



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

## Issued by the Chief Inspector

Name of designated centre:	Beaufort House
Name of provider:	Health Service Executive
Address of centre:	HSE Navan Community Health Unit, Beaufort House, Athboy Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	18 July 2024
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0043578

## About the designated centre

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

Beaufort House is a ground floor Health Service Executive (HSE) residential care home, located in Navan, close to shops and local amenities. The designated centre can provide care for up to 44 residents who require long-term nursing or personal care. It is a mixed gender facility, catering for people with all dependency levels, aged 18 years and over. Accommodation consists of 34 single and five twin bedrooms. All the single bedrooms and four of the twin bedrooms have en-suites. The centre is a purpose built facility furnished to a high standard. The centre has multiple communal rooms including three dining rooms and a variety of smaller living rooms, a prayer room and a large family room that are accessible to residents at all times. Residents also have access to two internal courtyards and a large garden. According to their statement of purpose, the service strives to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and well being in accordance with best practice.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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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 18 July 2024	09:30hrs to 17:15hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents in more detail to gain insight into their experience of living in Beaufort House. The feedback from residents living in the centre was very positive. The residents spoken with told the inspector that 'it was a lovely place to live' and that 'the staff were fabulous'.

This inspection found that the registered provider had made positive changes in response to the previous inspection, specifically relating to the designated smoking area. Emergency call facilities, smoking apron, fire blanket and extinguisher were available in the smoking hut to help protect residents in the event of fire.

The centre was seen to be bright and tastefully decorated throughout. Communal areas were seen to be well-used by residents throughout the day. Other facilities made available to residents included a sensory room, a library and a hair salon. Residents had easy access to an enclosed courtyard which was well-maintained. There was a 'Garden Studio' where residents had planted their own seeds and enjoyed attending to their flowers, herbs, and 'Navan spuds'.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspector were happy with the size, layout and décor of their rooms. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. An activities schedule was on display and the inspector observed that residents could choose to partake in board games, bingo and exercise. On the day of inspection, singer entertainers visited the centre. This proved very popular with the residents as they were observed enjoying the sing-along. Advocacy services were available to all residents that requested them.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The majority of residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch and at frequent intervals throughout the day. Residents' independence was promoted with easy access to condiments and drinks on each dining room table. The inspector observed adequate staff offering encouragement and assistance to residents.

Laundry facilities were available on site and had been fully upgraded since the last inspection. Residents informed the inspector that they were very happy with the laundry service. They said they sent their laundry for washing and received it back clean and fresh. Clothing was labelled with the resident's name to prevent loss.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and all were very complimentary about the service.

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 was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across all regulations reviewed, with some minor improvement required in respect of storage of records and the residents' guide. These areas will be detailed in the report under the relevant regulations.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). In preparing for this inspection, the inspector reviewed the information provided by the provider and the person in charge and unsolicited information received by the Chief Inspector of Social Services.

The Health Service Executive (HSE) was the registered provider of Beaufort House. A senior management team was in place to provide managerial support at group level. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Director of Nursing (DON).

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; falls, restraint, hygiene and antimicrobial audits. These audits were found to be objective and identified areas for improvements.

The annual review of the quality and safety of the service for 2023 and quality improvement plan for 2024 was available for review. There was evidence that it was prepared in consultation with residents and their families.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures and fire safety had been completed.

Records requested on the day of inspection were all made available for the inspector. However, some resident records were stored safely in an off site location and will be further discussed under Regulation 21: Records.

Overall, documents reviewed met the legislative requirements including, complaints procedure and directory of residents.

#### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to regulatory compliance.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

## Regulation 21: Records

All records set out in Schedules 2, 3 and 4 were not kept in the designated centre. For example, residents' contracts of care were stored off site. This resulted in some Schedule 4 records not always being readily available for inspection.

Judgment: Substantially 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

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the



complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature.

The premises was of suitable size to support the numbers and needs of residents. The provider was proactive in maintaining and improving the facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, works completed in 2023 included an extensive renovation of the main reception area and laundry facilities. Painting, reflooring and refurbishment works were also completed throughout the centre including dining rooms, library and living rooms. Minor capital funding had also been secured for other projects which were due to commence in the coming months including upgrades to the sensory room and two small sitting rooms.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. Staff were observed to have the correct use of personal

protective equipment (PPE). There were good levels of clinical and housekeeping staff to meet the infection prevention and control requirements.

There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Fire doors were intact and appeared effective to adequately protect against the spread of fire and smoke. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was well maintained and appropriate to the number of the residents living in the centre.

Judgment: Compliant

### Regulation 20: Information for residents

The terms and conditions of residency in the designated centre was not outlined in the residents' guide.

Judgment: Substantially compliant

### Regulation 27: Infection control

Many instances of good practices in respect of infection prevention and control were observed including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

Judgment: Compliant

#### Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

#### Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

#### Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0043578

Date of inspection: 18/07/2024

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            A full review was carried out in terms of storing Records onsite as set out in Schedule 2, 3 &amp; 4. Completed on 06/08/2024</p> <p>Residents contract of care, evidence for those Residents whom we have become agent on their pension and other relevant documents will be kept securely in the Centre.            Expected time of completion – 31st August 2024</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:            The terms and conditions of residency in the designated centre is now outlined in the residents' guide as per Regulation 20. Date of Completion – 02/08/2024</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	02/08/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2024