



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

Issued by the Chief Inspector

Name of designated centre:	Beechtree Nursing Home
Name of provider:	Beechtree Health Care Limited
Address of centre:	Murragh, Oldtown, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 September 2022
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0035607

About the designated centre

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

Beechtree Nursing Home is located in the countryside and is designed as a two storey building, 64 residents can be accommodated on the ground floor and 15 on the first floor. The centre has a central courtyard availing of natural light and the first floor has a small outdoor sitting area. Beechtree Nursing Home is suitable for a maximum number of 79 residents in single and twin bedrooms accommodation. Both male and female residents with varying needs and levels of dependency are catered for and 24 hour nursing care is provided. The centre has three distinct areas. The Murragh can accommodate 49 residents with communal day rooms and a spacious dining room available for meals. The Murragh surrounds an internal courtyard with landscaped garden and smoking shelters. The Drishogue also on the ground floor and The Glebe located on the first floor each have 15 single bedrooms with en-suite bathrooms, a dining-room/kitchenette area on each floor is also available in these areas for meals along with a separate sitting room. There are other seated areas in alcoves off corridors and a private visitor's room on the first floor (Glebe) that is serviced by a passenger lift. The administration offices are located on the opposite side of the centre's accommodation to the right of the spacious foyer and reception area. Beechtree Nursing home is primarily dedicated to Care of the Older person, including residents with dementia and is committed to providing a resident-centred holistic service which promotes respect, empowerment and dignity of the older persons in a homely environment which offers choice, privacy and independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 September 2022	09:25hrs to 16:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in Beechtree Nursing Home were well cared for and supported to live a good quality of life. There was a rights-based approach to care delivery, and residents reported they had choices in their care and living arrangements. Throughout the day, the inspector observed that the atmosphere throughout the centre was lively but calm and tranquil.

The inspector met with a number of residents who were happy to chat and talk about their life in the centre. Residents gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre. The inspector also spoke with visitors at various times throughout the day, and they were very complimentary of the service and care provided.

Following an opening meeting, the inspector was accompanied on a tour of the premises by the person in charge. There were 53 residents residing in Beechtree Nursing Home at the time of inspection. The premises was seen to be generally clean and well maintained. There was a range of communal rooms and hallways that were bright and decorated in a homely fashion. There was an enclosed garden, and the doors were open so that residents could come and go as they pleased. The residents' bedrooms were spacious, and most had personalised their rooms with pictures and photographs and personal items from home.

The design and layout of the premises were generally suitable for their stated purpose and met the residents' individual and collective needs. However, the inspector observed on the first-floor areas used for staff facilities and the attic, which were not outlined in the statement of purpose and on the floor plans. The provider was requested to submit an application to vary condition one of the regulations.

The inspector observed the lunchtime dining experience, which promoted respect of residents' rights. There were sufficient numbers of staff available to support residents with their eating and drinking. Food was observed to be well-proportioned and appetising. Polite and meaningful conversations were overheard, and there was observed comfort and familiarity in the interactions between residents and staff.

Residents had access to telephones, television, radio, newspapers and books. Internet access was available to residents. Activities were observed to take place throughout the day. Activities staff consulted with residents on what activities and events they would like to celebrate. In the afternoon, most residents were in the large function room attending a music session with a local musician. Residents were seen participating, singing along to the music and enjoying themselves.

The inspector saw that residents had opportunities to meet with the management team and provide feedback on the quality of the service. Residents indicated that they felt safe and that they could raise concerns if they had a need to do so. Staff

spoken with were knowledgeable about residents' care needs, and it was evident that they knew residents very well.

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

Capacity and capability

In general, the inspector found that there were effective management systems in place in the centre to ensure that residents were provided with good quality care. There was a well-established governance and management structure in the centre with a proactive management approach, which was evident in the ongoing action plans in place and progress made to improve safety and quality of care.

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Beechtree Health Care Limited is the registered provider of Beechtree Nursing Home, which is registered to accommodate 79 residents. The company has two company directors, both of whom are engaged in the day-to-day organisation and running of the centre.

The inspector found that there were an adequate number of staff members providing care to the residents, and staff supervision was evident on the day of inspection. There was a varied training programme in place to ensure staff were appropriately skilled. Staff informed the inspector that they had access to training and had completed relevant training according to their role. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. Records contained a valid An Garda Síochána (police) vetting disclosure.

Audits completed were effective at identifying risks and gaps in the service. There were records to evidence that action plans developed from these audits were followed up and completed to ensure ongoing quality improvement.

The annual review completed included all the key performance indicators for 2021 and detailed quality improvement plans for 2022. The residents' feedback on the service they received was also included.

The person in charge had notified the Chief Inspector of any accidents or incidents that had occurred in the centre, and they had processes and policies in place to prevent such incidents from reoccurring.

The registered provider provided an accessible and effective complaints procedure detailing the process and the appeals process.

Regulation 15: Staffing

On the day of the inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents within the design and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken appropriate training according to their roles. The training was scheduled for those requiring updates. The inspector observed that the staff was appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 21: Records

Record keeping and file management systems ensured that records set out in Schedule 2, 3, and 4 of the regulations were kept in a safe and accessible manner. A sample of staff personnel files reviewed evidenced that the requirements of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the first floor used for staff facilities, storage and offices was not included in the statement of purpose and floor plans. Therefore, not all areas of premises used were registered as required in the regulations.

