



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

Issued by the Chief Inspector

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Announced
Date of inspection:	02 November 2023
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0033209

About the designated centre

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

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 67 single and one double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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 2 November 2023	08:55hrs to 16:35hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

From the inspectors observations and from speaking to residents and visitors, it was evident that residents were supported to enjoy a good quality of life and received a good standard of quality care from staff. Residents spoke very positively about the staff in the centre with a resident saying they are "all very friendly and helpful". Residents also said the staff "couldn't be nicer". Residents said they had no complaints. If they did have a concern they would feel comfortable and confident to raise this. All visitors spoken with spoke very highly of staff and the care provided by them.

Following an opening meeting, the person in charge, accompanied the inspector on a tour of the centre. The centre is set out over three levels, with access between levels via a lift or stairs. The centre is comprised of a Georgian style house with a purpose built extension. Residents were accommodated in 67 single and one twin occupancy bedroom. There was a large drawing room beside the main entrance at reception, three sitting rooms, one on each floor, a large dining room which opened out onto a patio and a room that was used for activities and as a quieter place for dining or for a group of friends to dine together.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. However, the inspector observed that some maintenance were required in areas. This will be discussed in the report below.

On the ground floor, there was a hairdressers which was open once a week, residents could also book an appointment when needed. There was a small seating area called the church view which was a bright quiet space for residents to relax in comfortable seating with shelves full of books and nice views to enjoy. There was also an internal secure garden for residents to use.

Throughout the day of inspection, residents were observed to be taking part in different activities which took place on each floor in the sitting rooms. On the ground floor in the morning, residents were listening to classical music and flower arranging. The inspector observed staff using visual aids to support residents to choose the activities they wanted to take part in and plan for their day. On the top floor residents enjoyed having their nails done as part of one to one care while some residents chose to watch morning programmes on TV. Residents on the lower ground, garden floor, were doing a group activity while listening to music. Each of the residents were observed to be smiling, laughing and engaging with the activity. In the afternoon a large group of residents took part in chair yoga. Residents also spoke about a Halloween party which had taken place the day before inspection. They said staff and residents got dressed up and played some party games which they thoroughly enjoyed.

There were two meal times to allow for staff to assist all residents who needed support. The smaller dining room which was also used for activities was a nice

private space for residents to enjoy each others company. The larger dining room had large windows facing out onto a private patio which could be accessed by the residents. Dining room tables were set and dressed with fresh flowers in a vase. Menus were available on each table for residents to choose their meals from. Overall, residents spoken with said the food was very good, that there was always "food on the go".

Residents' bedrooms were personalised and homely. Residents in single bedrooms had a pleasant private space to relax in. There was one twin room which was not configured to afford adequate space for residents to complete their personal activities and relax in private. However, this was currently used as a single room. This is further discussed later in this report.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. Staff respected residents' right to choice and supported residents in a manner that ensured residents' dignity was maintained at all times.

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

Overall, the inspector found that the registered provider was striving to deliver a high quality service and there were effective management systems in the centre to ensure that residents were provided with good quality care. The centre had a good history of compliance with the regulations and this was evident on the day of inspection. However, some issues still remained outstanding in relation to a twin bedroom. This was addressed by the registered provider on the day of inspection and will be discussed later in the report. The information guide for residents and other areas in relation to premises also required action.

This announced inspection was carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards.

The registered provider was Beechfield Manor Nursing Home Limited. The person in charge worked full-time in the centre and facilitated this inspection. They were observed to be well-known to the residents. They were supported in their role by the registered provider representative, one assistant director of nursing (ADON), two clinical nurse managers (CNM), a team of nurses and healthcare staff, activity coordinators, two chefs, a catering and domestic team, administration, and maintenance staff.

There was robust management systems in place to monitor the centre's quality and safety with clear lines of accountability and responsibility. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; assessment and care plans, antimicrobial stewardship, call bells, falls and wound management audits. These audits were found to be objective and identified areas for improvements. The registered provider had arrangements to ensure that the centre was resourced sufficiently to effectively deliver care in accordance with the centre's statement of purpose. Clinical governance meetings take place every quarter with the senior management team at group level and the person in charge to ensure oversight. Within the centre, regular meetings were held with all staff and minuted to cover all aspects of clinical and non-clinical operations.

