



**Health
Information
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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:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0045226

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities, including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. 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:	53
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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
Thursday 6 February 2025	07:55hrs to 16:10hrs	Sinead Lynch	Lead
Thursday 6 February 2025	08:20hrs to 16:10hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

The residents living in this centre were happy. They told inspectors that they felt safe in the centre and they experienced a good quality of life living there.

The inspectors arrived at the centre while most residents were still in their bedrooms. Following from the last inspection, residents' access to call bells required improvements. On the morning of this inspection the inspectors observed that six residents did not have access to their call bells. This was highlighted to the nurse on duty who immediately rectified the issue and ensured that all call bells were within residents' reach.

In general, staff were observed to be attentive to residents' needs. They answered call bells promptly and spoke with residents in a dignified manner. Residents were served breakfast in their bedroom. One resident, who required assistance with their meal, was observed waiting for a longer period of time and the inspectors alerted a staff member to assist the resident before the food got cold.

Some residents told inspectors that at times they had to wait for 20-30 minutes for staff to attend to them. This had been expressed also by residents during a residents' meeting and as a result call bell response times were being monitored by the person in charge. The registered provider had, as part of their compliance plan from the previous inspection, a plan to replace the call bell system, however this had been delayed.

The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The centre was laid out over one floor and residents' bedrooms were made up of all single bedrooms. Residents had access to either an en-suite or to a shared bathroom. Many residents had personalised their rooms with photographs and personalised possessions. There were a variety of communal spaces available to residents such as an activities room, library, sitting rooms and dining rooms. These areas were bright, welcoming and well-maintained. Residents had access to courtyard areas and these were seen to be well kept and freely accessible. Housekeeping staff were observed throughout the day and inspectors saw that the centre was kept clean; residents spoken with said they were happy with their bedrooms and the level of cleanliness.

The centre was clean and mostly well-maintained. While the flooring in one of the store rooms still required attention the registered provider had replaced flooring in many areas of the centre since the previous inspection. There was evidence of ongoing maintenance in the centre and inspectors observed painting and repairs being carried out on the day of the inspection.

Inspectors observed the dining experience and saw that there were sufficient staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. Residents were provided with a choice of meal and residents' preferences were seen to be accommodated. On the day of inspection most residents had chosen to dine in the dining areas and were observed chatting with each other over their meal. A number of residents told the inspectors that they liked the food. Sauces and condiments were available for residents to apply as they wished.

Activities were seen to take place in the sitting room during the day and residents were engaged and seen to enjoy a variety of activities. There was a dedicated activities staff member overseeing the programme, who knew the residents well. On the morning of the inspection the local priest attended and said Mass in the sitting room. The priest was also observed visiting residents in their bedrooms as they wished. Residents from other religions confirmed to inspectors that their faith was also facilitated by the centre. Residents' had access to physiotherapy once per week and there were visual prompts observed in the activities areas to remind residents of the importance of staying active. Inspectors were told of a walking group for residents that was due to commence shortly in the centre. Residents meetings took place every three months and a residents' survey had taken place in 2024 and a plan had been put in place to address any concerns arising.

Residents had access to a range of media. Information regarding advocacy services was displayed. Residents spoken with confirmed there were things going on throughout the day and they had the choice to join in if they liked. Some residents were in their rooms, enjoying their own TV.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. There were no immediate risks identified on the day and significant improvements across most regulations were identified. The inspectors observed a high quality service being delivered to residents. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose.

Beechwood Nursing Home is owned and operated by Maisonbeech Limited, which is the registered provider and part of the Beechfield Care Group. The company is comprised of two directors. From a clinical and operational perspective, care in the centre was directed by the person in charge. They were supported by an assistant

director of nursing. They were supported in their role by a team of nurses, health care assistants, an activity coordinator, maintenance, housekeeping and catering staff.

