Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Limited
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Unannounced
Date of inspection:	01 September 2021
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0031317

About the designated centre

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

Beaumont Residential Care is a designated centre located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lifts and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed form many aspects of the centre. Beaumont Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 September 2021	09:00hrs to 19:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There were 70 residents residing in Beaumont Residential Care at the time of inspection; the inspector met with many of them during the inspection, and spoke with two relatives visiting the centre. The inspector spoke with 6 residents in more detail to gain insight into their experience of living there. From what residents said and from what the inspector observed on the day of inspection, residents were supported by staff to have a good quality of life. There was a rights-based approach to care delivery and residents reported choice in their care and living arrangements. Residents and relatives said that staff were very good, kind and attentive; the relatives said they never had to raise any issue; they reported there was no trouble visiting saying "we do the 'COVID' checks when we come into the centre", "staff welcome us when we come in and even though this is a big centre, they know us all and who we are visiting and have a kind word for us".

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a staff member which included a signing-in process and electronic temperature check. Hand gel, disposable face masks and a hand-wash hub were available at reception. Following the IPC precautions, the inspector was guided around the centre by the deputy person in charge, as the person in charge was on leave. During the walk around it was evident that the deputy person in charge was well known to residents and that she engaged with their care and support, with residents stopping to chat to her on both floors.

The centre was a large two-storey building located in the suburban area of Beaumont in Cork city and was registered to accommodate 73 people, 10 of whom were accommodated in the dementia-specific unit on the ground floor. The premises was homely, warm, comfortable, and communal rooms were beautifully decorated. All areas were easily accessible with two lifts (one on either side of the building) and five stairways. The entrance hall was clean, brightly painted and decorated with floral arrangements, plants and homely furnishings such as comfortable seating. There were several communal rooms for residents to enjoy on the ground floor with the visitors room, library sitting room, large TV room and activities room, all located in close proximity to main reception. The dining room was located to the left of main reception.

At reception, there was a large notice board with residents and family information including the activities programme, advocacy information, CCTV signage and a large sign with the day and date for easy reference for residents.

The inspector met two residents coming to reception to collect the newspaper and later were observed in the library relaxing and enjoying reading the newspaper and chatting with friends. The library was a lovely comfortable room with bookshelves and lots of reading material. The day room was an expansive room with patio access to the landscaped garden. The large retractable movie screen in the main day room

provided a great asset for movie nights. There was piped music in communal rooms for residents enjoyment and this could be controlled in each room in accordance with people's preferences. All bedrooms were single rooms with full en suite facilities. Bedrooms had adequate space to accommodate furniture and seating and were decorated in accordance with people's preferences. Most bedrooms also had window seating for residents to relax and enjoy the views.

On the morning of inspection, a number of residents were up and dressed. Some residents were having their breakfast by their bedside or in bed, all in a relaxed manner. Morning care was being delivered in bedrooms and lovely banter and chat was observed. Staff introduced themselves and said good morning to residents in a respectful and friendly manner. Residents were well groomed and dressed in accordance with their wishes and preferences. A member of staff was observed delivering fresh water to residents in their bedrooms and also displayed a respectful and friendly manner.

The hairdresser was on site during the inspection and residents were observed getting their hair up-styled throughout the day. The hairdressers' room was used by staff during the COVID-19 outbreak as part of their safety precautions regarding staff segregation. However, the hairdresser was now back on site and while the room was vacated by staff on the days the hairdresser was on site, it continued to be used by staff the remainder six days. Consequently, the ambiance of the room did not lend itself to a salon experience. Previously, two or three residents waited in this room to have their hair done, chat with other residents and the hair dresser in line with a normal hair salon experience. However, this was not possible due to current the layout of the room and items stored there. Nonetheless, the inspector was informed that new salon-style hair dryers were awaiting delivery and when they arrived, it would provide an opportunity to re-decorate the room with posters and other styling pieces to create a salon ambiance and experience for residents.

