Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | Beaumont Residential Care |
| Name of provider: | Beaumont Residential Care Limited |
| Address of centre: | Woodvale Road, Beaumont, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 10 June 2026 |
| Centre ID: | OSV-0000198 |
| Fieldwork ID: | MON-0050748 |

## About the designated centre

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

Beaumont Residential Care is a designated centre located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lifts and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed form many aspects of the centre. Beaumont Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

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| Number of residents on the date of inspection: | 71 |

## 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 10 June 2026 | 08:30hrs to 15:30hrs | Kathryn Hanly | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector spoke with 12 residents living in the centre. All residents reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

The inspector also spoke with four relatives who were visiting on the day of the inspection. They were generally complimentary in their feedback and expressed satisfaction about the standard of care provided.

Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences.

There was a calm and welcoming atmosphere in the centre. There was a low level 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), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated. Those residents who could not communicate their needs appeared comfortable and content.

Residents were complimentary of the home cooked food in the centre. A group of residents attended the dining rooms for their lunch time meal. The inspector observed residents being assisted with their meals in a respectful and dignified manner. There were adequate numbers of staff available to assist residents at meal-times.

The Activity Co-Ordinator organised the weekly social activities and entertainment programme. This person demonstrated a commitment and enthusiasm for their role. Residents confirmed that they could choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week.

Overall the general environment and equipment viewed appeared visibly clean. However, the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including flooring in some resident rooms was worn and damaged. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and decoration.

Outdoor space comprised a north courtyard, south courtyard and a garden area with a patio. The south courtyard and the garden area were pleasant and well maintained with a variety of plants and shrubs and accessible seating. However, the north courtyard had not yet been fully developed. At the time of the inspection there was an absence of planting, greenery or other points of visual interest. As a result, the space was not inviting and did not maximise opportunities for residents to enjoy spending time outdoors.

Ancillary facilities generally facilitated effective infection prevention and control measures. The main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. However, the design of the housekeeping room did not support effective infection prevention and control. In the absence of a janitorial unit in the housekeeping room meant that mop buckets were emptied with the laundry. This practice posed a risk of cross contamination.

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. Clinical hand hygiene sinks were also centrally located on corridors within easy walking distance of resident's bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents.

The inspector reviewed the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that the majority of actions outlined had been addressed and a plan was in place to address outstanding issues, including planned works to an external courtyard and replacement of flooring in a number of bedrooms.

There a was well-defined management structure in place with identified lines of accountability and authority. The person in charge worked full time and was supported by two assistant directors of nursing, clinical nurse managers, a team of nurses and healthcare assistants, maintenance, catering, housekeeping and administration staff.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The provider had also nominated a staff member with the required training, to the role of infection

prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of the residents and were respectful of their wishes and preferences. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. There were also sufficient numbers of housekeeping staff assigned to each unit to meet the needs of the centre on the day of the inspection.

A review of notifications submitted found that outbreaks were generally managed, controlled and reported in a timely and effective manner. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. There had been one outbreak of a notifiable infection in 2026 to date. While it may be impossible to prevent all outbreaks, the low level of staff transmission and short duration of this outbreak indicated that the early identification and effective management of infection had contained and limited the spread of infection.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. A schedule of infection prevention and control audits was in place. Audits covered a range of topics including infection prevention and control governance and management, hand hygiene, use of personal protective equipment (PPE), equipment and environmental hygiene, laundry, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits and this was reflected on the day of the inspection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received mandatory infection prevention and control training.

The person in charge told the inspector that the provider was planning to implement the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration in older people (aged 65 years or older) in long-term residential care settings

## Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate on the day of the inspection, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date infection prevention and control training to enable them to perform their respective roles.

Discussions with staff on the day revealed they were familiar with the precautions required to reduce and mitigate against the risk of infection and outbreaks in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit, surveillance and monitoring of key performance indicators.

Judgment: Compliant

## Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by a team of recreational therapists and residents had daily opportunities to participate in group or individual activities.

The inspector focused on resident's elimination (urinary catheter) and wound care plans. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, some care plans were not concise and contained outdated information which was no longer relevant. This may result in mis-communication and inconsistent care delivery. Details of issues identified are set out under Regulation 5; individualised assessment and care plan.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Audits of antibiotic prescribing had been undertaken.

The inspector reviewed records of residents transferred to and from acute hospital. Where residents were temporarily absent from the centre, in an acute hospital, relevant information was provided to the designated centre by the acute hospital to enable the safe transfer of care back to the designated centre.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The outdoor space was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. Works had commenced on the upgrade to a courtyard which was accessible through the dining room. The person in charge outlined plans to further enhance the space through installation of lighting and landscaping features, including planting of shrubs and flowers. The proposed design also included raised planters and a herb garden to support resident's engagement

with gardening activities and to create a pleasant stimulating outdoor environment. However, there was no defined time line for completion of these works.

