



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Beneavin Lodge
Name of provider:	Firstcare Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	22 June 2023
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0040430

About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 June 2023	07:45hrs to 16:45hrs	Geraldine Flannery	Lead
Thursday 22 June 2023	07:45hrs to 16:45hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

Overall the inspectors found that residents received a good standard of care and were well supported to lead full lives. Residents who spoke with the inspectors were very positive about the care they received and life in the centre overall. One resident said they are 'so settled they probably wouldn't go home now'.

The inspectors completed a tour of the designated centre with the assistant director of nursing and observed that the environment was generally clean, bright and met residents' needs. There were a number of communal spaces for residents to relax in, and were comfortably furnished with an adequate amount of seating, wall art and house plants.

Residents' bedrooms were observed to be clean and tidy. Most of the residents had personal items displayed around their rooms such as pictures of family and friends. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were happy with that arrangement. Laundry facilities were provided on site. Some residents told the inspectors that they were very happy with the laundry service, while some visitors said they preferred to bring the laundry home as they felt it increased the longevity of the clothing.

There was an enclosed court yard for residents to enjoy, there was also a secluded garden beside the car park. On the day of the inspection relatives and residents were seen in this area enjoying the sunshine.

The inspectors observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. The lunch was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them.

The designated centre had dedicated activity staff and there was a varied schedule of activities available to the residents including bingo, art, exercise and sing-along. Inspectors were informed that plans were currently being finalised for summer outings and residents informed the inspectors that were looking forward to them as 'it's usually a very enjoyable day'.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. Advocacy services were available to all residents that requested them.

The inspectors observed that the provider had made good progress in addressing non-compliances identified in the last inspection, specifically in respect of infection prevention and control (IPC). The centre had identified an IPC link nurse who

support staff to implement effective IPC measures. Discreet signage was in place to alert staff of the residents' infection status. Staff spoken with had an awareness and understanding of this signage and the precautions required to provide care.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with identified lines of authority and accountability. The provider was proactive in ensuring the centre was adequately resourced to provide a high standard of quality care and ensure the safety of residents accommodated in the centre. While this inspection found largely good levels of compliance with the regulations, further improvements were required and will be discussed further in the report under their respective regulations.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for a further three years.

The registered provider for Firstcare Beneavin Lodge was Firstcare Beneavin Lodge Limited. The person in charge worked full-time in the centre and was supported by the Chief Operating Officer, a Regional Director, Associate Regional Director. The designated centre was part of Orpea Care Ireland.

An annual review for 2022 was available for the inspectors. Evidence of residents' meetings and satisfaction survey were also available for inspection.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. On first review, there was an error in application, omitting to include the kitchen and laundry in the floor plan. The provider was requested to re-submit revised copy of floor plans and declaration and update the statement of purpose.

The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

The person in charge was a registered nurse, who worked full-time in the centre and had the required experience in the area of nursing older people. The person in charge was off duty on the day of inspection, and the assistant director facilitated the inspection together with the clinical nurse manager.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them. There were no volunteers working in the centre. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records demonstrated that mandatory staff training in safeguarding and manual handling procedures had been completed, however some staff required up-to-date fire training.

The centre maintained a directory of residents, which was in an electronic format. While the inspector noted that the directory was appropriately safe and accessible, it did not contain all the information required and will be discussed further under Regulation 19.

Records reviewed were stored securely and made available for the inspection. The room where records were stored appeared cluttered and inspectors were advised that the storage room was in the process of being re-organised.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Inspectors reviewed four contracts for the provision of services. While all contracts reviewed were signed by the resident or their representative, all the requirements of the regulation was not included in some contracts and will be discussed further under Regulation 24.

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 some incidents that were notified and found that these were managed in accordance with the centre's policies.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. They commenced the post of the person in charge in April 2023 and were supported by an assistant director of nursing who deputised in their absence.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that seven staff had not completed up-to-date fire training, but assurances were provided on the day of inspection that training dates were being arranged to address this.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents did not include all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. For example from a random selection of some residents information did not include: sex and marital status, address of resident representative and general practitioner (GP), date of transfer to hospital and time and cause of death.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4

were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored.

Evidence of where further oversight was required included:

- Gaps were identified in documentation, including some pre-admission assessments, contract of provision of services, directory of residents and documentation on temporary transfers to hospital.
- Issues which had the potential to impact on infection control measures were identified on the day of inspection including, open single use dressings were not used in line with their stated purpose.
- Medicinal products were not disposed of in accordance with national legislation.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Action was required to come into compliance with the regulation. For example;

- Two contracts reviewed did not specify the bedroom number in which the residents were residing.
- All contracts reviewed did not specify the occupancy of the bedroom in which the resident was residing. This was a repeat finding from the previous

inspection.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule.
Judgment: Compliant
Regulation 30: Volunteers
There were no volunteers in the centre at the time of inspection. The management team were aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.
Judgment: Compliant
Quality and safety
Overall, this was a good service and a well-managed centre, where a high quality of care was provided. The inspectors saw evidence that the residents had access to their general practitioner (GP) including a medical review every four months. Although the residents' clinical care needs appeared to be met, the process for a pre-assessment prior to admission required review. The information obtained did not provide the healthcare staff in the centre with all the required information in relation to residents and their infection status.
Admission and transfer documentation reviewed did not include the infection status

or a full health profile of each resident. This information would support sharing of and access to information with and between services.

