



**Health  
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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:	Bethany House Nursing Home
Name of provider:	MPM Nursing Home Limited
Address of centre:	Main Street, Tyrrellspass, Westmeath
Type of inspection:	Announced
Date of inspection:	25 October 2023
Centre ID:	OSV-0000015
Fieldwork ID:	MON-0032349

## 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:	89
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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
Wednesday 25 October 2023	10:30hrs to 17:30hrs	Nikhil Sureshkumar	Lead
Thursday 26 October 2023	10:30hrs to 15:00hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

Overall, the feedback from residents was highly positive about the care and service they received at the centre. Residents received good opportunities for social engagement, and they were well-supported to participate in various activities and social outings.

Residents who spoke with the inspector commented that the centre supported their well-being and that they enjoyed living in this centre. Some residents described their days as being purposeful, fun-filled, and socially engaging, which made them feel relaxed and content in the centre. Some of the residents' comments were that "the food is great here, I like my room, and it is comfortable", "I like the baking sessions", and "staff help me at all times".

Bethany nursing home is located a short distance from Tyrrellspass town in County Westmeath and is close to local amenities. The centre is registered to care for 90 residents, and there were 89 residents accommodated in the centre on the day of inspection. The centre is in a two-story building with a sufficient car park and outdoor and indoor garden areas. The centre had a welcoming and relaxing ambience.

Following an introductory meeting with the person in charge and the representative of the provider, the inspector went for a walk around the centre. The centre had numerous communal spaces. There were plenty of comfortable seating options for residents to relax and socialise in these areas, which created a homely and welcoming atmosphere. Overall, these communal spaces were well-maintained and inviting, and provided a pleasant environment for residents to spend their time. The centre's corridor walls had colourful murals displayed, with each one having a different theme. Some sections of the centre's corridors had beautiful streetscape murals, replicating street views of Tyrrellspass town. The communal areas were clean, bright, and well-maintained.

Residents had unrestricted access to all areas of the centre, including enclosed garden areas, which were well-furnished and secure. The centre has a small aviary in one section of the corridor and a hen house in the enclosed garden. The inspector was informed that the residents enjoyed the hen house and the garden areas. Residents' accommodation was arranged in twin and single bedrooms. Bedrooms were clean and bright, and most were personalised with photographs, artwork, and other memorabilia. However, the layout of some twin-bedded rooms was such that some residents did not have enough space to place a comfortable chair and a bedside cabinet in their bed spaces, and in some bedrooms residents would have had difficulty accessing the window if a resident near the window decided to close their privacy curtain. Furthermore, some residents in twin-bedded rooms did not have a privacy curtain in place to meet their privacy and dignity needs.

The inspector observed respectful and friendly interaction between staff and residents, and any assistance delivered to the resident was done discreetly. The inspector observed that residents were comfortable in the company of staff.

The staff demonstrated a high level of attentiveness and responsiveness towards the residents' needs and requests. The inspector spoke with several staff members who demonstrated sufficient knowledge about the residents they were caring for. They were familiar with the residents' preferred daily routines, care requirements, and the activities that they enjoyed. Residents were observed to be well dressed, in attire that suited their personal style and preferences.

Residents were observed to be enjoying a number of individual and group activities. Activities on offer were displayed on notice boards kept at various locations. These included arts and crafts, music, chair exercises, and baking sessions. Those residents who did not participate in group activities or who needed a quieter space were supported in their choices, and some residents were seen enjoying the quieter sitting areas of the centre.

Residents were offered choices in their meals, and a picture menu was available for residents offering choices. Mealtimes in the dining rooms were observed to be social occasions, and a number of residents told the inspector that they were happy with the choice and variety of food offered. Residents were offered regular refreshments and snacks throughout the day.

Visitors were coming and going on the day of the inspection. Some visitors told the inspector that they were highly impressed by the staff and the management team and conveyed their confidence in them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this was a well-governed centre with effective leadership and management arrangements in place, which ensured that the residents enjoyed a good quality of life in the centre.

The provider of Bethany House Nursing Home is MPM Nursing Home Limited. There is a person in charge available who works full-time in the centre. A representative of the provider and a quality manager support the person in charge in their role. The person in charge meets the requirements of the regulations and was knowledgeable about the residents living in the centre. The deputising arrangements in the centre are clear, and an assistant director of nursing deputises for the person in charge

during their absence. Staff were knowledgeable about the reporting arrangement in place, and they were clear about their roles and responsibilities.

This was an announced inspection to monitor ongoing compliance with the regulations. The provider had a range of governance and oversight systems in place to monitor the quality of care provided to residents. These included a comprehensive audit programme and an up-to-date risk register. The provider was found to be responsive to feedback on compliance issues during the inspection and made arrangements to immediately address the non-compliance with the layout of the twin-bedded rooms.

An annual review on the quality and safety of care had been completed for 2022 and was available for the inspector to review.

There was sufficient staff available to support the residents and ensure their needs were met. Staff files reviewed by the inspector indicated that staff were garda vetted before they commenced their employment in the centre.

The provider maintained a training schedule for staff, and it indicated that staff were provided with mandatory training required for their role. The person in charge was the designated safeguarding officer in the centre, and they had demonstrated commitment to undergo dedicated safeguarding training required for the role.

The inspector reviewed a sample of contracts and found that all residents had a contract in place. However, the wording of the contracts in relation to the schedule of fees required clarity.

