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

Issued by the Chief Inspector

Name of designated centre:	Beechlawn House Nursing Home
Name of provider:	Congregation of Our Lady of Charity of the Good Shepherd
Address of centre:	Beechlawn House Nursing Home, High Park, Grace Park Road, Drumcondra, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0000115
Fieldwork ID:	MON-0045834

About the designated centre

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

Beechlawn House Nursing Home can accommodate up to 56 residents and provides care in the ethos of the Congregation of Our Lady of Charity of the Good Shepard. The centre is primarily for religious sisters and females over 65 years old, however women under 65 can be accommodated also. The home comprises of 41 single ensuite bedrooms and 8 twin rooms and is divided into 3 wings. Each wing has its own lounge room, dining area and activity space. Medical and nursing care is provided on a 24-hour basis for residents with low to maximum dependency needs. There is an oratory and a large, secure garden area in addition to internal courtyards available for residents use. Physiotherapy, chiropody, optician and dental services are available and can be arranged for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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
Wednesday 12 February 2025	09:50hrs to 16:30hrs	Karen McMahon	Lead
Wednesday 12 February 2025	09:50hrs to 16:30hrs	Niamh Moore	Support

What residents told us and what inspectors observed

This inspection took place in Beechlawn House Nursing Home, Drumcondra, Dublin 9. The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in order to gain insight into the experience of those living in the centre. Residents appeared relaxed and those spoken with were overall content with the care they received living in the centre. Residents' who could not communicate their needs appeared comfortable and content.

Following an introductory meeting with the person in charge, the inspectors walked around the centre. The centre is based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus routes. During this inspection, there was a calm environment with residents going about their day as they wished. Inspectors observed that many improvements had been made in the centre to address the findings of the previous inspection.

The centre is a two-storey building, and also had a basement level which is not part of the centres registration . Resident's accommodation was spread out over the two floors. There was a mix of single and multi-occupancy rooms, all with en-suite facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed linen, personal belongings and furniture. Bedrooms were seen to be clean and residents reported to be happy with their bedroom accommodation.

The centre was observed by inspectors to be clean and well maintained. There was a selection of communal spaces available for residents' use, within the centre. These spaces included sitting rooms,dining rooms, activity rooms and a large oratory. The centre was in the process of some refurbishment works for fire safety and had further plans to replace some of the cupboards within the kitchenettes in each dining room.

Many residents were part of a religious order and prayer was an integral part of their day to day living. Mass takes place daily in the centre and a large number of residents were observed to attend this service, which was facilitated by the priest on the morning of inspection. Many other residents were seen to independently visit the chapel throughout the inspection. Residents told the inspectors that they loved having daily mass available to them. Inspectors observed communal spaces had been decorated in a Valentine 's Day theme, with red heart-shaped decorations to celebrate the upcoming occasion, many of which had been hand made by the residents themselves during daily activities. Residents were seen to have red and pink tinsel on their mobility frames, and some residents were wearing Valentine’s themed hair bands.

Residents had access to a choice of outside spaces including a large enclosed garden out the back of the centre and a smaller enclosed courtyard area, located in

the centre of the building. While these areas were overall suitable for residents' use with appropriate seating, there was a maintenance plan in place to remove some of the moss growing on the pathways. In addition, the designated smoking area within the internal courtyard required action to ensure it had appropriate safety measures in place.

In the afternoon, a lively karaoke session took place in one of the sitting rooms where some residents and staff were seen to take turns singing into the microphone. Residents were seen to really enjoy this time and there was a lot of laughter between residents and staff. Inspectors also saw a quieter communal area which had soft music playing and a lavender aromatherapy diffuser which created a relaxing atmosphere. Staff were seen to assist residents on a one-to-one basis, with activities such as hand massage and painting their nails.

Inspectors observed changes to the footprint of the building including the conversion of the reception to a communal relaxation space for residents. A unused stationary store was converted to a reception area which was more closely located to the main entrance and allowed better monitoring and control of those accessing the centre. The registered provider had recently submitted to the Chief Inspector of Social Services an application to vary the registration to reflect these changes and which was under review.