The management systems that were in place for fire safety did not ensure that the service provided was safe as risks found on the day of inspection in relation to fire safety as detailed under Regulation 28 had not been identified and managed.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of four residents' contracts for the provision of services was reviewed. These contracts outlined the terms and conditions and responsibilities of the provider and resident.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaint procedure was displayed in the centre and included a nominated complaints officer. Complaints were seen to be recorded and included the outcome and whether the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. In general, the rights and independence of residents were promoted, and residents were consulted about the service. However, some further actions were required in the areas of fire safety, infection control and premises to maximise and ensure the safety and quality of the service provided. Each of these findings will be discussed in more detail under the relevant regulation.

Residents had appropriate access to general practitioner (GP) care. There was a GP linked to the centre and access to a doctor during out-of-hours. Specialist services and health and social care professionals were also available where required. Care planning documentation was available for each resident in the centre. Following admission, residents' social and health care needs were assessed using validated

tools, which informed appropriate care planning.

The inspector saw that a number of infection control measures were in place and were monitored by the person in charge. Good practices were observed in hand hygiene procedures and in the use of face masks. However, some further areas pertaining to infection control required to be addressed, which are detailed under Regulation 27.

Residents were consulted about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Fire drill records showed that fire evacuation drills were carried out at regular intervals with varying staffing levels, assuring that evacuation could be achieved safely and on time. Daily, weekly and monthly fire safety checks were conducted and recorded. Evidence was provided that showed that the emergency lighting system, fire alarm panel and fire extinguishers were serviced regularly. However, a small number of improvements in relation to fire safety and precautions in the centre were identified on the day of the inspection.

Regulation 17: Premises

The inspector found that the premises did not conform to the matters set out in Schedule 6 of the regulations as follows:

- The handrail was missing in the assisted toilet.
- There was no call-bell available for residents in the oratory and sitting room beside the oratory.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the centre was clean, and there was good adherence to the National Standards for Infection Prevention and Control (IPC) in community services (2018) with the exception of the following issues identified:

- There was inappropriate storage of shower chairs, commodes and clean supplies in the sluice rooms or in the assisted bathrooms, which had the potential to lead to cross-contamination of clean items.
- Sharp containers without a lid were observed to be inappropriately used on three trolleys. The person in charge removed those bins on the day of the inspection.

- Ventilation was not adequate in all areas. For example, there was a foul smell in one of the sluice rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was required to review the fire precautions in the designated centre as there were a number of risks identified on the day of inspection which had not been mitigated. This was evidenced by;

- Inappropriate oxygen storage in the centre as an oxygen bottle was seen stored on the trolley in the lying position, and clear signage was required to identify the hazard where oxygen was stored or in use. Fire safety signs were also not always available on electrical boxes around the centre.
- Inappropriate storage practices observed posed a fire safety risk that had not been identified by the provider. For example, the inspector saw that the area near the electrical room was used for storage purposes, and there was a storage room created underneath the stairs where the vacuum cleaner was stored. Furthermore, the attic area was divided into two sections. In one section, the place was used as a storage area with some disinfectant items, items used for activities, and residents' equipment and the opposite area was used for storage of residents' files and as a maintenance room with electrical appliances. The inspector was not assured that the two doors in the attic were fire-rated doors and that the area was appropriately secured in respect of fire containment. The staircase and access to these areas were not indicated on the floor plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed by the inspector. The care plans were person-centred, reflecting the resident's individual needs and actual therapeutic interventions. They were revised with the resident at least every four months or more frequently as required.

Judgment: Compliant

Regulation 6: Health care

Residents were reviewed by their general practitioner (GP) on a regular basis, and an out-of-hours medical service was also available. Input from various health and social care professionals included written reports by the speech and language therapist (SALT), the dietitian, the tissue viability nurse, and the medical consultant.

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 relation to the detection and prevention of and responses to abuse. The inspector saw that the provider acted as a pension agent for a number of residents. There were robust systems in place for the management and protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and wishes were found to be well promoted in the centre. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Residents were also supported to exercise their civil, political and religious rights and had access to radio, television, newspapers and the Internet. Residents under 65 years of age were supported to access community social support. There was independent advocacy available in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechtree Nursing Home OSV-0000116

Inspection ID: MON-0035607

Date of inspection: 15/09/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The first floor used for staff facilities, storage, and offices, which have been in operation for many years, will be included in the statement of purpose and floor plans. The provider intends to make an application to vary condition 1 of registration to include these facilities as requested. This does not involve any changes to the footprint of the building and will not affect any residents.</p> <p>Regarding fire safety, all risks identified on the day of inspection have been managed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The handrail has been installed in the toilet adjacent to room 9.</p> <p>A call bell will be installed in the oratory/sitting room beside the oratory.</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A designated storage area has been identified and once modified, will be the storage area for shower chairs and clean commodes.

The sharps containers were removed from the trolleys on the day of the inspection.

The extractor fan in sluice room has been replaced.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The oxygen bottle for the emergency trolley is now stored in an upright position and appropriate safety signage has been placed on the door where this oxygen bottle is stored.

Inappropriate storage practices that posed a fire safety risk have been identified and corrected. Fire safety signs are in place to identify low voltage electrical boxes around the centre. The area near the electrical room in Drishogue is no longer used for storage that may pose a fire safety risk. The area underneath the reception stairs is no longer used for storage.

In respect of the attic area we have requested our Architect to confirm if the area is appropriately secured in respect of fire containment. The 2 doors in the attic area are labelled as fire-doors and we have requested our Architect to confirm if they provide appropriate security in respect of fire safety. The staircase and access to these areas will be included on the new floor plans to be drawn up by the Architect.

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	30/11/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/11/2022

	consistent and effectively monitored.			
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	30/11/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022