



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Nursing Home Inspectorate,
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Our Lady of Charity
Proprietors
Beechlawn Nursing Home
High Park Estate
Grace park Road
Drumcondra
Dublin 9

9th November 2006

Inspection Report

Re: Inspection of Beechlawn Nursing Home under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care & Welfare) Regulations, 1993.

Dear Proprietor

The Nursing Homes Inspection Team visited Beechlawn Nursing Home on the 5th October 2006

There were thirty four residents on this date. The Nursing Home is currently registered for forty residents.

The following issues require your attention and action.

Article: 19.1

In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:—

(d) an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty;

Issues

On review of a random sample of residents nursing records the following omissions were noted.

1 ***There was no assessment or review of Care Plan since April 2006 and there was no wound assessment record.

2 ***Waterlow assessment was recorded as 30 on the 1st April 2006. There was no written evidence that it has been reviewed since then. There was also no review of Care Plan since 1st April 2006.

3 *** There was no wound assessment for resident's dressing and Care Plan gave no indication of wound assessment.

4 *** Care Plan showed no evidence of having being reviewed since January 2002

Required Action:

Person in Charge to ensure that

A

A full nursing assessment is carried out on above residents and nursing care to be based on the assessment and evaluation.

B

The Person in Charge to ensure that all residents have a full comprehensive nursing assessment. Once the nursing assessment has been completed and problems or potential problems identified a care plan should be initiated for each individual resident. The requirements of the care plan to include the following:

- Problem identification
- The Person in Charge to ensure that all residents have a full comprehensive nursing Goal specific
- Specific nursing interventions to include how, when and who will carry out the interventions within a specified time-frame.
- Evaluation date
- All entries to the care plan must be dated
- The care plan interventions should then be reflected in the daily nursing records.

The Person in Charge must introduce a documentation policy, with standard resident assessments, care plans and report writing which reflects the individual resident needs and care and treatment provided.

Timescale

A Immediately on receipt of Inspection report

B. Within three months of receipt of Inspection report.

C Person in Charge to revert to Inspectorate to indicate when nursing home will be implementing a documentation policy

Article

11.2 In every nursing home there shall be provided suitable and sufficient accommodation which meets the minimum standards as follows:—

(a) adequate accommodation and space in single and shared sleeping rooms and portable screens or screening curtains to ensure privacy for individual persons;

Breach

In some of the bedrooms the screens between beds did not allow for total privacy in that the screen around one of the beds also including off the toilet.

Required Action

Ensure that screens between beds give individual privacy to residents.

Timescale

Immediately from receipt of inspection report.

The Chairperson of the Inspection Team is to be notified in writing on or before the above date(s) indicating the steps taken by the nursing home to carry out the actions as required under the regulations.

Chairperson

Inspection Team Member

cc Person-in-Charge