The activities programme was displayed on residents' wardrobes as reminders of the weeks' activity plans. The activities co-ordinator was seen to spend some time with a resident with communication needs, chatting to see which activity she would like to participate in; a staff member then walked with the lady to the room of her choice to facilitate her activity. The activities person was seen to call to residents' bedrooms in the morning with a trolley full of an array of reading material and activity paraphernalia to facilitate individual activity sessions. Large group activities were facilitated in the main day room and a smaller group in the TV room. The activities co-ordinator actively engaged with all residents and encouraged their involvement and participation.

The dementia friendly unit was fob access as part of the safety measures. The unit was painted and decorated in accordance with dementia-specific care. Bedroom doors were painted in different colours with residents photographs, names and a photograph of some place significant to them, others had family pets displayed, to assist residents orientation and recognising their own bedroom. Communal space in the unit comprised a day room, dining room and relaxation room. An Andre Rieu concert was on the TV and the care staff was observed actively engaging, dancing and having fun with residents. There was comfortable seating on the wide corridor

opposite the dining room and the enclosed garden was accessible from here. There as a central raised shrubbery in this garden with a wide path around it for residents to walk. However, there was no garden furniture for residents to relax and enjoy the outdoors, sunshine and fresh air.

There was a second secure courtyard garden which was easily accessible for residents by communal rooms. The courtyard garden was beautifully maintained with raised flower beds and mature plants. There were tables, chairs and parasols here for residents to enjoy the outdoor space.

The main dining room was downstairs. Tables in the dining room were appropriately set for residents prior to them coming for their meals with napkins, condiments and cutlery, and flower posies for decoration. Meals were well presented including textured diets and residents gave positive feedback of the quality of the food and the menu choices. The lunch time menu choice was displayed in the dining room; the catering manager explained that this, along with other aspects of the dining experience were being improved. For example, new signage and pictures were ordered to enhance the menu displayed to support residents with cognitive impairment to make menu choices. Mealtimes was seen to be social occasions where residents and staff chatted together. Medications were administered after meals ensuring that the dining experience was protected for residents. Residents told inspectors that they had access to snacks throughout the day. The main meal of the day was served at 12 noon which was too early for this meal and three residents gave this feedback to the inspector.

Residents and visitors had access to toilet facilities by communal rooms. However, in one of these toilets there was two packages of incontinence wear on the shelving behind the toilet. Small clinical waste bins were seen by the drinks dispensers and other locations along corridors and were accessible to anyone, which was not in keeping with IP&C or risk management safety. In the assisted bathroom, stocks of face masks, residents' belongings, pressure relieving cushion were all inappropriately stored on the ground here.

The fire panel was located by the main entrance. Emergency floor plans were displayed here, however, they did not have the evacuation pathways detailed in these plans or a point of reference, and the plans were not orientated to reflect their relative position in the building.

All areas requiring security were locked appropriately and staff had fob access to these areas. Residents had individual hoist slings in line with infection control and these were in stored in residents' bedrooms. The housekeeping staff member demonstrated excellent knowledge of IPC cleaning procedures. Laundry was seen to be segregated at source and staff used alginate bags when required appropriate.

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

This was a good service with a rights-based approach to care delivery. Nonetheless, an urgent compliance plan was issued on the day of inspection requesting that evacuations of compartment, cognisant of night duty staff levels, be carried out to be assured that all staff could complete an evacuation in a timely and safe manner.

Beaumont Residential Care was operated by Beaumont Residential Care Limited, the registered provider. Beaumont Residential Care became part of the CareChoice group in December 2020, which operated a number of other nursing homes throughout the country. The governance structure of CareChoice comprised a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre was supported by a national and regional management team of quality, finance, catering, maintenance and human resources (HR).

The person in charge was supported in her role by the assistant director of nursing (ADON), and clinical nurse managers (CNMs). The person in charge was on leave at the time of inspection and the ADON facilitated the inspection; she demonstrated good oversight of the service including resident care and welfare.

Issues identified on the previous inspection had been addressed, for example, restrictive practice documentation included an appropriate risk assessment; care plans and assessments were updated in accordance with the residents' changing needs in the sample documentation examined. End-of-life care plans were updated to reflect the residents wishes and preferences in the sample seen. Areas for improvement identified on this inspection included fire safety precautions relating to evacuation of compartments.