Residents could attend the dining rooms or have their meals in their bedroom if they preferred. The inspectors observed that lunch-time in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining tables were nicely laid with individual condiments such as salt, pepper and butter to use as their preference. There was a choice of meals available with beef or fish served as the main meal during the lunch-time service. Food was served up fresh in the dining room and residents could choose how much food they wanted on their plates. Residents confirmed that they enjoyed the food on offer, with one resident reporting to really enjoy the fish. The inspectors saw that there was sufficient staff available to provide assistance to residents who required support at meal times. The inspectors observed that staff sat with residents and provided discreet, resident- centred care and support.

The inspector**s** spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. One resident said they had a lovely room, a lovely bed and friendly staff to help them when needed and said they couldn't ask for anymore than that. Residents' had the opportunity to provide feedback on the service they received through resident meetings and resident questionnaires.

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 provided.

Capacity and capability

Overall, the findings of this inspection were that Beechlawn House was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspectors found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. Significant improvements had been made to address the findings of the last inspection. Further improvements in respect of auditing systems and complaints were required. This is further discussed under the relevant regulations.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). This inspection followed up on the compliance plan from the last inspection in September 2024 and both solicited and unsolicited information.

The registered provider of Beechlawn House Nursing Home was the Congregation of Our Lady of Charity of the Good Shepherd. There was an established management team with clear roles and responsibilities identified. There was good oversight of the day-to-day operations of the designated centre provided by two members of senior management and the person in charge. The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers, staff nurses, healthcare assistants, activity staff, household, catering, administrative and maintenance staff. Inspectors observed that there were sufficient staffing levels in place during this inspection.

The person in charge worked in the centre full-time. They were seen to be well-known to residents throughout the inspection, and demonstrated a commitment to regulatory compliance.

The registered provider had sufficient resources to ensure effective delivery of care. The service demonstrated improvement as it was evident the management team were pro-active in their responses to regulatory findings. There was evidence of good and safe systems in place to oversee the service. Regular meetings were occurring such as clinical governance, health and safety, infection control, staff and residents meetings. Relevant key performance indicators on the service were discussed within this forums. Overall, the auditing systems enabled monitoring of the safety and well-being of residents, however these systems were not-fully effective. This is further discussed under Regulation 23: Governance and Management.

The required records were available for this inspection. Inspectors reviewed the directory of residents which was kept in a hard copy book and was well-maintained. There was also records of incidents and accidents, and a record of all notifiable incidents.

The complaints procedure was on display within a prominent position within the centre. There was a complaints policy which outlined the complaints management within the designate centre. The complaints officer was the person in charge and the review officers were two members of the senior management team. The complaints log was made available to the inspectors for review and inspectors saw that there was one open complaint.The inspectors reviewed a sample of the complaints records and found that they were managed in line with the centres complaints policy.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application for the variation of Condition 1 of the registration, in respect of the footprint of the centre and the relevant reasons for the variation of this condition, to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations, as they had the appropriate knowledge, experience and qualifications.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents established within the designated centre. This directory contained all the regulation information required by the regulations, and where there were any admissions and discharges of residents, the directory was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

There were many good management systems in place as mentioned throughout this report, however local auditing was not always driving quality improvements and required further oversight. For example:

- While care planning auditing was occurring, a recent audit scored 95 percent compliance which was not in line with inspectors findings. In addition, a care plan audit of January 2025 identified that some care plans on end-of-life care were generic. This remained an inspection finding and therefore there was no evidence that the quality improvement plan had been implemented. This is further discussed under Regulation 5: Individual Assessment and Care Plan.
- Inspectors found the following areas did not comply with the regulations which had not been identified within the registered provider's own internal auditing systems:
  - there was no call bell or means for a resident to alert staff at the smoking shelter. This area also did not have sufficient fire safety precautions as there was no fire extinguisher or fire blanket in place.
  - none of the three sluice rooms contained clinical waste bins. This created a risk of the incorrect segregation of waste. It is acknowledged that these bins were ordered during this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable incidents as outlined within the regulations had been submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The review officers had not received suitable training to deal with complaints in accordance with the regulations.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were

being met through good access to health and social care services and opportunities for social engagement. Staff working in the centre were committed to providing quality care to residents and the inspector observed that the staff treated residents with respect and kindness throughout the inspection. However, further actions were required in relation to care planning.