Inspectors identified areas of improvement in relation to infection control in the centre. The centre was found to be clean throughout the day and adequate numbers of cleaning staff were observed in the centre. However, improvements were required in relation to the use of single use dressings and the storage of them.

Visitors were seen throughout the day of the inspection and no restrictions were observed. Residents joined their relatives in the outdoor garden which was located beside the car park.

The premises were found to be well maintained. There had been paint work completed and the centre's appearance was complimented by many of the residents on the day of the inspection. Residents had adequate communal space to join fellow residents but many areas were also available where a resident could sit and enjoy a quiet space.

Improvements were required in relation to medication management, specifically storing and returning of medication. There were antibiotics stored in a locked press that had the names of residents that no longer lived in the centre. The nurse immediately removed these.

All staff had completed training in safeguarding vulnerable adults. Staff spoken with were knowledgeable of what abuse is and what they would do if they thought abuse may have occurred. All staff have Garda vetting in place prior to commencing their role. The provider was a pension agent for one resident. There were clear and transparent systems in place to protect this resident from financial abuse.

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors. There were suitable communal facilities available for a resident to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The registered provider, having regard to the needs of the residents in the designated centre, provided premises which conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Although records of resident's temporary transfers to hospital were maintained, the inspectors found that they were not fully completed in all cases, with gaps noted in some areas such as;

- The infection status for residents was not documented
- The health profile was not always completed.

Judgment: Substantially compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place as set out in Schedule 5. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections, were implemented by staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that a medicinal product which was dispensed to a resident but was no longer required, was disposed of in accordance with national legislation. For example, there were three antibiotics found in a locked medication press for residents who no longer resided in the centre.

Open single use dressings were not used in line with their stated purpose. For example, open dressings were stored with unopened dressings and may result in them being reused, which could pose an infection risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were prepared for each resident no later than 48 hours after the residents admission to the centre. However, the comprehensive assessment completed prior to admission required further review. For example, the infection status of the residents was not always completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with appropriate access to a general practitioner (GP) of their choice.

There was evidence that residents had access to the required allied health professionals when required.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff had received training in relation to the detection and prevention of and responses to abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Firstcare Beneavin Lodge OSV-0000117

Inspection ID: MON-0040430

Date of inspection: 22/06/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Fire Training has been scheduled for 26th July 2023. This will be attended by all staff who require update training. A training calendar is in place for the remainder of the year to ensure full compliance. • The PIC will monitor training compliance on a weekly basis and the Regional Director will review same during monthly governance meetings. 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • The Directory of Residents has been updated and now includes all information specified in Schedule 3 of the relevant regulations. • The PIC will audit the Directory of Residents on a bi-weekly basis to ensure full compliance. 	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC has reviewed the pre-admission assessment forms with the in-house clinical management team and is assured going forward that all relevant information will be completed prior to each admission.
- All nursing staff have been reminded on the need to dispose single-use dressings once opened. The ADON/CNM will monitor compliance daily by checking the clinical room.
- Beneavin Lodge has a Prescribing, Ordering, Storage and Disposal of Medications policy in place. Immediately following the inspection, the PIC met with all registered nurses to remind them of the policy and to re-educate on the correct procedures when disposing medications. The in-house management team will monitor compliance on a weekly basis and report any adverse findings to the PIC for discussion and action at monthly governance meetings.
- The PIC introduced the "Dispose of Unused medicine properly -DUMP" campaign to all nurses.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All contracts of care have been amended where required to include bedroom number and single/shared occupancy status of the room.
- To ensure full compliance, the administrator will review all contracts of care monthly. In addition, the PIC and Regional Director will also monitor compliance at the monthly Governance Meeting by sampling a selection of contracts for residents recently admitted to the centre.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

- The National Transfer document is in place on the EPIC system. The PIC has instructed all nurses to fully complete the document pre-transfer. The ADON/CNM will monitor compliance on a weekly basis and report any adverse findings to the PIC for discussion and action at monthly governance meetings.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The PIC has introduced the "Dispose of Unused medicine properly -DUMP" campaign within the centre and a weekly audit of the medication trolley and clinical room has commenced. The audit is carried out by CNM/ADON and monitored by the PIC. • All nursing staff have been reminded on the need to dispose single-use dressings once opened. The ADON/CNM monitor compliance daily by checking the clinical room. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC has reviewed the pre-admission assessment forms with the in-house clinical management team and is assured going forward that all relevant information will be completed prior to each admission. The comprehensive assessment completed will now include the infection status of the resident. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/07/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned,	Substantially Compliant	Yellow	30/06/2023

	the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	30/06/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been	Substantially Compliant	Yellow	30/06/2023

	dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/06/2023