Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	12 February 2024
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0042775

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

How we inspect

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
Monday 12 February 2024	17:30hrs to 21:00hrs	Sinead Lynch	Lead
Tuesday 13 February 2024	09:00hrs to 14:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

Overall, the inspector observed that the person in charge and staff were working to improve the quality of life for residents in the centre. The inspector observed many positive interactions between staff and residents and overheard staff discussing topics of personal interest with residents in light-hearted banter and conversation.

On day one of the inspection many residents were in their bedrooms. The inspector had the opportunity to speak to many residents who were able to converse. Residents informed the inspector that they were 'very happy' living in the centre while another resident said they were 'content'. Residents' complimented staff and their willingness to assist them when required. Call-bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew each other well. One resident who was residing in the centre for a short period of time said they 'would have no problem coming back here if they needed to'. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service and confirmed that laundry did not go missing.

Staff were observed attending to residents throughout the evening, offering drinks or checking in on residents to ensure they were safe.

On the second day of inspection the inspector walked around the centre to find that personal care was being delivered in many of the residents' bedrooms and the inspector observed that this was provided in a kind and respectful manner. Staff were observed to knock on residents bedroom doors before entering and calling out to the resident informing them of who they were before entering.

There was a varied menu available in the centre. There was a choice for residents at each meal time. The majority of residents enjoyed their meal in the dining rooms and some residents remained in their bedrooms. The person in charge in conjunction with the catering staff had developed a new menu with a more varied choice for modified diets. This would give all residents regardless of their ability further options for meal times.

The centre was laid out on ground floor level and was pleasantly decorated. The centre met the residents needs' where there was sufficient private and communal space for residents to utilise. An enclosed courtyard was available which was easily accessible by the residents. There were raised planters where residents were involved in the planting and maintaining process.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection carried out following receipt of an unsolicited concern received by the Chief Inspector of Social Services. The inspector reviewed this concern under many regulations and found that the concern was unfounded. The inspector spoke with many residents and visitors over the two days of the inspection. The feedback provided was positive.

There was a clearly defined management structure in place with identified lines of authority and accountability. The centre is owned and operated by Dunmurry West Care Homes Limited. There is a person in charge in the centre who works full time. They are supported in their role by an assistant director of nursing. The person in charge reports to the provider and a quality and safety manager provides support and guidance.The person in charge had commenced their role in the last year. They had the required experience to meet the requirements of the regulations.

Overall, this was a well-governed centre with effective management systems in place to monitor the quality care to residents. However, improvements were required in relation to the management systems in place to oversee care planning and residents' rights. This will be discussed further under their respective regulations.

A continuous and complete monitoring system was in place to ensure the delivery of a high quality service. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management and staff meeting agenda items included corrective measures from audits.

The person in charge had implemented many quality improvement plans in the centre. One change that was currently being implemented was a change to the menu and the increased choices at meal times for modified diets.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspector reviewed a sample of staff duty rotas and in conjunction with feedback from residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

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

There was no evidence of resident meetings in the centre since the last inspection.

The person in charge informed the inspector that they were meeting with residents and families on an individual basis initially and planned to implement group meetings with residents very soon.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Regulation 14: Persons in charge

The person in charge was a qualified and experienced registered nurse who worked in the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate to meet the needs of the residents. There was as least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and evidenced that all staff had up-to-date mandatory training and other relevant training.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not sufficiently robust to ensure a safe, effective and consistent service was provided to the residents at all times. For example:

- There was a repeated non-compliance in relation to a key pad on the entrance door to the main dining room. This was highlighted on the last inspection. This would restrict residents having access as they wished to a communal area.
- The oversight of residents care plans was not robust enough and required strengthening.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The accident and incident log was viewed by the inspector on the day. All required incidents and accidents were notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Over this two day inspection the inspector observed a good service and a well-managed centre where the care delivered to residents was of a high standard. Residents had good access to healthcare services such as a dietitian, speech and language therapist, tissue viability and old age psychiatry. There was also timely access to a general practitioner (GP).

Each resident had an individual care plan which was personalised to meet the needs of the individual. However, some gaps identified showed that improvements were required in relation to the follow through in relation to prescribed diets and one resident who absconded from the centre. This further discussed under Regulation 5; Individual assessment and care plan.