There was evidence of good governance and oversight of the centre with monthly clinical governance meetings, where issues such as human resources, complaints, incidents, audits, and key performance indicators were discussed and monitored. A new template for minutes of these meetings was being rolled out at the time of inspection to facilitate more robust record keeping. The template seen ensured that the date, time, attendees and absentees could be recorded as well as facilitate recording of discussions. This was welcomed as the current template did not facilitate these measures. Improvements identified had associated action plans with responsibilities assigned and the progress status relating to the actions. The audit programme enabled good oversight of the service and audit results fed into the monthly governance meetings. There was a project plan in place for upgrading the premises including painting and decorating, and new furniture procurement.

The service was subject to a COVID-19 outbreak which was declared over by Public Health in March 2021. A post COVID-19 outbreak review report completed by the person in charge demonstrated that a review of each stage of the outbreak management was analysed from the preparedness phase, outbreak management phase, to the recovery and mitigation plan post COVID-19 phase. This was an

insightful review and detailed 'what worked', 'what needed to be better' and risks identified. In the recovery and mitigation phase, goals to be achieved were set taking a positive approach to all aspects of care delivery. For example, the mental health and well-being of residents and staff and the importance of encouraging people to go into the garden and enjoy the fresh air and sunshine whenever possible. They acknowledged the importance of continuity of care regarding staffing, GPs and specialist services such as palliative care, and controls put in place regarding continuous communication pathways including communication with families.

The inspector recognised that residents, relatives and staff had come through a difficult and challenging time following the COVID-19 outbreak in the centre; and acknowledged the efforts made by management to ensure that residents, relatives and staff were kept informed of the changing landscape of service provision due to COVID-19.

It was not possible to access staff files as part of Schedule 2 documentation review as the HR administrator was on annual leave and files were inaccessible.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Recruitment of staff was ongoing at the time of inspection to ensure staff levels were maintained. The IT system in place enabled oversight of training needs with alerts when training was due. Training records demonstrated that a lot of training was up to date. While some staff training was overdue, training was scheduled in the weeks following the inspection.

There was good oversight and follow up of complaints in the centre and residents said there were no barriers to their reporting any concerns. While most notifications were submitted in a timely manner in line with regulatory requirements, others were not.

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.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The I.T. system in place enabled oversight of training needs with alerts when training was due. Training records demonstrated that a lot of training was up-to-date. While training was scheduled for manual handling and lifting 13 September, responsive behaviour 13, 14 and 15 September and safeguarding 17 September, staff were overdue this training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection to ensure compliance with the regulations.

Judgment: Compliant

Regulation 21: Records

It was not possible to access staff files as part of Schedule 2 documentation review as the HR administrator was on annual leave and files were not accessible.

The controlled drug ledger required review to ensure it was fit for its intended purpose and could facilitate robust record keeping such as documenting partial unused and discarded medications.

Judgment: Not compliant

Regulation 23: Governance and management

A urgent compliance plan was issued on inspection relating to fire safety precautions. This was further detailed under Regulation 28, Fire precautions.

The safety statement of March 2021 required updating to reflect the new governance structure.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect:

- the correct whole-time equivalent staff
- the facilities to be provided
- the current organisational structure
- a more accessible format as abbreviations such as 'PAT' for personal items were detailed
- the ADON was identified as a person participating in management (PPIM).

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Three notifications (NF03s) were submitted late to the Chief Inspector. Submission of the quarterly returns required review as these were being submitted per unit (upstairs, downstairs and the dementia-friendly unit) rather than one notification for the centre as a whole.

Judgment: Not compliant

Regulation 34: Complaints procedure

A robust complaints system was seen which included ongoing engagement with complainants, offering solutions to issues identified.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available to staff. These were up to date and most were for review in 2023.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Visiting was ongoing in line with September 2021 Health Protection Surveillance Centre (HPSC) national guidance. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to fire safety.