The registered provider had resourced the designated centre with an appropriate number and skill mix of staff, to support the residents' assessed needs. The centre's staffing rosters for the previous two weeks, the week of the inspection and the week following the inspection were reviewed. A minimum of one nurse was rostered both day and night. There was a sufficient number of domestic staff available across the week, and activities staff were rostered each day.

The provider had a complaints policy in place, and the complaints procedure was prominently displayed on each floor of the centre and contained the information required by the regulations.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents.

Effective management systems were in place to ensure the service was appropriately managed. The management team worked well together, supporting each other through a well-established and maintained system of communication.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector of Social Services in a timely fashion and in compliance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display on each floor of the designated centre. The complaints policy and procedure identified the complaints officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall the residents received a good quality of care from a dedicated team of staff. Residents told the inspector that they felt safe living in the centre. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. Improvements were required in relation to premises and information for residents.

Residents with communication difficulties had personalised care plans in place and staff were aware of their specialist communication needs. Assistive technology was in place for those who needed it.

The inspector observed that visiting took place throughout the day of inspection and there was a private room on each of the units for residents to meet visitors in private if required.

There were good standards of end of life care provided in the centre. Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected.

The provider had an on-going maintenance programme. Some areas in the centre had wear and tear and required further action. The inspector observed that the design and layout of the multi-occupancy bedroom within the centre impacted on residents' right to privacy. However, this is currently being used as a single room. On the day of inspection the registered provider updated their statement of purpose to reflect this and committed to reconfiguring the twin bedroom when the room is next vacant.

The inspector was assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements. Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a menu rotation with a variety of food choices each day. Residents expressed satisfaction with the choice of food.

There was a residents' guide in place. It included details of all the services and facilities available in the nursing home. It also, included details of the complaints process and access to independent advocacy services. However, information in relation to the terms and conditions relating to residing in the centre were not detailed.

Residents who displayed behaviour that was challenging were provided with care that was least restrictive and ensured their safety. The use of restrictive practice was reviewed regularly by the person in charge.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending the centre throughout the inspection. There was a private room on each of the units that was available for residents to meet visitors in private if required.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were completed and updated as and when necessary, they reflected the residents' personal wishes, and there was evidence of resident and family involvement. The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the centre provided a premises which was mostly in conformance with Schedule 3 and Schedule 6 of the regulations, however improvements were required for example:

- The inspector observed that the configuration of the twin bedroom did not provide residents with adequate floor space and privacy. However, this room was currently occupied as a single bedroom. On the day of inspection, the registered provider updated the statement of purpose to reflect this room as a single occupancy bedroom while the resident remained residing there. The registered provider also gave a commitment to reconfigure this bedroom to comply with the requirements of the regulation when it is next vacant.
- A bedroom had stains on the ceiling and needed to be painted.
- The radiator cover was broken in the sitting room on the garden floor.

- Some furniture was damaged in some sitting rooms and required replacement.
- A communal toilet on the garden floor had water damage on the walls from a leak which was repaired. The ventilation in the toilet also required attention.
- Some lino floors in the centre had stains or black marks which could not be cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide in respect to the designated centre did not contain the following information:

- The terms and conditions relating to residence in the designated centre.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0033209

Date of inspection: 02/11/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • We have updated our statement of purpose to reflect this room as single occupancy bedroom while the resident remained residing there. When the room reverts to a twin room, we will make sure that the room will be reconfigured, rearrange the furniture and make sure that the two residents have access to their own personal possessions within their floor space to enable privacy. • A bedroom had stains on the ceiling which was painted by the maintenance staff. • The broken radiator cover on the garden floor will be fixed. • Two new coffee tables ordered • The leak in the communal toilet on the garden floor was repaired, and painted. The ventilation fan in the toilet is to be repaired by an external contractor. • Stained lino to be replaced by contractor. 	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • The residents guide updated with the terms and conditions relating to residence in the designated centre. The template of private, fair deal and transitional care funding contract of care attached with the resident's' guide. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the	Substantially Compliant	Yellow	01/12/2023

	designated centre concerned.			
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