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## Bethany House Nursing Home, Main Street, Tyrrellspass, Westmeath

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**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Bethany House Nursing Home
<b>Centre ID:</b>	OSV-0000015
<b>Centre address:</b>	Main Street, Tyrrellspass, Westmeath.
<b>Telephone number:</b>	044 922 3391
<b>Email address:</b>	info@bethanyhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	MPM Nursing Home Limited
<b>Provider Nominee:</b>	Madeline Corboy
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 19 May 2017 08:00 To: 19 May 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection was completed in response to an application made by the provider to vary a condition of registration of the centre from a maximum occupancy of 31 to 57 residents. The last inspection of the centre by the Health Information and Quality Authority (HIQA) was a thematic inspection completed on 07 December 2016 to assess compliance with the regulations regarding the service provided for residents with dementia living in the centre. There was one action required from that inspection which was found to be satisfactorily completed on this inspection.

The inspector spoke with residents, their relatives and staff members. Seven residents and five relatives completed pre-inspection questionnaires sent to the provider for distribution by the Health Information and Quality Authority (HIQA) prior to this inspection. All feedback received was positive and some suggestions made were communicated to the provider representative/person in charge by inspectors. Residents expressed their satisfaction with the care they received and confirmed that they felt safe and had a choice in their daily routine. Documentation records

reviewed included residents' care records, the centre's policies, risk management (including fire safety) procedures and records, audits and staff training records.

The provider representative is also the person in charge of the centre. She demonstrated that she was responsible for the governance, operational management and administration of services and resources. Monitoring systems were in place to ensure the quality and safety of the service was optimised. Inspectors found that the service provided was compliant with the regulations in all outcomes inspected. Residents healthcare needs were met to a high standard. Staff had access to training and knew the residents and their care needs well. Inspectors observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place to ensure that residents were protected from abuse.

A new extension to the premises was completed to a high standard and met the requirements of the Regulations and National Standards. The layout and design provided accommodation for 26 residents in 18 single and four twin en-suite bedrooms at ground floor level. A new main reception area and a variety of additional dining, sitting and relaxation communal rooms were also provided. This area combined with the current centre premises provided a comfortable, varied and spacious environment for 57 residents.

The management and the staff team in the centre demonstrated their commitment to ensuring the quality and safety of the service was maintained to a good standard. They also demonstrated that they were committed to ensuring residents enjoyed a good quality of life in the centre and took all opportunities to provide them with meaningful and interesting activities.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose document updated in March 2017 was forwarded to HIQA. It contained all information required by Schedule 1 of the Regulations and detailed the changes in service provision to meet the needs of 57 residents. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure in place and was outlined in the centre's statement of purpose revised in March 2017. Lines of authority and accountability were defined and each member of the staff team were aware of their roles, responsibilities and reporting procedures. Inspectors found that there was a

strong team ethos present with every opportunity taken by staff regardless of their grade in the centre to ensure residents' queries and comforts were addressed without delay. A monthly governance meeting schedule was in place and minutes of these meetings were made available to the inspectors. The minutes evidenced a proactive approach to risk management. Inter-team communication was promoted by regular staff meetings chaired by the person in charge. Both owners of the centre work in the centre on a full-time basis. The person in charge who is also the provider representative for the centre assists with care provision on a day-to-day basis to maintain close contact with residents and to ensure care is provided to a satisfactory standard.

There were systems in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly monitored. There was evidence that key areas of clinical care, the environment and feedback from residents and their relatives was reviewed to ensure the service provided was safe and met residents' needs. Auditing schedules were in place and the information collated in them and in feedback from residents and their relatives was reviewed. Areas identified as requiring improvement from review of the data collated were consistently actioned. Findings from reviews and audits were trended and informed proactive quality improvement strategies and assurances that all aspects of the quality and safety of the service were optimised. An annual report detailing a review of the quality and safety of care delivered to residents in accordance with the National Standards was completed for 2016.