Oversight of residents' healthcare needs was good. Residents' healthcare needs were promoted by ongoing on-site access to their GP, health and social care professionals such as to speech and language and dietitian services when required, and other specialist care such as psychiatry of old age. Healthcare needs were assessed using validated tools which informed appropriate care planning. A sample of care plans and assessments examined showed a holistic approach to care delivery. The daily nursing narrative included information on the care directed by the GP as well as specialist care instructions. The assessments of daily living included very detailed information and close observation by staff of residents to ensure they remained pain-free. Communication with family members and inviting them to visit on compassionate grounds showed a considered and empathetic approach to care and well-being of residents and their family. 'Let Me Decide' programme was being rolled out at the time of inspection, and several residents has these forms completed with details of their care wishes, including those people residents would like to visit when they become unwell.

From speaking with staff it was evident that the necessary information to support a safe transfer was provided to acute care services when a resident was transferred. However, when inspectors reviewed two residents' files, a copy of this information was not saved in the residents' files as required in the centre's own temporary absence and discharge of residents' policy.

Observation on inspection showed that staff had good insight into responding to and managing communication needs and support was provided to residents in a respectful manner. Care documentation seen by the inspector included behavioural support plans and observational tools to help identify reasons for anxiety or distress and controls to mitigate recurrence.

The layout of the premises allowed for sections of the centre to be safely divided to prevent cross-contamination.

Controlled drugs were checked in accordance with professional guidelines. They were securely maintained. While residents had access to GP and specialist services that provided current prescriptions, medication administration records were not in compliance with a high standard of evidence-based nursing care regarding records to be maintained.

Resident meetings were held in the centre every two months and residents were encouraged to make suggestions about the organisation of the service.

A comprehensive review of mealtimes had taken place and this included the dining room layout and menu displays in conjunction with the residents' experience, supervision and practice as part of the dining experience. Improvements included the menus, dining room itself and the practice around serving and cleaning following meals.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Documentation showed that monthly fire safety checks, weekly emergency lighting checks, monthly hydrant checks were comprehensively completed. However, significant gaps were identified in the daily fire safety checks. Fire safety training was up to date for all staff and fire safety was included in the staff induction programme. While fire safety drills were undertaken, evacuations of compartments were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requesting evacuations of compartment cognisant of night duty staff levels. A review of the evacuation emergency floor plans was necessary regarding the information displayed and their orientation.

Regulation 10: Communication difficulties

The inspector observed that the staff were familiar with residents and their communication needs; interactions seen demonstrated that staff provided assurances to allay fears and anxieties; distraction techniques observed showed insight into residents' needs as well as kindness and understanding by staff.

Judgment: Compliant

Regulation 11: Visits

Visiting was facilitated in line with September 2021 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre. Information pertaining COVID-19 visiting precautions was displayed at the entrance to the

centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms had ample space to maintain their clothes and personal possessions, including double wardrobes, bedside locker and lockable storage space. Some residents had an additional chest of drawers.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that staff had actively engaged with residents to obtain their end-of-life care wishes. A holistic approach was taken to this and information recorded included details such as those people the resident would like to be with them. End-of-life care documentation showed that residents had timely access to palliative care specialist, GP services and other allied health professional support.

Judgment: Compliant

Regulation 17: Premises

The centre was homely and provided adequate space to meet residents' needs. There was a relaxed atmosphere and residents were observed to walk about freely and appeared comfortable in their surroundings. The centre was clean and bright and easily accessible. Residents had access to an enclosed garden patio area which were easily accessible. A project plan was in place regarding painting and decorating the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional status of residents was monitored through regular weights and nutritional assessments. Residents were enabled to choose where to dine and this

choice was respected. Choice was offered to residents at meal times and meals viewed were well presented, including textured meals. Regular drinks and snacks were available between meals. Mealtime was protected as medications were administered after meals to ensure residents enjoyed their dining experience un-interrupted.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records of two residents, who had been transferred to acute services, did not include a copy of the transfer letters detailing the information provided as required in the centre's own temporary absence and discharge of residents' policy.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was seen and this included the specified risks as detailed in regulation 28.