Overall, good infection prevention and control practices were consistently observed throughout the centre. Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps, waste and used linen.

Notwithstanding the good practices observed, the inspector identified small number of areas that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. Findings in this regard are presented under Regulation 27; Infection control.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

## Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements. For example, flooring was damaged within several bedrooms.

While some upgrades to the outdoor courtyard and garden areas had been carried out, works to the courtyard outside the main dining room had not yet been completed at the time of this inspection.

Judgment: Substantially compliant

## Regulation 25: Temporary absence or discharge of residents

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were

appropriately documented and communicated to ensure the resident's safety. The inspectors observed transfer documents completed for residents transferred to the hospital. Copies of the documents were available for review and contained all relevant resident information, including infectious status.

Judgment: Compliant

## Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

## Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; Infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system was not fully embedded in practice and the inspector identified some ambiguity regarding the use of this system.
- Several portable fans within resident bedrooms were unclean.This may contribute to poor indoor air quality and increased infection control risk.
- There was no janitorial unit in the housekeeping room. As a result buckets were emptied within the laundry. This posed a risk of cross contamination.
- Minor wear and tear was observed on some bedroom furniture which may impact the effectiveness of cleaning.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example,

- A review of care plans found that accurate infection prevention and control information was not recorded in two resident care plans to effectively guide and direct the care for residents that were colonised with an MDRO.
- Some residents had generic infection prevention and control care plans when there was no indication for their use.
- A resident with a previous history of Clostridioides difficile infection had a care plan which outlined control measures for active infection. This may result in excessive infection prevention and control measures being applied due to lack of distinction between historical and active infection status.

Judgment: Substantially compliant

## Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example audits of antibiotic usage were undertaken.

Judgment: Compliant

## Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents' said that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when go to bed and. All residents had their own bedroom with access to a television and call bell. Residents had access to newspapers, magazines and books.

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** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Beaumont Residential Care OSV-0000198

## Inspection ID: MON-0050748

## Date of inspection: 10/06/2026

**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 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>A programme of environmental improvements is in place to address the premises issues identified during the inspection.<br><br>The damaged flooring identified within the bedrooms has been scheduled for replacement, with works planned to ensure the environment is maintained in a safe, well-maintained condition that meets the needs of residents.<br><br>The refurbishment of the outdoor courtyard and garden area adjacent to the main dining room was already underway at the time of the inspection and continues to progress as planned.<br><br>The Person in Charge will continue to monitor the progress of the refurbishment works to ensure completion within the agreed timeframe and to provide residents' access to a safe, accessible, and enhanced outdoor space that supports their wellbeing, independence, and quality of life. | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>Education will be provided to all staff on the equipment tagging system to ensure consistent implementation. Compliance will be monitored through regular environmental audits and management oversight. | |

All portable fans used in residents' bedrooms have been added to the routine environmental cleaning schedule to ensure regular cleaning and minimise the risk of cross-contamination. Infection Prevention and Control (IPC) guidance on the use of portable fans in clinical areas has been shared with all staff. Portable fans will only be used following a documented local IPC risk assessment, cleaned in accordance with the manufacturer's instructions, and discontinued during outbreaks or as advised by the Public Health/ICT.

A suitable location for a janitorial unit has been identified, and installation is being progressed. Interim Infection Prevention and Control (IPC) measures will remain in place to minimise the risk of cross-contamination until the unit is fully operational.

A review of all bedroom furniture will be completed as part of the home's environmental improvement programme. Any items identified as worn or damaged will be risk assessed, prioritised, and incorporated into the centre's Quality Improvement Action Plan for repair or replacement to ensure all furniture remains intact, cleanable, and supports effective Infection Prevention and Control (IPC) practices.

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| 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:
Education will be provided to all nursing staff to strengthen care planning practices, with a focus on the accurate documentation and management of Infection Prevention and Control (IPC) needs, including the appropriate recording of multidrug-resistant organisms (MDROs), and the clear distinction between historical and active infections. This will ensure care plans are evidence-based, person-centred, and accurately reflect each resident's current clinical status.

The Clinical Management Team will complete a comprehensive review of all residents' IPC assessments and care plans to ensure they are current, individualised, and reflective of residents' assessed needs. Generic IPC care plans will be removed where there is no clinical indication, and all required IPC precautions and interventions will be clearly documented.

Staff have been reminded of the requirement to maintain accurate, person-centred care plans that are reviewed and updated promptly to reflect any changes in residents' clinical status or care needs.

Compliance will be monitored through regular care plan audits, clinical governance meetings, and management oversight. Audit findings and identified actions will be reviewed by the Clinical Management Team to ensure improvements are implemented

and sustained, with additional education and support provided where required.

## 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 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/11/2026 |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff. | Substantially Compliant | Yellow | 31/10/2026 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later | