



# 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:	09 June 2021
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0033195

## 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 incorporating a wooden texture 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:	46
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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 9 June 2021	08:55hrs to 17:40hrs	Deirdre O'Hara	Lead
Wednesday 9 June 2021	08:55hrs to 17:40hrs	Margaret Keaveney	Support

## What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, residents were happy with the care they received within the centre and were observed to be content in the company of staff. Inspectors observed many positive interactions between staff and residents and overhead staff discussing topics of personal interest with residents. Overall, inspectors observed a relaxed and happy environment. During the inspection there was a calm atmosphere in the centre throughout the day.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

Interactions between staff and residents were seen to be kind, courteous and respectful where staff communicated in a manner that took account of resident communication abilities. Staff were seen to assist residents with physical exercise in a companionable way. While some residents were supported with meals in a dignified and unobtrusive manner, two staff were seen stand over residents when assisting at lunch lunchtime. This was conveyed to the provider who agreed to follow this up. Meals were seen to be well presented and one resident said that the food was 'terrific and there was plenty of it'. Staff were observed to respect resident's privacy by knocking on resident doors before entering their bedrooms and explaining the reason for their presence.

Residents also told the inspectors that they felt safe in the centre and had confidence in the provider investigating any issues of concern that they may raise. Discussion with various members of the staff team confirmed that they had attended training in safeguarding.

While there was ample communal space, the seating arrangement in the large day room was not conducive to social interaction between residents. Communal areas were seen to be nicely decorated and spacious. There were a variety of rooms available to facilitate safe visiting which were seen to be used throughout the inspection.

Bedrooms, were seen to be comfortable, well maintained and personalised with pictures and photographs. Many of the residents also had relevant pictures outside their bedroom doors to assist them to locate their bedroom. There was directional signage available throughout the care home which orientated residents to key locations such as the day rooms, dining rooms and internal garden. Notice boards were accessible to residents and provided information in a format that was consistent with resident communication needs. Inspectors saw that there was a board in one of the main day rooms that displayed staff photographs and names

which assisted residents to recognise staff on duty that day.

The inspectors acknowledged the significant efforts made by the provider to maximise residents safety during the COVID-19 outbreak. The outbreak significantly impacted the centre in 2021. Inspectors saw that a tree planting ceremony in remembrance of residents who had died was planned for the day following the inspection.

The centre promoted access to independent advocacy and the relevant contact details was advertised throughout the centre.

Documents seen by the inspector confirmed that resident's views and preferences on ways to improve their lived experience in the centre were sought and considered. A residents' survey on catering had been completed in late 2020. The survey findings were supplemented with information gathered by staff during three days of observing residents during mealtimes. Inspectors saw that the person in charge had also discussed with staff ways to make the dining atmosphere in one dining room more homely.

The person in charge informed inspectors that resident excursions to places of interest and beaches had recently resumed. Small groups of residents were taken on such trips in the centres' mini-bus. Inspectors were told that a music band had been invited in to entertain residents and were positioned in an alcove area off one of the day rooms to allow for safe social distancing.

Inspectors observed residents partaking in a game of bingo in the bright enclosed courtyard on the day of the inspection. Sun cream and sunhats were provided to those residents who chose to sit outside, while others could participate from indoors by sitting around large doors that opened onto the garden. Other activities on offer were board and card games, baking, bowls, arts and crafts, exercise classes and music. Residents were seen to enjoy watching the resident hens in their chicken coup. On the first floor there was a small outdoor sitting area for resident use.

One of the residents celebrated mass every week. Mass was also available on television and the rosary was said most days during the week.

The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and how this impacts on the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection of Beechtree Nursing Home. Overall it was a good inspection during which the provider demonstrated their capacity and capability to comply with regulations. Residents received good care and support from staff, and the layout of the building provided them with plenty of space and

access to the outside and residents could make choices on how they spent their day. However, improvements were required with regard to records and complaints management and notification of incidents to the Chief inspector.

The centre is owned and operated by Beechtree Health Care Limited, who is the registered provider. There was a clear management structure and the responsibilities and the lines of authority of varied personnel were evident. The structure was understood by staff who knew who they report to. The person in charge (PIC) was a qualified nurse with the experience and skills necessary for their role.

The centre had experienced a outbreak of COVID-19 on 15 January 2021 and was declared over on 12 March 2021. During the outbreak 43 residents and 40 staff contracted the COVID-19 virus and sadly 14 residents died. On the day of inspection there were no active cases of COVID-19 in the centre.