Judgment: Compliant

Regulation 27: Infection control

Incontinence wear was seen on shelving in a communal toilet alongside the day room.

Clinical waste bins were located in communal areas around the centre which were accessible to residents.

There was inappropriate storage of clinical supplies and residents belongings in one bathroom.

Many of the protective surfaces of furniture were worn so effective cleaning could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Simulations of evacuations of compartments were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requesting evacuations of compartments cognisant of night duty staff levels. The compliance plan returned provided assurances that the service actioned the plan in a robust manner to ensure the safety of residents and staff. However further drills were required to ensure all staff were competent.

The fire panel was located by the main entrance. Emergency floor plans were displayed here, however, they did not have the evacuation pathways detailed in these plans. Furthermore, a point of reference was not included and plans were not orientated to reflect their relative position in the building.

Gaps were identified in the daily fire safety checks, for example, there were 15 days in August, six days in July, 10 days in June and 11 days in May where records were not maintained to confirm that fire exits were examined to ensure they were unobstructed as part of their fire safety precautions.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication administration records were examined. There were several gaps in the administration records in the sample reviewed, so it could not be assured that residents received medications as prescribed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The daily narrative reviewed showed really good monitoring of care needs as well as monitoring residents' responses to interventions including pain management. Risk assessments reviewed showed oversight of areas such as falls, pressure and skin integrity.

Assessments and care plans were updated in accordance with the regulations and the assessed needs of residents.

Judgment: Compliant

Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that fit-for-life classes, physiotherapy, general practitioners (GPs), the dietitian, dentist, chiropody, optical and speech and language services (SALT) had been accessed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A review of bedrail use in line with national policy was requested as there was a high level of bedrails reported with 30 residents having them in place.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that residents were relaxed, well dressed and had freedom of movement.

Judgment: Compliant

Regulation 9: Residents' rights

There was no garden furniture in the enclosed garden attached to the dementia-friendly unit to enable residents go outside, sit and relax and enjoy the good weather.

The main meal of the day was served at 12 mid-day; some residents gave feedback to the inspector that this was too early and not in line with the normal time for their main meal.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not 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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0031317

Date of inspection: 01/09/2021

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • On the day of Inspection, the HR person was on annual leave and as a result of this the files were not accessible. • We are currently doing a full review of the HR files moving from paper based to our E-HRM system. This allows access to DON, ADON and CNM and make them available for further inspections in future. The timeline for this to be completed is November 2021. • The controlled drug ledger has been renewed and now demonstrates comprehensive record keeping including the documentation of unused and discarded medication. All relevant staff have been directed in its use and regular review of the documentation in undertaken as part of medication audit practices.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The nursing home has undertaken a number of measures to ensure that it meets the requirements of regulation 28. A robust compliance was immediately actioned to include: • Increased training for staff in completing and maintaining daily fire checks; the nursing home undertook completion of further fire drills between 02/09/2021 & 04/09/2021 to include consideration of staffing numbers and various compartments. An attendance of 45 day staff and 6 night staff during this period. • The nursing home continues to carry out weekly fire drills and this is reviewed regularly by a fire advisor to determine when these drills can successfully move to monthly. • Fire training is provided to all staff to include the importance of the daily safety checks	

and this will continue to be communicated in staff huddles
• The fire safety procedures are visible to residents and staff in A3 format.
• The fire safety procedures have been added to the agenda of the residents committee meetings to relay & discuss this information to residents at each meeting.

The emergency floor plans are being reviewed to ensure they provide a clear pathway for evacuation and a point of orientation reference to reflect their relative position in the building.
The PIC and management team in the home will monitor compliance of all daily fire checks.

The governance structure has been reviewed in relevant documentation to ensure is reflects the new governance structure of the home.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been updated to reflect all points outlined in the report.
• The whole time equivalent of staff.
• The facilities provided.
• The current organizational structure and removal of ADON as PPIM
• It also has been updated to have a more accessible format.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC has provided education to the nursing team in the areas of incidents/complaints that require notification as per HIQA guidance. A communication process has been implemented to ensure that any incident meeting these criteria is communicated to DON/ADON through the nurses diary once they have documented details of the incident. The incidents report will be reviewed twice weekly by DON/ADON to ensure prompt notification follow up. This will be done with immediate effect.

