a sample of contracts for the provision of services and found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms of admission and fees charged. The inspector saw that while the contract detailed the room number of a resident, it did not record whether this room was single or multi-occupancy. In addition, it was unclear what fee a resident who was in receipt of GMS services would be charged for all services that met this criteria.

Residents who spoke with the inspector said that while they were happy with the service they received and had no complaints, that if they did have any concerns, they would be comfortable to highlight these issues to staff. The complaints register showed that learning and improvements were identified from complaints received. Audits were also completed to ensure that complaints were managed in line with the designated centre's procedure.

### Regulation 15: Staffing

There was a sufficient number and skill mix of staff with regards to the assessed needs of the 41 residents on the day of the inspection. There were two or more qualified nursing staff scheduled on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training within the designated centre. In addition,

supplementary training was offered on areas such as wound management.

The inspector saw evidence that staff were appropriately supervised through agency induction documents and performance appraisals.

Judgment: Compliant

### Regulation 23: Governance and management

There were some gaps seen within management systems to ensure the service provided was effectively monitored. For example:

- Audits were incomplete as there was no percentage finding recorded to track compliance and trending for five audits reviewed.
- While regular environmental audits were taking place, these audits did not identify that a communal room was still set up as a temporary clinical area. While this room was unlocked, it was unavailable for residents' use as there were no chairs within the room. There was also inappropriate storage of medicines in the room. The inspector was told that this room should have returned to its original use a month prior to the inspection.
- The inspector followed up on a provider assurance report that had been issued to the registered provider from HIQA and found that the improvement plan identified by the registered provider had not been followed as on the day of the inspection, two clinical audits relating to hospital transfers and residents' nutrition and hydration needs had not taken place.

Judgment: Substantially compliant

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

The inspector reviewed a sample of two contracts of care between the resident and the registered provider and saw that they did not clearly set out the terms and fees on which a resident shall reside in that centre. For example:

- The occupancy of bedrooms was not included.
- It did not detail that residents in receipt of GMS services would have the opportunity to avail of all these services through GMS prior to private external services being engaged. For example, for ophthalmic and dental services.

Judgment: Substantially compliant



## Regulation 34: Complaints procedure

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. This procedure set out the steps to be taken to register a complaint, the complaints officer and indicated the appeals process.

The inspector reviewed a sample of complaints from the centres complaints register. The inspector was told that there was two open complaints which the person in charge was managing in line with the policy. Records seen confirmed that closed complaints were well managed in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents enjoyed a good quality of life within the centre. There was good access to healthcare services and they were consulted within the organisation of the designated centre through regular resident meetings and surveys. The inspector found that improvements were required to the premises, protection, residents' rights and infection control.

A number of residents' records were reviewed and indicated that there was a pre-assessment in place before a person became a resident within Beneavin Lodge, to ensure it was a suitable place for the resident to live. Assessments were used to develop care plans and these were in place within 48 hours of the resident's admission. Assessments were used to identify each resident's risk for falls, skin integrity, malnutrition, depression and for fire precautions. Care plans were personalised to each residents needs and reviewed within the last four months or more frequently if required.

There was evidence of good access to medical staff in line with residents' assessed needs. The inspector was told that there were three general practitioners (GPs) who visit the designated centre, with two of these visiting on a weekly basis. There was evidence of referral to and recommendations from other healthcare professionals such as psychiatry of older age, physiotherapy and tissue viability nursing.

Staff had completed training on safeguarding of vulnerable adults. The inspector was told the registered provider was in the process of reviewing the safeguarding policy. There was information on advocacy services displayed within the designated centre. The inspector found that more robust oversight on safeguarding plans and records was required which will be further discussed under Regulation 8.

Residents' meetings took place monthly. The registered provider also sought

feedback from residents and their families through surveys. A recent survey had been completed and the inspector was told that the registered provider was in the process of developing a quality improvement plan from the findings. The inspector observed activities occurring on the day of the inspection such as art class, music and bingo. In addition, there were regular activity audits which detailed regular activities which were occurring within the centre. However, the activity schedule was not adhered to on the day of the inspection and the residents from the first floor did not have access to any activities. This also meant that residents were unable to plan their day and chose what activities they would like to partake in.

The registered provider had taken action since the last inspection and the premises had been painted, flooring repaired and items of furniture repaired. The inspector saw that the premises looked brighter. Feedback from residents' and staff were complimentary of the premises works with a record in a residents' meeting detailing residents were happy with the new chairs in the dining room. One resident also told the inspector "everything is spotless".

Overall the premises was found to be clean. The registered provider had assurances in place for the standard of hygiene in the centre through cleaning schedules and sign-off processes in place. The registered provider completed regular environmental and personal protective equipment (PPE) audits. Staff were seen to be following public health guidelines in the use of PPE such as face masks. In addition, monitoring of signs and symptoms of infection for residents was recorded regularly. However, further action to be in full compliance with the regulatory requirements on infection control were required, which is further outlined under Regulation 27.

## Regulation 12: Personal possessions

There was adequate storage available in residents' bedrooms including a lockable bedside unit. A list of resident's possessions was available and kept up-to-date including pictures of items such as communication aids.