### Regulation 15: Staffing

The provider had ensured that there was a sufficient number and skill mix of nurses, carers, and ancillary staff on duty at all times in the centre. The staff on duty demonstrated appropriate knowledge and skills to carry out their roles.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff had regular access to appropriate training. The training schedule indicated that staff were provided with mandatory training for safeguarding vulnerable adults, patient moving and handling, and fire safety. Staff were also provided with appropriate supplementary training, such as infection prevention and control, cardiopulmonary resuscitation (CPR), and managing responsive behaviours.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had maintained a directory of residents in the centre, and a sample of resident records reviewed by the inspector indicated that it included all the information required under Schedule 3 of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

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

The schedule of nursing home charges detailed in the contracts offered to residents lacked clarity and was not individualised for each resident regarding the services they may choose to avail of. For example, the contracts reviewed by the inspector indicated that all residents were required to pay daily rental charges for specialised pressure-relieving mattresses and cushions. Nonetheless, the residents were not charged for the equipment they did not use.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were found to receive a high standard of health and social care support to enhance their quality of life in the designated centre. However, the layout of seven twin-bedded rooms in the centre was not suitable to meet the needs of the residents accommodated in those rooms.



The inspector found that residents were well supported to access their general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services. Appropriate referrals were made to ensure that the residents who required assistance from specialists, such as dietitians, were seen in a timely manner.

The inspector reviewed a sample of care plans and found that the residents' care plans were generally personalised and detailed. All residents had a comprehensive assessment completed following their admission to the designated centre.

There was a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in the designated centre, and they were appropriately managed.

The inspector reviewed the residents' meeting records, showing that monthly resident meetings occurred regularly. Minutes of residents meetings indicated that residents were consulted about the quality of activities and the quality and safety of the service, the quality of the food, laundry services and staffing. Feedback received from recent residents' surveys showed consistently high levels of satisfaction, and any suggestions for improvement from residents were listened to and followed up by the registered provider.

Newspapers and magazines were available in the communal day rooms, and residents were observed relaxing in these areas, reading the newspapers or watching their favourite television programmes.

The centre's premises were well-maintained and clean and overall met the needs of the residents. However, some twin-bedded rooms were not appropriately laid out to meet some residents' needs. These findings are set out under Regulations 17 and 9.

The provider had made arrangements to ensure staff received regular fire training, participated in fire drills, and simulated fire evacuations to reinforce their knowledge. Staff who spoke with the inspector were knowledgeable about the procedures to follow in the event of a fire emergency.

The centre maintained up-to-date records regarding the fire safety systems, which were available for the inspector to review. However, a kitchenette in one of the day rooms contained electrical equipment, and there was no fire risk management plan completed to ensure the fire risks in this area were managed effectively. When this was identified to the provider, the equipment was removed until a fire risk assessment was completed.

## Regulation 17: Premises

The current layout of seven twin-bedded rooms did not support the needs of the residents. For example:

- In three rooms, the position of the privacy curtain was too close to the bed, making this bedspace narrow. This makes it difficult for staff to manoeuvre a full-body hoist within the bed space of the second resident without affecting the safety, privacy, and dignity of both residents. In addition, the position of the privacy curtains in these three twin-bedded rooms did not allow some residents to have a comfort chair and a bedside cabinet within their bed spaces.
- There is only one window in four twin-bedded rooms, and when one resident near the window decides to close their privacy curtain, the second resident will not have access to a window in these rooms.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The provider has effective systems in place for assessing, planning, implementing, and reviewing residents' health and social care needs in the centre.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had timely access to medical and allied healthcare professionals. The provider ensured that there was a high standard of evidence-based nursing care in accordance with professional guidelines.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The oversight of restrictive practices in this centre was effective. The provider kept a restraint register, which was regularly reviewed. Furthermore, where restrictive practices such as bed rails were introduced for residents, such restraints were risk assessed, and the least restrictive measure was trialled before its use.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that a resident in some twin-bedded rooms (four rooms) did not have a privacy curtain in place, which meant that their privacy and dignity needs could not be assured during transfer into and out of bed and during personal care activities.

Residents in bedrooms with two beds shared one television, which did not ensure that each resident had a choice of television viewing and discrete listening. Furthermore, the location of the television did not ensure that both residents could view the television comfortably at the same time or that both residents could view the television if one resident had their bed screens closed.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Bethany House Nursing Home OSV-0000015

Inspection ID: MON-0032349

Date of inspection: 26/10/2023

## 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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Each newly issued contract will clearly specify the services available within the nursing home along with their associated costs, should residents decide to avail them.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An external company conducted a thorough review of all twin rooms on 05/12/2023 to ensure that residents' personal spaces include a comfortable chair and bedside cabinet, while maintaining individual access to a window. Every bed will be supplied with a television, providing residents the flexibility to choose their preferred programs at any given time. These works are scheduled for January 2024	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: An external company conducted a thorough review of all twin rooms on 05/12/2023 to ensure that residents' personal spaces include a comfortable chair and bedside cabinet, while maintaining individual access to a window. Every bed will be supplied with a	

television, providing residents the flexibility to choose their preferred programs at any given time. These works are scheduled for January 2024

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/01/2024
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or	Substantially Compliant	Yellow	01/12/2023



	to which the resident is not entitled under any other health entitlement.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2024