



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

Issued by the Chief Inspector

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| 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: | Unannounced |
| Date of inspection: | 08 July 2022 |
| Centre ID: | OSV-0000013 |
| Fieldwork ID: | MON-0037358 |

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.

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| Number of residents on the date of inspection: | 66 |
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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 |
|--------------------|----------------------|---------------|------|
| Friday 8 July 2022 | 08:15hrs to 18:45hrs | Margo O'Neill | Lead |

What residents told us and what inspectors observed

On the day of inspection the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents who lived there. The inspector spoke with residents and visitors to gain insight and feedback about living in the centre and the service provided. Residents were complimentary of the care and support they received from the staff within the centre. One resident stated that "it is definitely above average". All visitors reported great satisfaction with the service and care provided by staff to their loved ones and reported they received a warm welcome from staff when visiting.

The inspector on arrival at the centre was guided through infection prevention and control measures such as completion of a COVID-19 health questionnaire, hand hygiene and the wearing of a face mask. After meeting with the person in charge and the assistant director of nursing, the inspector completed a tour of the centre.

The centre is comprised of a Georgian style house and a new extension which was purpose built and provides accommodation for 69 residents over three different floors, with lifts, chair lifts and stairs to facilitate movement between these areas. There is 67 single rooms and 1 twin bedroom, some with en-suite facilities. Residents were encouraged to personalise their bedroom space with photographs and other personal items to reflect their life, hobbies and interests. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions.

The centre was warm, pleasantly decorated and appropriately furnished, the inspector observed however that repainting and repairs were required in some areas. The original period house contains a large drawing room and conservatory area for residents and their visitors to use and enjoy. The Inspector observed several other sitting rooms located in the new extension, these rooms contained bookshelves with books, televisions and radios. Residents were observed to spend time throughout the day relaxing in these rooms, reading or enjoying the company of fellow residents.

The lower ground floor, the garden floor contained a large dining room. This room was also used for larger group activities like sing-a-long sessions with the centre's volunteers. Residents had access to two secure patio areas; one was located near the front of the premise which contained comfortable seating areas for residents to use during fine weather. The other patio area was located off the lower ground floor, this contained the centre's designated smoking area. Both patio areas required further attention, the inspector observed dry garden debris on the ground and that most furniture required cleaning prior to residents being able to use them. This was addressed during the inspection.

The inspector observed that many residents were up and moving around the centre as they chose while others were spending time in their rooms watching television or

reading. All residents appeared calm and relaxed and their clothes looked well cared for.

Residents reported that staff were kind and helpful when assisting them with their needs. During the inspection, the inspector observed residents and staff interactions and found them to be relaxed and friendly. Staff respected residents' right to choice and supported residents in a manner that ensured residents' dignity was maintained at all times.

Residents had opportunities to participate in a varied group activities programme. Activity schedules were displayed on noticeboards throughout the centre to ensure that residents were notified of the schedule of activities for the day. The inspector observed that group activities were occurring on the day of inspection, such as quizzes led by the activity personnel. Group outings had also recommenced and the inspector was informed of an outing to Bray's seafront and cafés the day before for 10 residents. For residents who preferred to spend time in their rooms watching movies or reading, they reported to the inspector that this right to choose how to spend their day was respected by staff.

Residents expressed satisfaction with the food on offer to them. One resident reported that the food was 'reasonable good but that breakfast could be basic', this resident was unaware that there was a cooked breakfast on offer each morning. This was brought to the person in charge's attention.

The inspector observed the lunch time meal; staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals. The inspector also noted that additional helpings of food were offered to residents during the course of the meal. Written menus were available to residents on their tables, pictorial menus 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.

Capacity and capability

The management structure in place provided clear defined lines of authority and accountability. The centre's management team were appropriately trained to manage the facilities and service and were well known to the residents. 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. Action was needed however to improve the providers' oversight of premises, activities provision and infection prevention and control practices.

The centre was part of a nursing home group and there was a senior management team in place to provide management support at group level. The person in charge

was responsible for the day to day operations in the centre. She was assisted in her role by an assistant director of nursing, clinical nurse managers, administrators, nurses and care staff, activity persons, catering staff, household and maintenance staff.