The provider had ensured that there was sufficient staff available to meet residents' assessed needs. Inspectors examined staff rosters for three weeks and found the planned rosters were updated with subsequent changes made as necessary. The provider supported staff morale with initiatives such as providing gift hampers for staff at Christmas and placing a large sign thanking them for their hard work in the driveway of the centre. Staff spoken with reported that they received great support and guidance from the management team, particularly during the COVID-19 outbreak in the centre.

The centre had a robust induction and training programme in place for staff. The person in charge was trained to deliver training in fire safety and the use of fire fighting equipment. One Clinical Nurse Manager had completed training in Crisis Prevention training. Training including hand hygiene, safeguarding of vulnerable adults and fire safety was mandatory at induction and every two years thereafter, in line with national recommendations. Inspectors reviewed training records for all staff which showed that almost all staff were up to date in required training. Outstanding manual handling training was due to be completed in the week following the inspection.

Inspectors reviewed a sample of staff records and were assured that safe and effective recruitment practices were in place to recruit and develop staff. Each record reviewed met the requirements of Schedule 2 and Schedule 4 (8) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). However, improvements were needed in the secure storage of electronic and paper medical records to protect the confidentiality of residents' health and care history. This is further detailed below under regulation 21: Records.

While the Chief Inspector had been notified by the person in charge, of incidents required under Regulation 3, they had not included all incidences when restrictive practice had been used.

The complaints procedure was on display in the designated centre. The complaints policy was up-to-date and stated that the person in charge and registered provider

representative were the nominated persons to deal with and investigate complaints. A review of the centre's complaints log showed that a total of five complaints were received by the provider since 2020. All complaints received were followed up promptly with outcomes recorded. However, the log did not record if the complainant was satisfied with the outcome in four of the complaints received. Residents who spoke with inspectors knew how to make a complaint if required.

A good system of auditing and monitoring was used by the provider and management team to ensure that the quality and safety of the service and clinical care was regularly reviewed. Clinical and operational audit results were discussed at health and safety and other management meetings. Inspectors saw that the provider also held regular meetings with staff to discuss audit results and any actions that were required, with responsible persons identified. This was done to improve the quality and safety of care provided.

The inspectors observed that the provider had issued a survey to both residents and their families in March 2021, following the closure of their COVID-19 outbreak in the centre. During the outbreak a staff member had been assigned to communicate daily with families on the residents' health and well-being. The results of the surveys showed that both residents and their families were satisfied with communication from the home during the outbreak period. The provider had also offered to arrange counselling for residents due to the sad death of their friends and the isolation experienced during the COVID-19 outbreak.

### Regulation 15: Staffing

There were sufficient staff resources to meet the assessed clinical needs of residents, having regard to the size and layout of the centre. Inspectors observed that registered nurses were on site during the day and the night to oversee the clinical needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Records showed that staff had completed the required mandatory training in infection prevention and control, fire, manual handling and safeguarding the vulnerable adults.

Judgment: Compliant



## Regulation 21: Records

Inspectors observed that two sets of residents' care records were left unattended. For example, in a dining room, one folder of paper records and an open computer screen displaying resident details could be seen, and did not ensure that the information was confidential.

Judgment: Substantially compliant

## Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by the registered provider representative.

The annual review report for 2020 had been completed in consultation with residents and their families.

Judgment: Compliant

## Regulation 31: Notification of incidents

Improvement was required to include all incidences when restrictive practice was used, such as the use of bed and chair alarms as required by Regulation 31.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

Five complaints were reviewed by inspectors and were seen to be fully investigated and well documented. However, complainants' satisfaction with the outcome of investigations was not recorded in four of five complaints reviewed.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that the residents received a good quality service and were well supported with their individual health care and social care needs. They were able to make choices about activities and how they spent their day. There were arrangements in place for residents to receive support with their primary health care as well as access to more specialised care input such as palliation. However, improvements were required in premises, infection control and fire precautions regulations.

One area of non-compliance identified in the centres previous inspection, was under the fire prevention regulation. The provider had taken steps to improve emergency evacuations that represented night time conditions and the staff had received the appropriate training for this.