Residents and relatives were familiar with the management structure and arrangements in the centre. Residents knew the providers well. Feedback from residents spoken with during this inspection and from residents and their relatives in pre-inspection questionnaires was positive about the service and care provided. There was evidence that improvements being progressed were made in consultation with residents and residents were given opportunity to express their views. Inspectors found that residents were kept informed on each stage of the recent building project. Their views and interests were seen to be valued and welcomed and were used to inform the process. For example, a large green area was maintained for the centre's donkey, a room was styled as a tavern and the external roadways and paths facilitated three residents to safely enjoy the outdoor space provided in their motorized wheelchairs. Many residents were given opportunity to view the new extension and were given a choice of moving to a bedroom there if they wish to. There were sufficient resources provided to ensure the effective delivery of care as described in the centre's statement of purpose document.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre was being managed by a suitably qualified and experienced nurse in care of older people. The person in charge Madeline Corboy was also the person nominated as the provider representative. She demonstrated that she had authority and was accountable and responsible for the service provided to residents. The person in charge is employed on a full time basis and is solely employed in carrying on the business of the designated centre and has been involved in the running of the designated centre since 2006. She demonstrated that she was engaged in the governance, operational management and administration of the centre on a full-time basis. She was supported in her role by a clinical nurse manager who deputized in her absence, nursing, care staff, administration, maintenance, kitchen and housekeeping staff who reported directly to her.

The person in charge is a registered nurse with An Bord Altranais agus Cnáimhseachais Na hÉireann. She has completed a number of postgraduate courses including gerontology and medication management, infection prevention and control, wound management and therapeutic crisis intervention management among other courses and training to maintain her professional development. She demonstrated that she had knowledge of the Regulations and Standards pertaining to the care and welfare of residents in the centre.

The person in charge had a detailed knowledge of each resident's life history, condition and care needs. Staff confirmed that there was good inter-team communications. The person in charge had effective systems in place to ensure the quality and safety of clinical care was maintained to a good standard. Information required was easily accessed and was well organized. Residents spoken with knew the person in charge well and spoke positively about her.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

An action from the last inspection in December 2016 regarding procedures for managing residents' finances was satisfactorily completed in line with best practice.

There were systems in place to ensure residents were safeguarded from abuse. There was a policy and procedure in place for the prevention, detection and response to abuse. There were measures in place to safeguard all residents. The provider representative/person in charge monitored the systems in place and ensured that there are no barriers to residents or staff disclosing any incidents, suspicions or allegations of abuse to residents. Staff attended training on protection of vulnerable adults as seen by inspectors in the centre's staff training records. Staff spoken with by inspectors could describe the types of abuse and were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents spoken with on the day of the inspection told the inspector that they felt safe in the centre and spoke positively about the staff looking after them. All interactions by staff with residents as observed by the inspectors were respectful, supportive and kind. The providers confirmed that all staff working in the centre had An Garda Síochána vetting completed.

Inspectors observed that staff used a positive and compassionate approach with residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors observed that where possible any responsive behaviours experienced by residents were proactively managed. There were no residents with responsive behaviours on the day of the inspection. Care plans examined by the inspector demonstrated that a person-centred approach was taken by staff to identify and alleviate any underlying causes for residents' responsive behaviours. Effective de-escalation strategies were documented and staff spoken with by the inspector could describe person-centered de-escalation techniques that they would use to manage individual resident's responsive behaviours. Staff had received training in managing responsive behaviours and training was on-going to ensure all staff had the skills as required by the Regulations. No residents were in receipt of PRN medicines (a medicine only taken as the need arises) to manage BPSD or responsive behaviours.

There was a policy and procedure in place for the management of restraint. A restraint-free environment was promoted in the centre. Low level beds, floor mats, sensors and increased staff supervision were used in consultation with residents as alternative measures to use of full-length bedrails to promote residents' safety needs. Half-length bed rails were also available and used to enable residents' mobility while in bed where necessary. Risk assessments were completed prior to their use. Access to the centre was controlled and residents the door codes were given to all residents with the exception of residents who were assessed as being at risk of leaving the centre unaccompanied. A number of residents were seen by inspectors to exit and enter the centre independently during the day of inspection. The new extension to the premises provided two enclosed gardens readily accessible to all residents including residents at risk of leaving the centre unaccompanied.

There was a system in place to safeguard residents' money. Small amounts of cash held on behalf of residents was securely stored, with access limited to a number of senior

staff. All transactions were recorded and had been dual-signed and included the resident's signature where possible. A sample of resident account balances was checked by inspectors, all of these were found to be correct. An audit of residents' money was frequently carried out by the provider/person in charge, with evidence of this recorded in the appropriate documentation. Pension and social welfare payments were collected by the provider on behalf of a small number of residents. The records were clear and transparent and the procedures implemented since the last inspection reflected best practice guidelines. Residents were provided with a lockable space in their bedrooms to facilitate them to independently secure their personal possessions if they wished.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Findings on this inspection demonstrated that the health and safety of residents, staff and visitors was protected and promoted. There was an up-to-date safety statement available for the centre. A proactive approach to risk management in the centre was demonstrated in particular with management of the recently completed building project. The required information regarding the areas of risk outlined by Regulation 26 were in place to protect vulnerable residents. A frequently updated register of hazards identified inside and outside the centre was maintained. It referenced identification and assessment of risks with controls to manage and prevent adverse incidents to residents, visitors and staff. Arrangements were in place for risk assessment of individual residents who smoked. No current residents engaged in smoking. Hazardous areas such as sluice rooms and clinical storage areas were secured to prevent unauthorised access. Health and safety and risk management was a standing agenda item in monthly governance meetings.