Judgment: Compliant

## Regulation 17: Premises

The following issues were identified:

- The bedpan washers within the designated centre had not been serviced adequately. Confirmation was received after the inspection that this service had been completed.
- The garden areas required attention as there were weeds seen in the paving and within flower beds. In addition, an open pipe on the ground had cigarette

butts within it.

- The paving within one of the internal courtyards was uneven and had the potential to be a trip hazard.
- Flooring in some communal areas such as corridors was quite worn and marked.
- The pipes in a sluice room were exposed which prevented effective cleaning.

Judgment: Substantially compliant

### Regulation 27: Infection control

Some issues which had the potential to impact on infection control measures were identified on the day of the inspection. For example:

- The inspector observed residents share a hoist sling without any cleaning processes in between each resident's use.
- A fridge in the dining room on the ground floor used by staff was unclean. The inspector was told this was not on a current cleaning schedule.
- There was some gaps seen in staff monitoring records for COVID-19.
- The cleaning oversight on the first floor required further attention:
  - Waste control of a bin in a sluice room required action during the inspection as it was seen to be overflowing.
  - Residents' chairs were dirty and stained within a lounge area.
  - The doors on the kitchen cabinets in the lounge area in Iona were badly stained and prevented effective cleaning.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed by the inspector. Validated risk assessments were used to develop care plans. Care plans were person-centred and provided sufficient detail to guide staff on the resident's care needs. All records reviewed were in line with regulatory timeframe requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical, health and social care professionals.

Residents have access to local community services such as a dentist, optician and chiropodist. Referrals were made to the National Screening Programme where relevant.

Judgment: Compliant

### Regulation 8: Protection

Further oversight was required to ensure that all measures were in place to protect residents from abuse. For example:

- There were gaps in documentation to provide safeguarding assurances for one resident:
  - The preliminary screening was incomplete for an incident that had taken place ten days prior to the inspection.
  - The risk assessment remained the same risk level following three incidents.
  - There were some gaps in resident safety checks for six out of the ten days reviewed.
- One resident did not have a safeguarding plan initiated following an incident of abuse which had occurred.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The inspector was not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. The activity scheduled was not adhered to on the morning of the inspection for the ground floor and for the full day of the inspection on the first floor. Feedback from some residents and visitors was that they would prefer more activities provided.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0036547

Date of inspection: 24/03/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A review of a number of auditing tools has taken place and going forward, the management team will ensure greater oversight of the auditing processes to allow for the best outcome for the residents.</li> <li>• Household audits to be revised and include every room's function is in accordance with the Centre's SOP. In the event that temporary change of use is necessary, this will be indicated outside of that room and identified on the audit to reflect temporary change of use.</li> <li>• Since the inspection, the 'Transfer to Hospital' audit has been actioned.</li> <li>• In line with the center's P&amp;P on Nutrition and Hydration, FC-S5-10A,10C,10D,10E, an audit will be actioned to more fully reflect the nutrition and hydration status of those who have been identified as being at risk of weight loss or have an evidenced weight loss and to put in place corresponding person centered SMART actions plans to address this risk.</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Since the inspection took place a review of all Contracts of Care has taken place. The contracts now include whether the room has single occupancy or shared occupancy.</li> <li>• A comprehensive list will be attached with the Contract Of Care to inform all residents of the services that the HSE have advised are available to all GMS residents within the centre and externally of the centre. This information is also documented in the Residents</li> </ul>	

Guide.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Following the inspection, the following issues were immediately actioned:</p> <ul style="list-style-type: none"> <li>• All bedpan washers have been re-serviced immediately following the inspection.</li> <li>• All garden areas have been replanted and tidied and the small area of paving has been relaid.</li> <li>• Schedules are in place for replacing marked flooring and upgrading coverings to pipeworks.</li> <li>• A schedule of works is in place to replace doors on kitchen cabinets to address any IPC issue.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• All residents who require hoisting within the centre have access to a hoisting sling specifically dedicated for their sole use.</li> <li>• Records of staff monitoring checks for COVID-19 are now audited weekly by CNMs to ensure compliance.</li> <li>• All dining area fridges within the centre are now included in the daily cleaning schedule which has also been updated to include more frequent checks of all bins.</li> <li>• A revised schedule for cleaning residents' chairs is in place</li> <li>• The environmental audit conducted monthly now includes dining room fridges.</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• Training on the safeguarding of residents will now include the requirement for appropriate safeguarding care planning for all Peer to Peer safeguarding incidents.</li> <li>• PIC/ADON/CNM, will oversee that all safeguarding care plans for residents involved in a</li> </ul>	



safeguarding incident are initiated within 24 hours of the incident occurring; and that preliminary screening and resident safety checks are completed as required.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure that all residents have opportunities to participate in activities in accordance with their interests and capacities , the PIC has put in place the following initiatives:

- A review of the current activity schedule has been conducted; the findings have been analysed and evaluated and used to inform the delivery of an updated and enhanced schedule that more fully reflects residents interests and capacities. All activities are now provided in accordance with the approved schedule.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
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	30/06/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	26/05/2022

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/06/2022
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.	Substantially Compliant	Yellow	30/06/2022

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2022