



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

Issued by the Chief Inspector

Name of designated centre:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Unannounced
Date of inspection:	09 January 2023
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0037929

About the designated centre

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

Bethany House is a purpose-built nursing home located in the heart of Tyrrellspass, Co Westmeath. The centre can accommodate and is registered to care for a maximum of 90 residents, both male and female aged over 18 years. They provide 24-hour nursing care for residents of all dependency levels requiring general care, convalescence care, respite care and those requiring age-related dementia care. They also care for young chronic sick residents, including those with an acquired brain injury. The centre provides a comfortable, varied and spacious environment for 90 residents. Two new extensions were added to the premises in 2017 and 2021, and all accommodation is provided on ground floor level with a mixture of single and twin bedrooms a number with en-suite bathrooms. Amenities within walking distance include a hotel, post office, newsagents, grocery shop, church, to mention a few.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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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
Monday 9 January 2023	09:00hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector observed interactions between staff and residents to be kind and respectful. Residents spoken with were very complimentary about the staff in the centre. One resident said 'staff are lovely and very kind to me' while another resident said 'the staff work so hard here, they never stop going'. Three visitors spoken with also praised the staff and the management of the centre. Good communication between staff and relatives was the consensus, with further comments such as; 'they always keep me updated', 'they are very kind and helpful' and 'there is always plenty of staff around'.

The inspector walked around the centre and found it to be clean and well organised. All rooms were labelled and signage was very clear, indicating where all communal areas were located. There were many communal spaces that were decorated in a homely manner with ample comfortable seating and many decorative ornaments on display. An old phone booth was situated on one corridor and a penny farthing bike on another corridor to support reminiscence and discussions about the old days. The corridor walls had colourful murals displayed with each one having a different theme.

Bedrooms were found to be clean and homely. Each room had adequate storage space to include a locker and a wardrobe. The rooms were nicely decorated with some residents having brought in personal items from home. Residents spoken with said they were 'happy with their bedrooms'. They said they were 'very happy with the level of cleanliness in the centre' and were complimentary about the cleaning staff and said they were 'always cleaning' and that their 'room was cleaned every day'.

Residents had easy access to a secure internal courtyard, which was paved and had ample seating areas for residents and their visitors to use and enjoy. This area was well maintained with bright colourful ornaments and bedding plants.

There were activity boards displayed around the centre which showed a large selection of activities available. There were two main areas designated for activities. In one area, residents were seen participating in an exercise class while in another area other residents were playing bingo at the same time. Residents said there was always a great selection of activities and they had a choice of which area or activity they wanted to attend. Mass was available in the centre every Thursday and other religions could be accommodated if required.

There were two large dining rooms available for meal times. In one dining room there was the option of two different time sittings for meals, while in the other there was one sitting. Residents had many choices of food at each meal and the residents informed the inspector that the chef often visited them to enquire about their preferences and their opinions on the food. There was adequate staff available to assist residents in each dining room. These staff assisted residents in a discreet and

respectful manner.

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

Capacity and capability

Overall, this was a good, well resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports.

There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of inspection the person in charge was supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM), and a team of nurses, healthcare assistants, housekeeping, catering, laundry, maintenance and administrative staff. The registered provider is MPM Nursing Home Limited. There was a new provider representative appointed in late 2022, who was available on the phone to provide additional information if required. To support the day-to-day running of the service there was an operations manager and a quality lead in place.

There were bi-monthly governance and management meetings taking place, aimed at ensuring comprehensive oversight of service. The management team had an audit programme in place to monitor areas for example; health and safety, falls, food and nutrition, privacy and dignity, pressure ulcers and medicine management. Action plans were in place to address deficits in audit findings and were followed up by the person in charge and provider representative. Results of many of these audits were included in the centre's annual quality and safety review.

The management team had been pro-active in fire safety since the last inspection. This included the development of risk assessments in relation to fire safety and control measures that were implemented.

Staff spoken with were knowledgeable in relation to safeguarding of the residents and what to do in the case of an emergency, such as a fire.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

The inspector viewed a sample of residents' contracts for the provision of service. These contracts specified the services to be provided to the resident, the fees to be paid and any additional fees for services as required.

There was a directory of residents' made available to the inspector. This included

the necessary information required such as their next of kin details or any person authorised to act on the resident's behalf. However, there were gaps in relation to the name and address of the authority, organisation or other body which arranged the residents' admission to the designated centre.

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. However, there were gaps in relation to the name and address of the authority, organisation or other body which arranged the residents admission to the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. All had been signed by the resident or their appointed representative and the registered provider representative. They included the services to be provided, terms and conditions, fees to be charged, the room number and the occupancy of the room.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to the Chief Inspector of Social Services had been notified in a timely manner.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents was of a good standard. Residents were consulted about the organisation of the designated centre.

The centre was found to be very clean and uncluttered. All areas of the centre were found to be on a cleaning schedule and clear audits of the practices were provided to the inspector. Cleaning staff were very knowledgeable on the importance of their role in protecting the residents living in the centre.

Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

Care plans examined were seen to be prepared within 48 hours of admission to the designated centre. The inspector saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Where a resident had been transferred to hospital, a copy of the General Practitioner (GP) referral and nursing transfer summary were available. The hospital discharge letters and the resident's prescription was in the resident's file and the change in medications had been communicated to the GP and pharmacist. It was also seen that the resident's nominated representatives had been informed of the transfer.

The inspector was assured all reasonable measures were taken to protect residents. Staff had access to the appropriate training in relation to the detection, prevention of and responses to abuse.

Residents were offered choices in most aspects of their day-to-day life and their choices were being respected. Residents had access to radio, television, and newspapers both local and national, together with access to the internet.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities. Residents attended committees where their voice could be heard and their opinion provided.

Residents were provided with a varied and nutritious diet. The menu for meals changed daily and residents had choices on what meal they wanted to eat. There were an adequate number of staff available to assist residents at meal times and they assisted the residents in a respectful manner. Residents were offered both hot and cold drinks throughout the day.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service. An independent advocacy group was available to residents and information was posted on the notice board with contact details for this service.

The registered provider had made improvements in relation to fire safety. Risk assessments had been completed and new signage had been placed around the centre. A new outdoor secure oxygen storage area had been implemented and oxygen signage was placed around the centre to indicate where oxygen was stored. The fire doors in Crinkle unit had been replaced.

Regulation 13: End of life

The person in charge had ensured that where a resident is approaching end of life, appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents received wholesome and nutritious meals that met the dietary needs of the residents. There was access to a safe supply of fresh drinking water at all times.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was made available to the inspector and contained all the information as required under the regulations. The guide had been updated to include details of the recent changes to the management personnel.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of a resident to hospital was available to the inspector. All relevant information about the resident was sent to the receiving hospital. On return from the hospital a discharge letter and relevant documentation was received and filed in the resident's individual record. Recommendations and treatment plans were incorporated into the resident's care plan and a review was completed by the general practitioner (GP).

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire, and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

All staff have received suitable training in fire preventions and emergency procedures including evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 8: Protection

A sample of a suspected safeguarding incident notified to the Chief Inspector was reviewed, this was seen to be investigated and measures put in place within a timely manner.

The centre was a pension-agent for six residents, and adequate banking arrangements were in place for these residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre.

Residents were provided with access to independent advocacy services if required.

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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0037929

Date of inspection: 09/01/2023

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The designated centre is currently in the process of moving the residents directory onto a new electronic system, which will include the name and address of the authority, organization or other body which arranged the residents admission to the centre.	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/03/2023