Residents were protected against the risk of fire in the centre. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, fire alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Work was completed to integrate the fire alarm system fitted in the new extension and certification was provided to confirm it was in working order. All fire exits were clearly indicated and were free of any obstruction. The provider was in the process of ensuring a roller blind fitted on a fire exit could not hinder exit if necessary. Equipment including fire extinguishers were available

at various points throughout the centre. Fire evacuation drills were completed and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Fire evacuation training took account of the new extension. Staff training records referenced that all staff had completed fire safety training and had participated in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

All incidents and accidents involving residents, staff and visitors were logged. Inspectors saw that there was a low incidence of residents falling in the centre including incidents that necessitated hospital admission. Incidents of resident falls were reviewed and included actions to mitigate risk of recurrence. Inspectors observed that these actions were implemented. Data on resident falls was collated, analyzed and used to inform risk management strategies and staffing resources. Each resident has a risk of fall assessment completed on their admission and was regularly reviewed thereafter, including after a fall incident. Hip protection equipment, low level beds, foam floor mats, hand rails in corridors, toilets and showers, staff supervision and sensor equipment were used to reduce risk of fall or injury to vulnerable residents. Handrails fitted on corridors, toilets and showers in the new extension were a contrasting colour to the surrounding walls to increase their visibility for residents with vision problems or dementia.

An infection control policy informed procedures for management of communicable infection and an infection outbreak to guide and inform staff. The centre was visibly clean. A new cleaner's room for the centre was installed in the new extension. Hand hygiene facilities were located throughout the premises including in the newly built extension. Environmental cleaning procedures reflected best practice in infection prevention and control standards. Most staff, including cleaning and laundry staff, had attended training on infection prevention and control.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that residents were protected by safe medication management practices in the centre. There were written operational policies in relation to the prescribing, storing and administration of medicines to residents which were demonstrated in practice. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

Inspectors reviewed a sample of completed prescription and administration records. Medication administration sheets were completed in line with guidance issued by An Bord Altranais agus Cnáimhseachais and allowed space to record comments on withholding or refusing medicines. Medications to be administered in a crushed format were individually prescribed on the prescription chart. The maximum dose of PRN medicines (a medicine only taken as the need arises) permissible over a 24 hour period was indicated in residents' medication records.

A register of medications that required strict control measures under misuse of drugs legislation was maintained in the centre. The medications were carefully managed and held in secure storage as required. Appropriate checking procedures were in place and inspectors found that the medications held matched the balances recorded. Medicines to be stored at room temperature were stored securely in a locked cupboard or dedicated trolley. Medicines requiring refrigeration were stored appropriately and the temperature of the refrigerator was monitored and recorded daily.

The person in charge could evidence that the pharmacist was facilitated to meet their obligations to residents. The pharmacist was available to residents to discuss their care. The pharmacist also provided training in medication management and discussed various topics with residents, such as vaccinations. A system was in place for reviewing and monitoring safe medicines management practices in the centre. The results of the most recent medicines management audits were made available to inspectors on the day of the inspection.

Procedures were in place for managing adverse medicine incidents and were demonstrated in practice. While no residents were responsible for administering their own medication at the time of the inspection, the person in charge informed inspectors that a policy and procedure was in place to inform this practice in place in the centre.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre catered for residents with a range of needs and inspectors found that their healthcare needs were met to a good standard on this inspection. There was evidence that residents received timely access to health care services and were supported to attend out-patient appointments as necessary. Residents had a choice of GP and some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents' documentation confirmed they had timely access to GP care including an out-of-hours service. Residents had good access to physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, optician and chiropody services as necessary. The community psychiatry of older age specialist services supported GPs and staff with care of residents with responsive behaviours related to dementia and other psychiatric causes as needed. Inspectors reviewed a sample of residents' care plans and saw that recommendations made by these services were documented in these care plans.