Regular servicing of the alarm system and safety equipment was maintained. Fire safety training was provided and frequent fire alarm drills and checks were completed. On the inspection day, the person in charge updated the procedures to be followed in the event of a fire which were displayed in a prominent place in the centre and updated the information record sheet for simulated emergency evacuation training. However improvements were required in the provision of visible and adequate directional signage and access to firefighting equipment, maintaining a clear refuge area on a stair well in the centre.

Residents had care plans, based on an on-going comprehensive assessment of their needs which were implemented, evaluated and reviewed. While care plans reflected resident needs, one plan did not guide staff when a prn medicine (medicines to be taken as the need arises) could be given. This was rectified on the inspection day. Otherwise care plans reflected residents changing needs and the support required to maximise their quality of life in accordance with their wishes.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. The national health screening programs were available to those residents who qualified for them.

An effective social programme with a variety of meaningful activities for occupation and engagement was being implemented. The care and services provided ensured that the physical, behavioural and psychological well-being of residents was met including those living with dementia and behavioural and psychological signs and symptoms of dementia (BPSD).

The centre was homely, and generally well maintained and spacious. It was furnished to a good standard throughout and painting and re-decorating was to continue on an on-going basis. Many residents had availed of the option to personalise their own bedrooms with colours, furniture and memorabilia of their choosing. All parts of the centre were accessible and some parts, such as the

communal day room had secure key code points to promote resident safety and security.

The premises of the designated centre was appropriate for the number of the residents and was operating in accordance with its statement of purpose. Examples of improvements needed showed storage shelving was not intact in sluice rooms, a cleaner room and the nurses station desk to ensure effective cleaning. A damaged ceiling in one sluice room required repair also.

While the residents said they found the centre comfortable, improvements were needed to promote a more sociable seating arrangement in the large communal day room. The provider assured the inspectors that seating was arranged this way to provide for infection control measures such as physical distancing and would address this when COVID-19 restrictions are eased further. It was noted that the provider had reduced resident occupancy in the centre, leaving five rooms vacant in one area should an outbreak occur and isolation facilities be needed.

Discussion with residents confirmed that they felt safe in the centre and that they were aware of how to raise a concern or a complaint. Records indicated that residents were supported to maintain contact with their families during the period of lock down. Visits had resumed with family members observed to visit their relatives in residents own rooms. Group activities were up and running with all sessions seen well attended by residents. Residents mentioned that they were happy with their room environments. A variety of appropriate and suitable indoor and outdoor communal areas was available and accessible.

The centre had a risk policy in place which outlined the arrangements in place in to monitor and manage risks within the centre. Management had compiled a comprehensive list of both clinical and operational risks which were recorded in a risk register. Risk assessments for identified risks were completed which ensure that risk control measures were put in place to reduce these risks. Risk assessments were reviewed at regular intervals.

Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included but were not limited to:

- Implementation of transmission-based precautions for residents where required.
- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- Monitoring of visitors and residents for signs of COVID-19 infection.
- A seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection prevention and control practice in the centre there were gaps in practice which is further detailed under Regulation 27: Infection Control.

## Regulation 11: Visits

Visiting was facilitated in many areas in the centre. Visiting was well managed in line with national guidelines.

Judgment: Compliant

## Regulation 17: Premises

While the premises was generally well maintained the following improvements were required to ensure the environment was safe and cleaning was effective:

- The ceiling on one sluice room was damaged.
- Shelving and a bedpan rack in a cleaners room and sluice were damaged.
- Desk surface at the nurses station were heavily worn.
- A chair in the smoking area was damaged.
- There was a foul smell in one of the store rooms.

Judgment: Substantially compliant

## Regulation 26: Risk management

The risk management policy met the requirements of the regulation. There were associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, safeguarding and the prevention of abuse. There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. Risks identified were regularly discussed at management meetings.

Judgment: Compliant

## Regulation 27: Infection control

While there was evidence of good infection control practice outlined above, there were issues important to good infection prevention and control practices which required improvement:

- Staff hand hygiene practices required review as two staff were seen to wear

- nail varnish. This meant that they could not effectively clean their hands.
- More alcohol hand rub was required along corridors and at lifts to ensure compliance with good hand hygiene practice.