Residents were provided with a good selection of nutritious meals. Menus were displayed and residents could also request something that was not on the menu. Meals were presented in a appetising way and adequate staff were available to assist residents if required or requested. Residents that required different consistencies of food and drink were observed to receive them. Meal times were a calm and un-rushed experience for the residents.

The residents had access to advocacy services and signs were displayed in the centre with contact details. Religious services for all denominations were catered for. The provider informed the inspector that the voting register was updated so that all residents had access to vote when required.

Residents rights appeared to be upheld in many ways while they lived in the centre. However, on this inspection it was observed that residents were restricted in accessing all communal areas in the centre. There was a key pad in place on the dining room door. This was identified on the previous inspection after which assurances had been received that this was removed. However, this was still in place on the day of the inspection.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. Staff were all trained in relation to detection and prevention of and responses to abuse. Staff spoken with were knowledgable on what to do should they observe or suspect abuse and knew where to locate the safeguarding policy. The safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff were clear about their role in protecting residents from abuse. They expressed that the safety of the resident was their priority and they would report all incidents to the nurse in charge or one of the managers. The centre was not a pension agent for any of the residents in the centre.

Regulation 18: Food and nutrition

The residents were seen to be presented with a wholesome and nutritious diet. Adequate quantities of food and drink was made available to residents. There was an adequate number of staff to assist residents when and if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were seen to be personalised, and residents had been consulted in their development.

However, the registered provider did not arrange to meet the needs of each resident when these needs had been assessed. For example:

- Three residents had been reviewed by speech and language therapist and their advice was not updated in the residents care plan. This may lead to a resident receiving the incorrect prescribed diet.
- One resident who had absconded from the centre for 15 minutes seven days prior to the inspection did not have an absconsion care plan in place. This would not guide staff in the event the resident would abscond again.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services. There was evidence that any changes to a resident's treatment plan were updated in the resident's care plan.

Judgment: Compliant

Regulation 8: Protection

Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse.

The centre was not a pension-agent for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were restricted in exercising choice in relation to entering the dining room when they wished. This was a repeated compliance issue following the last inspection. There was a key pad on the dining room door which prohibited access for residents to a communal space designated for residents' use.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0042775

Date of inspection: 13/02/2024

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. Key pad was removed from the dining room door and has been relocated to the kitchen door.

2. All residents have personalised assessments and care plans. On admission screening assessment, assessment tools and care plans are done for all residents as per their needs. The care plan reflects the individual assessed needs of residents and how these needs are met, ensuring person centred safe quality care with positive outcomes for residents. Information collected is used to promote the rights, health, wellbeing and safety of each resident. The home management team support staff to be flexible in supporting residents to live as they choose. In conjunction with the resident options are explored to support the resident to maintain relationships, have meaningful experiences and varied activities of the resident's choice. The Group Quality and Clinical Practice Lead reviews the homes KPI's on a monthly basis and ensures that all care plans are all up to date and reflect the resident's changing needs. All care plans are reviewed every three months or as needed after discussing with family GP and multi-disciplinary team. Three monthly care plan meetings are conducted with family by link nurses. GP will review and if needed referral is send to required departments like geriatric consultant, occupational therapist, psychiatrist etc. All further steps will be implemented as per their advice.</td></tr>
<tr><td>Regulation 5: Individual assessment and care plan</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 5: Individual</td></tr>
</table>

assessment and care plan:
Three residents had been reviewed by speech and language therapist and their advice was not updated in the residents care plan. This may lead to a resident receiving the incorrect prescribed diet.

• The three residents care plans have now been updated as per Speech and Language Therapist. Any changes in the IDDSI levels have been documented in the care plans and daily catering order sheet. Staff handover sheets reflect the food and fluid consistency of each resident

One resident who had absconded from the centre for 15 minutes seven days prior to the inspection did not have an absconsion care plan in place. This would not guide staff in the event the resident would abscond again.
• An absconsion care plan has been completed on the specific resident. Any resident who is an absconsion risk has had an absconsion care plan completed. A daily fire door check is in place which is carried out by the nurse on duty. An Elopement drill has been carried out in the home. As per the homes Elopement policy: Residents deemed to be at high risk for elopement will be commenced on a scheduled observation record, recording the time, date and location of the resident. The nurse on duty must assess the level of supervision required, and should consider that there may be times when the resident requires continuous supervision.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The key pad was removed from the dining room door and has been relocated to the kitchen door.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	31/03/2024

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			