



# 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:	26 March 2024
Centre ID:	OSV-0000116
Fieldwork ID:	MON-0041738

## 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:	55
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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
Tuesday 26 March 2024	09:00hrs to 17:30hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The inspector observed that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents and 10 per cent of visitors in more detail to gain insight into their experience of living in Beechtree Nursing Home.

Overall, residents reported that the service was good and that they were happy living in the centre. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff do a wonderful job'.

Residents and visitors spoke very highly about the person in charge and were sorry to have heard they were leaving as they found them very kind and approachable. They also went on to say that they had met the incoming person in charge and they were looking forward to getting to know them better and felt they would be 'a good fit' for the centre.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

The centre comprised of two floors with sufficient private and communal space for residents to relax in. A number of stairs and lifts were available to support movement between floors. Overall, the centre was clean and tidy. The fire exits and escape pathways were noted to be clear from obstruction. The inspector heard how the registered provider had sought a fire review from a competent fire safety professional and were actively working through a program of fire safety works that had been identified in the fire safety risk assessment.

Fire safety works were on-going on the day of inspection in a controlled and well-managed approach, with minimal impact to residents. Residents told the inspector that they were kept informed about the works and they caused little or no disruption. The fire works relating to containment were due to be completed in June 2024. The fire evacuation floor plans had been recently upgraded, and were on display on each unit. However, the inspector observed a discrepancy on the accompanying fire instructions on display regarding the location of the external fire assembly point. The provider gave assurances that they would ask their fire safety professional to review as a matter of urgency and clearly identify the assembly point(s) in the event of a fire evacuation.

The premises was mostly well-maintained, however due to wear and tear some areas required attention. The inspector heard about the internal and external refurbishment plan that would commence once the fire works were complete. This included new flooring, furniture and painting walls and ceilings in many areas for example, reception, sitting room, dining room, activity, oratory and quiet rooms and external landscaping improvements. There were other premises related concerns including, increased temperature in the medication room and lack of clinical hand hygiene sinks and will be discussed further in the report.

Residents private spaces were found to be well-maintained and residents had sufficient space available for them to store and access their personal belongings. They were observed to have items of personal significance on display such as photographs, soft furnishings and ornaments which gave the room a homely atmosphere. Residents who spoke with the inspector were happy with the size, layout and décor of their rooms. An enclosed courtyard was easily accessible by the residents. It had safe wide paths for residents to safely mobilise along and view the planting.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising. Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. The inspector observed adequate numbers of staff were available, offering encouragement and assistance to residents.

Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community. The inspector saw that there was a varied schedule of activities displayed on the notice boards throughout the centre such as bingo, exercises, quizzes and games. Residents informed the inspector that they were looking forward to the Easter programme of events including, an Easter hat competition, Live music session and Easter Mass. On the day of inspection some residents were observed enjoying activities with voluntary groups, for example a reiki session and a visit from the 'Legion of Mary'. Residents had access to advocacy services and information leaflets were seen to be available on each floor.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time. Visitors informed the inspector that they were pleased with the level of care their loved one received and any concerns were dealt with promptly and satisfactorily.

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

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. The centre had a strong history of compliance with the regulations and this inspection found that the provider had sustained the good levels of care and oversight of service across all regulations reviewed, with some further improvements required in respect of premises and information for residents. These are discussed in more detail under their respective regulations.

This was an announced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider for Beechtree nursing home was Beechtree Healthcare Limited, and was managed by Glas Care Holdco Limited. The person in charge was supported by the provider representative, general manager, clinical nurse managers (CNMs), a team of nurses, healthcare, catering, activity, housekeeping, administrative and maintenance staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; falls, restraint, infection prevention and control and documentation audits. These audits were found to be objective and identified areas for improvements.

The annual review of the quality and safety of the service for 2023 and quality improvement plan for 2024 was available for review. There was evidence that it was prepared in consultation with residents and their families.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. Several volunteers attended the centre, enhancing the residents' lived experience.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures and fire safety had been completed.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Overall, the documents reviewed met the legislative requirements including contracts of care and complaints procedure.

### Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

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

The inspector reviewed six contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant



## Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

The inspector was assured that residents received a good standard of service and that their health care needs were well met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The premises was of suitable size to support the numbers and needs of residents. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. As well as having a refurbishment plan in place the provider had identified that hand hygiene sinks required review. Staff reported using the communal bathroom or residents' sink to wash their hands if they were visibly soiled, and this practice could pose a cross-contamination risk. The inspector observed that the temperature in the

medication room exceeded the maximum limit and therefore the ventilation system also required review, to ensure medicines were stored at safe temperatures. These findings will be discussed under Regulation 17: Premises.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

A risk management policy and risk register was available and reviewed regularly. A risk register contained both clinical and non-clinical risks. It included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

### Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- Easy access to clinical hand washing facilities was not available for staff to wash their hands if visibly soiled, reducing the spread of infection between residents.
- Appropriate ventilation and heating were not in place in all areas of the designated centre. For example, the temperature in the medication room was not appropriate, reaching 27 degrees Celsius. This posed a risk that the efficacy of medicines stored in that room would be compromised.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The Residents' guide in respect to the designated centre did not contain the following information:

- The terms and conditions of residency in the nursing home.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required.

Judgment: Compliant

## Regulation 6: Health care

The inspector found that residents were receiving a good standard of health care. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Beechtree Nursing Home OSV-0000116

Inspection ID: MON-0041738

Date of inspection: 26/03/2024

## 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: Contractors will be contacted for the installation of clinical handwashing sinks which will be strategically located around the home. Please note that this will be actioned as quickly as possible but we are restrained by lead times on clinical sinks and availability of plumbing contractors for their installation. In the interim, please note that alcohol hand gel dispensers remain available to staff, residents and visitors along all corridors and will continue to be available when the sinks are installed. In addition to this, there are currently a number of wash hand basins available throughout the home, however they are not Clinical Hand Wash Basins (as per the requirements of Health Building Note 00-10: Part C – Sanitary assemblies). New clinical wash hand basins will meet these requirements.</p> <p>A comprehensive review of ventilation and heating to be undertaken to ensure appropriate ventilation and heating systems are in place. In the interim, fans have been purchased to assist in cooling rooms where medication are stored. Temperatures are being spot checked by management.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The terms and conditions of residency in the nursing home have been reviewed and have been incorporated in the Resident's guide.</p>	





**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2024
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/05/2024