This was an unannounced inspection during which the compliance plan from the previous risk inspection was followed up on. The inspectors found that while the majority of actions were complete there was still one action not completed. This was in relation to the call-bell system that was due to be installed. The provider had previously given assurances that this would be completed by August 2024. The provider later informed the Chief Inspector that this new system would be delayed until 31st January 2025. On the day of the inspection this system had not yet been installed. However, the provider remained committed to address this in the immediate future.

The person in charge had been newly appointed since the last inspection. They had the required experience and qualifications to be the person in charge. The inspectors observed that they had implemented many quality improvement plans in the centre since their commencement in the role. Improvements were observed in relation to the oversight and support systems in place for staff. They had put in place measures to ensure the quality of service being delivered to residents was continuously assessed through audits with attainable action plans and regular residents meetings. Items that were highlighted to the person in charge were actioned and plans put in place. There were monthly audits on falls, pressures ulcers and restraints. Following these audits the person in charge developed improvement plans to be implemented to improve the life of residents living in the centre.

Staff were provided with training as required under the regulations. Further training was also provided in relation to human rights-based approach to care and in person/face-to-face training in infection prevention and control. From inspectors' observations throughout the day it was evident that the infection prevention and control training had a positive impact on the residents and their lives in the centre.

Improvements in relation to the complaints process were observed by the inspectors. All complaints were acknowledged and investigated as per the centre's policy. Any action plan or learning was also available.

There was a suite of Schedule 5 policies in place. These policies were reviewed and updated as required. Staff had access to these policies at all times.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They met the criteria to be the named person in charge.

Judgment: Compliant

Regulation 16: Training and staff development
The person in charge had ensured all staff had access to appropriate training. Staff were appropriately supervised throughout the centre.
Judgment: Compliant
Regulation 23: Governance and management
<p>Notwithstanding the improvements in the governance and management of the centre, further improvements were required. The provider had not yet completed an action on their previous compliance plan as per commitments given to the Chief Inspector of Social Services within the agreed time frame. This was in relation to an updated call-bell system that had not yet been installed. This impacted residents ability to seek assistance when required.</p> <p>The management systems in place to ensure the service provided is safe, appropriate and consistent required to be strengthened to ensure they meaningfully identified all areas for improvement. For example;</p> <ul style="list-style-type: none"> Care planning in relation to end-of-life care did not guide practice and ensure residents wishes were known by staff.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The registered provider had prepared in writing a statement of purpose relating to the designated centre. This included the arrangements for dealing with complaints in line with the regulatory requirements.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place in the centre which was displayed around the centre. The complaints procedure was in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Improvements were seen by inspectors since the previous inspection in relation to the residents' dining experience and the cleanliness of the centre. Inspectors observed that the staff treated residents with respect and kindness throughout the inspection and that staff were committed to providing a high quality of care to residents. However, some further improvements were required under Regulation 13: End of life care and Regulation 9: Residents Rights.

Residents had regular reviews as required with a general practitioner (GP). Systems were in place for residents to access the expertise of health and social care professionals, when required.

A selection of nursing records were reviewed on the day of inspection. Risk assessments and validated assessment tools were seen to be in place. Residents' care plans were mostly individualised and clearly reflected the health and social needs of the residents. However, screening assessments were not accurate for one resident's medications care plan and was not completed for another resident's and required improvement. End-of-life care plans reviewed by the inspectors were generic and lacked sufficient detail to guide staff to meet the needs of the residents.

Residents were well supported in engaging in activities in accordance with their interests and capabilities. Residents' meetings were held regularly, and the meeting records indicated that the residents were actively involved in providing input and feedback about the organisation of the centre. Call-bells were not accessible to some residents' bedrooms on the morning of the inspection, this did not support residents' right to exercise choice.

The premises was laid out to meet the needs of the residents. Residents were observed mobilising freely and safely around the centre and there was a variety of communal spaces for residents to relax and spend time in outside of their bedrooms.