Storage practices in the centre required review from an infection prevention and control perspective. For example:

- Clean linen and continence wear were stored on an uncovered trolley on the corridor which presented a risk of cross contamination.
- Open in-use containers of personal hygiene products were stored in baskets on linen trollies and were not labelled with resident names. This practice could result in cross infection.
- Sharps boxes was not signed when opened or the temporary closure mechanism engaged when it was not in use.
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvement was required to ensure the safety of residents in the event of a fire occurring or an emergency evacuation in the following areas:

- The access to two fire extinguishers was obstructed by furniture.
- Chairs in the external smoking area were not fire retardant.
- On the first floor there was a potential risk to resident safety as there was storage of equipment in the emergency refuge area which could cause a trip hazard. This could also impede emergency evacuation.

On the ground floor the provider assured the inspector that the following areas would be addressed.

- Insufficient emergency directional signage.
- Two emergency directional signs were partially blocked from view by window frames on the ground floor.

The provider had sought the assistance of experts on the inspection day to address the two technical issues above.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Care plans were person centred and were reviewed regularly in line with regulation 5. There were effective systems in place for the assessment, planning, implementation and review of health and social care needs of residents.

Judgment: Compliant

### Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing hospital care when required.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents and these included regular training sessions for staff and policies and procedures to guide and inform their practice.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that staff understood and respected residents' rights to make their own decisions and live in a way that suited them. They were consulted in the running of the centre where their voice were heard through resident meetings, interaction with staff and satisfaction surveys.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not 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-0033195

Date of inspection: 09/06/2021

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Paper Records: The two sets of paper nursing records referred to are required by staff frequently throughout the shift to monitor and record resident care such as intake and output/reposition. A secure press or area accessible only to staff will be made available for these frequently used records.</p> <p>Computer Screen: To further protect sensitive information, all computer screens have been set to timeout at the shortest interval possible. Staff have also been reminded to log off the computer when they have finished using it or if leaving it unattended.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>On a daily basis, Beechtree logs in its Restraint Register the number of bed alarms and chair alarms being used and if any prescribed chemical restraint medication is administered to Residents. As requested by HIQA, Beechtree Management will include, on the Quarterly notifications to HIQA, all incidences where bed alarms and chair alarms have been used.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>As per procedure, Beechtree documents the outcome of each complaint received as to whether the complainant is satisfied or not. Following the inspection, Management reviewed the complaints and realized the inspector was not shown the most up to date complaints report hence it appeared there were four complaints with outcome not documented instead of one. The outcome of this one complaint has now been documented. Staff have been reminded to obtain the most up to date complaints report from the Epic computer system.</p> <p>All complaints are discussed at Management level.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A recent leak caused water damage to the sluice room ceiling in an area of the Nursing home that was not in use. Repair was planned in May however could only commence in July when ceiling fully dried out. This work is now complete.</p> <p>A bedpan rack in a sluice room has been replaced.</p> <p>Shelving in the cleaner's closet has been removed.</p> <p>A damaged chair in smoking area has been removed.</p> <p>Maintenance staff have examined the storeroom to determine source of intermittent smell and have placed additional seal to pipes.</p> <p>The desk surface at the nurse's station was not designed for use in a pandemic where it required regular cleaning with abrasive products. It was designed to be homely &amp; welcoming for Residents. We are sourcing a wipeable material for the desk that will withstand chlorine-based cleaning products required during a pandemic.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff are not permitted to wear nail varnish while on duty and have been reminded of same. Management will monitor this.</p> <p>Additional hand sanitizer dispensers have been placed throughout the building.</p> <p>New covered trolleys have been purchased to store clean linen on the corridor.</p>	

Residents' personal hygiene products will be labelled with Resident's name.

Sharps boxes will be dated and signed once opened and when sealed and temporary closure mechanism will be engaged when not in use. Relevant staff have been informed.

Once opened, any unused surplus dressings will be discarded.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The furniture obstructing access to two fire extinguishers has been removed.

Chairs in external smoking area have been replaced with fire retardant chairs.

PPE stored on trolley near the emergency refuge area has been removed.

Beechtree has always actioned any recommendations made regarding Fire Safety. The requirement for additional emergency signage was never highlighted on previous inspections or following a visit by the Fire Officer nor are we aware of any recent changes to the Regulations in relation to Fire Safety. Notwithstanding this, additional emergency signage was installed on June 18th.

The height of the two emergency directional signs that were partially blocked from view have been adjusted so they are more easily seen.

## 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	30/08/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/07/2021
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	22/07/2021

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	18/06/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	18/06/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/07/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint,	Substantially Compliant	Yellow	24/06/2021

	the outcome of the complaint and whether or not the resident was satisfied.			
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