Management systems in place provided good oversight of the quality and safety of all aspects of the service and key clinical and performance indicators were identified and trended to ensure ongoing improvements of the service for residents. Audits completed in 2022 were effective at identifying risks and gaps in the service and there was records to evidence that actions plans developed from these audits were followed up and completed to ensure ongoing quality improvement. An annual review of the quality and safety of care delivered to residents had been completed for 2021. It had been prepared in consultation with residents and their families.

Staff numbers and skill mix on the day of inspection was appropriate to meet the individual and collective need of the 66 residents living in the centre and with regard for the layout of the centre.

Training records indicated that the majority of staff were up to date with the centre's mandatory training requirements. New staff starting in the centre completed an induction programme, for example nursing staff completed four days shadowing where they worked supernumerary alongside a senior nurse. Clinical nurse managers working at weekends and on call support at night was provided by senior management to ensure staff were appropriately supervised and supported. There were annual appraisals o review the performance of staff.

An up-to-date statement of purpose was available to the inspector and contracts for the provision of services to residents were found to meet the requirements of the regulations.

Regulation 15: Staffing

On the day of the inspection the inspector was assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of the 66 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The centre's training records indicated that the majority of staff were up to date with the centre's mandatory training requirements. The inspector was made aware of a number of upcoming planned trainings scheduled for staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management structure in place and strong management systems to ensure effective oversight of the service provided to residents. The centre was resourced sufficiently and management had prepared an annual review of the quality and safety of care delivered to residents in 2021 which was informed by feedback from residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The sample of contracts provided to the inspector met the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the centre's statement of purpose was provided to the inspector; this was found to contain pertinent details regarding the centre and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving care and support that met their needs in a secure safe environment. Residents' right to choice was supported by staff and there was good access to healthcare as required. Action was required however in the areas of premises, activity provision and infection control practices in the centre.

A sample of care records was reviewed by the inspector with a senior member of the nursing team. Records indicated that a pre-admission assessment was carried out for each resident prior to being admitted to live in the centre to ensure the

residents needs could be met. When a resident was admitted a comprehensive assessment was completed by nursing staff which lead to the development of care plans for the residents' identified needs. The sample of care plans provided to the inspectors contained person centre detail regarding residents' needs and preferences.

Residents had good access to healthcare professionals such as their general practitioner (GP) who attended the centre weekly, or more frequently if required. As a minimum each resident had a three monthly review with their GP. Staff arranged access for residents to allied health services, either privately or through referral to community services for residents. These services included, amongst others, speech and language therapy, occupational therapy and chiropody. A physiotherapist worked in the centre five days every fortnight.

The registered provider had a comprehensive and clear policy for the prevention of and for responding to allegations of abuse. Training records showed that all staff had up to date training in safeguarding and the protection of vulnerable adults from abuse. Staff who spoke with the inspector clearly articulated the steps they would take if they had concerns, suspicions or received an allegations of abuse. Residents reported that they felt safe living the centre.

The registered provider did not act as a pension agent however did manage small amounts of money for some residents who requested it. The system in place to manage this was transparent and safe and records were clear. Residents were provided with lockable storage in their bedrooms for their cash and valuables.

Maintenance of the centre's external patio areas and configuration of the centre's twin room required review; this is outlined under Regulation 17, Premises.

Residents' right to choose how to spend their day was supported by staff and residents were provided with a choice of food at each mealtimes. Residents had access to TV, radios, tablets and newspapers. There was a weekly in-house religious service provided by the local parish priest for residents.

There was an advocacy service available to residents should issues arise and resident meetings were held two monthly. Feedback was recorded and followed up with an action plan.

Residents had access to a programme of group activities over seven days of the week, which met their preferences. The programme of activities for residents who required one to one input required additional review. This is discussed under Regulation 9, Residents' Rights.

Inspectors found that action was required to ensure that infection prevention and control practices in the centre were in line with best practice. This is further discussed under regulation 27 below.