Measures were in place to promote residents' positive health and wellbeing such as regular exercise as part of the resident activation programme, an annual influenza vaccination programme, regular vital sign monitoring, blood profiling and medication reviews. There was good access to community palliative care services who were available to support staff with management of residents with chronic pain and management of any adverse symptoms they experienced during end-of-life care as appropriate.

Assessment and documentation of residents' needs was maintained to a good standard. Residents' care plans were person-centred and comprehensively informed their individual needs. Assessments of residents' needs were carried out within 48 hours of their admission. Care plans were developed based on assessments of need and thereafter in line with residents' changing needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, level of cognitive and skin integrity among others. Residents' care plans were updated routinely on a three to four -monthly basis or to reflect their changing care needs as necessary. Staff spoken with by inspectors found that they knew residents well and were knowledgeable regarding their likes, dislikes and needs. Residents were seen to respond positively to staff and all members of staff involved themselves in ensuring residents needs were addressed. There was evidence of consultation with residents and their families in care plan development and reviews thereafter.

There were no residents with wounds in the centre. Arrangements were in place to ensure any wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate. Wounds were photographed and a treatment plan was implemented to inform care procedures. Tissue viability, dietitian and occupational therapy specialists were available as necessary to support staff with management of residents' wounds that were slow to heal or were deteriorating. Procedures were in place to prevent pressure related skin injury to residents. Their level of risk was assessed on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules were used as prevention strategies.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The current premises was found to provide a therapeutic and comfortable environment for all residents including residents with a diagnosis of dementia on the last inspection in December 2016. Since the last inspection the providers completed a new extension to the back of the current centre. The new extension addressed previous findings in relation to insufficient communal toilets and the absence of a designated cleaner's room.

Inspectors found that the new extension met its stated purpose as described in the centre's statement of purpose document. The main entrance to the centre will be into the new extension which opened into a bright and spacious reception area. The reception area had a reception desk negating need for visitors to enter residents' accommodation in the rest of the centre to access staff. In the reception area, wooden shop-front units were fitted around the entrances to a large dining room adjacent to a new fully equipped main kitchen, a large sitting room, a hair dressing salon and a sitting room designed in a tavern style. A visitors room was also provided. A variety of seated areas were located along corridors. The new extension provided 26 additional beds in 18 single and four twin bedrooms. All bedrooms in the new extension had spacious toilet, shower and hand basin facilities. All bedrooms were spacious and provided sufficient storage space for residents' property. Communal toilets including a wheelchair and visitors' toilets and communal shower/bath facilities were provided. The new extension provided a second sluice room, a cleaner's room and laundry, clinical and equipment storage areas. Each bedroom was fully equipped with a low level bed, comfortable bedside chair, locker, wardrobe and storage unit. Each bed had an overhead reading light fitted in addition to a main light in the rooms, some of which had dimmer switches. These lights and nurse calls bells fitted within easy reach of the beds and chairs were all in working order. Two single bedrooms were fitted with a double bed to give residents additional choice.

The new extension was finished and decorated to a very high standard continuing the homely ambience of the current centre. Use of colour, textures and visual cues were optimized to ensure residents' comfort and accessibility needs were met. Bedroom doors

were painted in different colours and each bedroom was decorated differently. Items of traditional memorabilia and furnishings were used. The main sitting room had a traditional fireplace as a centre piece and comfortable seating was arranged to promote group conversations. One wall of the room accommodating the nurses station was constructed of glass so residents could see staff working in there. Numerous lamps were available in bedrooms and communal rooms to create a cosy and comfortable ambience as natural light faded in the evening.

Residents had ready access to a secure outdoor garden area and a courtyard area. There was extensive lawned areas and car parking facilities. The providers were in the process of marking out the car park and set-down area. Signage suitable for residents with visual problems and dementia was in place. Floor coverings were bright, matt finished and unpatterned. There was good use of natural light during the day to all rooms, corridors and the reception area. A large screen television was provided for each resident. Clocks were located in each bedroom and in the communal rooms.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a policy and procedure in place for the management of complaints in the centre. The policy clearly outlined the person responsible for managing complaints and the person responsible for ensuring complaints were appropriately recorded and responded to. Details of the appeals process, advocacy services and the office of the Ombudsman were included in the policy.