Following on from the findings of the last inspection, inspectors found through observation and review of documentation, that significant improvements had been made to the arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. There were detailed investigations, with relevant actions and learning following two recent safeguarding incidents . Residents reported feeling safe within the centre. The registered provider did not act as a pension agent for any resident.

Residents had access to a general practitioner (GP) who attended the centre regularly. Following the findings of the last inspection, management had implemented a robust referral and oversight system for health and social care practitioners, such as dieticians, speech and language therapists and tissue viability nurses, for when such services were required.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. The registered provider ensured that residents has access to facilities for occupation and recreation. There was a variety of activities available for residents to attend. These activities included, but were not limited to, hairdressing, arts and crafts, religious services, exercise sessions and music activities. There were minutes of residents meetings reviewed by the inspectors, where their voice could be heard and their opinion provided.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a low level of restraint use within the centre and, were it was in use, it was used in line with national policy. Consent forms and appropriate risk assessment, with regular reviews, were now in place for all residents who had a restrictive practise in place, which was an action taken in response to the findings of the previous inspection.

A selection of care plans were reviewed on the day of inspection. While significant improvements had been made since previous inspection findings, there were still some gaps identified in the care plans. These findings will be discussed further under Regulation 5; Individual assessment and Care planning.

Regulation 13: End of life

Inspectors reviewed the record for one resident who had recently received end of life care. Records showed that the resident received the appropriate care and comfort to meet their physical, emotional, psychological and spiritual needs. Last

rites were administered in line with the resident's religious beliefs. The appropriate arrangements for following the residents death had been established and documented prior to their passing and followed as per the residents wishes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans reviewed on the day of inspection reflected the assessed or reviewed needs of the resident. For example;

- one resident recently admitted to the centre did not have a comprehensive assessment completed.
- the care plan for one resident reflected two different results for their canard assessment, used to assess their risk of falls.
- the end of life care plans for two residents were generic and did not reflect the personal wishes of the resident.
- one restraint care plan did not reflect how often the resident should be checked when restraint was in use, in line with the registered provider's own policy on the use of restraints.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with regular oversight by a general practitioner and referrals made to specialist health and social care professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television and the Internet. There was an independent advocacy service available to residents.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beechlawn House Nursing Home OSV-0000115

Inspection ID: MON-0045834

Date of inspection: 12/02/2025

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
A repeat audit has been conducted and personalization to residents individualized care plans have been implemented. End of life care plans have also been modified to reflect residents wishes with the use of the Irish Hospice Foundation tool "Think Ahead". A full audit review in now in place to ensure gap analysis is identified and actioned.

A call bell system has been purchased for our designated smoking area, it will be located close to the residents and where staff/visitors are seated. The system will be linked to the internal call bell system to alert staff if help is needed.

There are now 2 fire blankets and 1 fire extinguisher in place in the designated smoking area.

There is now a yellow clinical waste bin in each sluice room for correct waste segregation.</td></tr>
<tr><td>Regulation 34: Complaints procedure</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Both complaints officers are in the process of completing further education and training on complaints handling. Further to this we are also conducting a policy review to ensure effective management.</td></tr>
</table>

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
2 Care plan workshops and follow up education session is booked with Redtrain Nurse Consultancy and Training. This is mandatory training for all nursing staff including management.

On the arrival of a new admission to the DCOP the Clinical Nurse Manager (CNM) on duty will cover care. This will allow protected time for Staff Nurse to fully admit the new resident and complete assessments. The CNM will then ensure assessments are complete before returning to their management duties

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/03/2025
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	20/03/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident	Substantially Compliant	Yellow	18/04/2025

	when these have been assessed in accordance with paragraph (2).			