Going forward the quarterly notifications will be submitted for the entire center as one unit and not by units as previous NF 39's.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
All nurses have been advised to make a copy of transfer letters and to keep them in residents individual hard copy file, as per Beaumont Residential policy. This will be reviewed and monitored by DON/ADON twice weekly to ensure compliance.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A review of the home has been completed with regard to storage of items. Any inappropriate storage has been addressed. The home has reviewed the storage needs with property team and a plan in place to increase appropriate storage for PPE and continence wear. This will commence in Q4 2021.

Communication to all staff has been issued on the appropriate guidance of continence wear and PPE. All bathrooms are checked daily by the housekeeping team to ensure that all toiletries and incontinence wear is removed from shelving. The nursing and clinical management team in the home will monitor the storage of items.

Additional, clinical waste bins have been removed from corridors.

Repairs to all shelving and surfaces to meet storage needs is scheduled for October 2021.

In addition, essential painting and decorating by an external contractor is due to commence in October 2021.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The nursing home continues to carry out weekly fire compartment drills by the inhouse

fire marshal.
Training of all staff continues and is overseen by an external fire advisor.
The weekly compartment drills will be reviewed regularly by a fire advisor to determine when these drills can successfully move to monthly.

Fire training is provided to all staff to include the importance of the daily safety checks and this will continue to be communicated in staff huddles. All fire safety checks are carried out by our maintenance personnel and recorded in the fire register. In the absence of the maintenance personnel, our administration team will carry out this duty. Historically, the team were documenting the checks in their administration records and not the fire register, this has now been addressed and All checks are being recorded in the fire register when maintenance personnel is absent. The nursing home management team will monitor these checks to ensure they are completed.

The emergency floor plans are being reviewed to ensure they provide a clear pathway for evacuation and a point of orientation reference to reflect their relative position in the building.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All nurses are currently updating their medication management training with HSE LAND. In addition they have been requested to read the NMBI guidance for registered nurses and midwives on medication management.
The pharmacy will carry out refresher medication management training, time frame to be confirmed.

Regular medication audits minimum fortnightly will continue, this includes auditing of relevant documentation, and the results of these audits will be disseminated to nursing team and actions discussed and monitored by the clinical management team.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A review of the usage of bed rails is being completed with reference to nursing home

and national policy and reduced where possible with currently bedrails x 11 & enablers x 10 in place.

A comprehensive assessment is completed for each resident with regard to bed rails. All alternative measures are considered before application of bed rails.
Residents using bed rails are monitored hourly, comfort and safety checks are recorded to ensure the resident is not experiencing any distress.

The use of bedrails is reviewed monthly all in accordance with National policy.
The number of bed rails in use is reviewed as part of the monthly restrictive practice KPI in association with the quality team.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Garden furniture consisting of a table and chairs and bespoke cushions for the raised flower beds are in place in the enclosed garden of Firmont, the dementia friendly unit. However we acknowledge that on the day the cushions to facilitate seating at the raised flower beds were not insitu and the need to increase the garden furniture. Increased Garden furniture will be procured in Q4 of 2021.

The dining experience had undergone an extensive audit in 2021 with a robust plan in place to include increased choice of meals, improved dining environment and new dementia friendly menu display. The timing of the meals is under review in conjunction with the catering team and residents with a plan to implement a later start time 12.30 for the resident's main meal of the day. The success of these changes will be monitored in consultation with the residents at the residents committee meetings and by the chef on a regular basis.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	15/12/2021
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	01/11/2021
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	01/11/2021

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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	01/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	10/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Red	06/09/2021

	followed in the case of fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/11/2021
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	08/10/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	01/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Substantially Compliant	Yellow	01/11/2021

	Department of Health from time to time.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	01/12/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	01/12/2021