Improvements had been made since the previous inspection to residents' dining experience and the promotion of choice for residents to apply their own sauces and condiments was seen on this inspection. Water jugs were available in residents bedrooms. Meals provided looked wholesome and nutritious and residents' dietary needs were provided for. Assistance with meals was provided in a respectful and dignified manner.

The provider had a number of policies and procedures in place to prevent and control the risk of infection in the centre. Infection prevention and control measures were in place and reviewed by the management team. Regular audits took place and identified areas for improvement. There was evidence of good hand hygiene practices. Following an outbreak of a respiratory infection, a post-outbreak analysis was completed by the management team with and learning identified and implemented.

Regulation 13: End of life

From a review of a sample of residents' records, not all end-of-life care plans outlined residents' wishes, where known, with regard to arrangements to be put in place or in respect of the religious and cultural needs of the resident. This meant that where a resident was approaching the end of their life staff were not aware of their preferences.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

The dining rooms were spacious and had menus on display on tables. Condiments and drinks were available on the tables for the residents and there was adequate numbers of staff in attendance. Residents who needed assistance were in upright positions in chairs and were not rushed. Residents spoken with said that they were happy with the quality and quantity of food offered.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document was used when residents were transferred to acute care and had been integrated into the electronic care management system to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From the sample of care plans reviewed they were found to be initiated and reviewed in line with regulatory requirements. Care plans generally were observed to be person-centred and sufficiently detailed to guide the delivery of care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 9: Residents' rights

While there was evidence that residents' rights were generally upheld in the centre, improvement was required, for example: ?

- On the morning of the inspection, the inspector observed six residents who did not have a call-bell placed nearby in bed or elsewhere to be able to call for assistance if and when required. This did not support residents' right to exercise choice. This was a repeat finding from the previous inspection.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0045226

Date of inspection: 06/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>At the time of the inspection the Nursing Home was awaiting an approved company to install a new Call Bell System. This has now been installed and commissioned on 20/03/2025. This new nurse call system enables greater oversight within the nursing home in relation to call bells and the length of time that the residents are waiting for their bells to be answered. The new call bell system has a clip on the resident remote that can clip to resident's bed clothes and remain in place if they move in the night. This clip is used only with residents' permission.</p> <p>Date of completion: 20/03/2025</p> <p>The care plan project to complete a comprehensive care plan review was underway at the time of the inspection and was completed on 28/02/2025. In addition to this, 4 staff members are undergoing a Caru training program in conjunction with the Irish Hospice Foundation and HSE. Caru training will enhance our ability to foster a cultural change in the nursing home to encourage open conversations with residents and their nominated persons in relation to advance care planning including the Think ahead document. This training is a series of off-site workshops with final workshop on 20/05/2025.</p> <p>Date of completion of Comprehensive care plan review: 28/02/2025</p>	

Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>A comprehensive care plan review was underway and was completed on 28/02/2025. This in conjunction with the Caru training will ensure a more detailed approach to residents at end of life. This training is a series of off-site workshops with final workshop on 20/05/2025. We will be bringing in the "Think ahead" document when the training has been done and encouraging residents and their nominated representatives to complete this document on admission which will feed into the care plan ensuring that staff are aware of the residents wishes at end of life and will guide the care given with in the nursing home.</p> <p>Date of completion of Comprehensive care plan review: 28/02/2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>At the time of inspection, a new nurse call system had been ordered. The nurse call system was installed and commissioned on 20/03/2025. With the new system staff are able to clip the call bell remote to residents' bedding providing they consent to this. By clipping the remote to the bed clothes this will reduce the risk of the bell slipping when the resident moves in the bed, ensuring that the resident can reach the call bell while they are in the room. The nurse call units have also been placed more centrally within the room, which means that the residents will be able to reach them from further away.</p> <p>Date of Completion: 20/03/2025</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	30/06/2025
Regulation 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/06/2025

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	20/03/2025