A complaints log was maintained in the centre. All complaints recorded in this log included all information and procedures as required by the Regulations. Any actions implemented following closure of complaints made was also detailed. All complaints were found to be closed out in a timely way and to the satisfaction of the complainant. Residents spoken with knew that the person in charge was the complaints officer in the centre and said they would make a complaint to her if they wished. Residents expressed their satisfaction to inspectors with the service and standard of care provided

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***  
***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. There was a comprehensive policy for monitoring and recording nutritional intake which was observed in practice. Each resident was provided with food and drink that was suitable to their needs and preferences. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Access to a dietitian and speech and language therapist was available to residents on a referral basis based on assessment of need or a change in a resident's condition. Nutritional care plans were in place that detailed residents' individual food preferences. Recommendations made by the dietitians and speech and language therapists were recorded in residents' care plans and communicated to catering staff where appropriate.

Residents' food likes and dislikes were ascertained on admission and they were also facilitated to provide feedback on the menu options and choices provided to inform improvements. Residents were offered choice in relation to their meals and mealtimes, and were supported to dine in the dining room or in their rooms as they wished. Food provided was appetizing and well presented in quantities as requested by residents. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Alternatives to the menu of the day were available to residents. Inspectors observed that residents with specialist dietary and fluid consistency requirements received the diets and thickened fluids as recommended to meet their needs. There were sufficient numbers of staff available in the dining room to support residents at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as necessary. Residents expressed their satisfaction with the menu choices and quality of the food provided.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the***

***centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents' capacity to exercise personal freedom and choice and to maintain their independence was promoted throughout all aspects of the service.

Residents' meetings were held on a monthly basis, and the person in charge informed inspectors that a staff member was appointed a 'dementia advocate' at each of these meetings. A number of additional meetings had taken place recently to update residents on the construction work and progress with the extension. The person in charge demonstrated how residents had been involved in a number of decisions relating to the extension, as well as suggestions for the purpose of a room in the older part of the centre. The centre's newsletter also contained details relating to the construction project.

A comprehensive activity programme ensured that all residents had opportunities to participate and engage in activities that were meaningful and were in line with the preferences, capabilities and interests. On the day of the inspection, residents were observed to be sanding and painting bird houses for the newly-constructed garden. Live music was also being played in the afternoon. The person in charge described various types of outings that residents had been on since the previous inspection, included guided tours of various landmarks in the county. Residents spoke positively to inspectors about the activities that were available to them.

Staff were seen to interact with residents in a kind and respectful manner, and provided care in a dignified way at all times. Staff were knowledgeable of residents' backgrounds, interests and individual preferences through the development of comprehensive care plans care plans.

Residents were supported to maintain links to the local community, including attending the local church and other amenities. Newspapers from the locality were available in the centre, and mass was broadcast every morning through the radio.

Residents had access to a phone and wireless internet access was also available throughout the centre.

The person in charge informed inspectors that there were no restrictions on visiting times for the centre. There were arrangements in place for each resident to receive

visitors in private.

Residents' communication needs were highlighted in care plans and these were used to guide staff in practice.

Residents were supported to vote, either in the centre or in their locality.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staffing levels and skill mix were appropriate to meet the assessed needs of residents. The person in charge demonstrated that staffing was regularly reviewed in response to residents' changing dependency levels and increased needs. A registered nurse was on duty at all times in the centre. There was an actual and planned staff rota available that reflected the staffing on the day of the inspection. Residents were well supervised and were given timely assistance as necessary. Residents' call bells were answered promptly. Staff were observed to be unrushed and to take time to chat to residents which residents responded positively to.

Arrangements were in place to increase the numbers and skill mix of staff in the centre to ensure the needs of an additional 26 residents were met. A number of staff had been recruited in preparation and recruitment was on-going. There was an effective recruitment and staff induction procedure in place. New staff were met formally at one, three and six months during their employment probationary period. Staff were supervised appropriately in their role and the person in charge completed annual appraisals with all staff.

A staff training programme was demonstrated. All staff were facilitated and supported to complete mandatory and professional development training. Professional development training facilitated for staff was informed by the needs of residents and feedback from

staff appraisals.

Inspectors reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations, including An Garda Síochána vetting. Current professional registration details were available for all nurses working in the centre. The provided told inspectors that all staff employed in the centre had completed appropriate vetting procedures.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Bethany House Nursing Home
<b>Centre ID:</b>	OSV-0000015
<b>Date of inspection:</b>	19/05/2017
<b>Date of response:</b>	24/05/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Theme:

**The is failing to comply with a regulatory requirement in the following respect:**

#### **1. Action Required:**

Under Regulation you are required to:

**Please state the actions you have taken or are planning to take:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Proposed Timescale:</b>