Regulation 17: Premises

The inspector observed that the twin bedroom did not comply with the requirements of regulation 17; the configuration of the twin bedroom did not allow residents to have access to their personal possessions within their floor space.

Maintenance of the secure outdoor patio areas required additional attention. The inspector observed that the patio area at the front of the premises required cleaning as the floor, seats and tables were not clean. There was also a large amount of dry garden debris on the patio floor. The person in charge had this addressed during the inspection and residents were observed sitting outside enjoying the fine weather during the inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector followed up on actions from the last inspection and found that these had been completed. Action was required however in the following areas to ensure that good standards of infection prevention and control were implemented and in line with National Standards for infection prevention and control in community services (2018):

- Greater oversight and attention was required to ensure that all communal toilets and bathrooms were maintained in a clean and hygienic state between uses in order to reduce the risk of cross-contamination.
- One hand wash basin located on the ground floor of the original building was not in line with best practice guidelines, leading to a risk of cross-contamination.
- The inspector found that some of the floors throughout the centre were sticky post cleaning. This required review to ensure these were being cleaned appropriately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector spend time looking at a sample of care plans with a senior nurse. The assessments and care plans set out residents' needs and how they were to be met. They contained person centred information to inform staff when providing care and

were revised with the resident at least every four months, or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

From records provided to the inspector it was seen that residents health needs were kept under review by nursing staff and when changes were identified these were responded to appropriately. Residents were reviewed by their general practitioner (GP) when needed and had timely access to appropriate reviews and treatments from allied health professionals such as speech and language therapy, tissue viability nursing, physiotherapy, dietetic and occupational therapy services.

Judgment: Compliant

Regulation 8: Protection

The registered provider had measures in place to protect residents from the risk of abuse. The centre had an up to date safeguarding policy and all staff had received training in safeguarding. Staff who spoke to the inspector had good knowledge in relation to recognition of abuse and appropriate actions required. Residents had access to advocacy services if required.

The registered provider did not act as a pension agent for residents however the registered provider did manage small amounts of money for the residents who wished to avail of this. The inspector reviewed a sample of balances and found that records were maintained in a transparent manner, requiring dual signatures from senior staff.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector reviewed a sample of activity participation records for six residents and was not assured that residents who required one to one support had sufficient opportunities to participate in activities in accordance with their interests and capacities. For example for one resident, who required one to one support, there was a 15 day gap between entries.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0037358

Date of inspection: 08/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Twin room – When we go to have two residents in this 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 own floor space. There is only one resident occupying the twin room at present and we have made the room comfortable for that resident while they are the only person in this room.</p> <p>There is a cleaning plan in place to clean the outdoor patio areas, which will be done by the maintenance person on a weekly basis.</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. House keeping staff informed to continue to clean communal toilets in between residents use. Staff informed to monitor the residents who use toilets independently and clean the toilets immediately after use. Cleaning plan in place. 2. There is a cleaning plan in place to clean outdoor patio areas, which will be done by maintenance person on a weekly basis. 3. Hand wash basin on the ground floor of the original building will be replaced with clinical hand wash basin by 30/9/2022. 4. The company that supplies the cleaning chemicals is going to provide refresher training to housekeeping staff on cleaning products to ensure products are being used correctly and to ensure the correct cleaning mixture is being used on the floors. | |

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| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Activities staff meeting conducted on 13/7/22 and 4/8/2022. • Activities staff reminded to record all activities with the residents that are attending activities on a day to-day basis. • We respect resident's wishes and rights to stay in their room. For residents that require one to one support this is provided on an individual basis. These activities are done daily. These activities can be carried out by a HCA, Nurse and activity staff, these are now recorded daily on our care monitor system. These residents are also encouraged to participate in group activities. They may not get involved directly with the activity but they like to be part of the group. This is now documented in their daily notes. • We encourage residents to attend all internal and external provider's activities. We facilitate residents to go for outings and residents attend all the internal events which has been happening in the nursing home. | |

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|--------------------|---|-------------------------|-------------|--------------------------|
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 23/08/2022 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 30/09/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in | Substantially Compliant | Yellow | 10/08/2022 |

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| | activities in accordance with their interests and capacities. | | | |
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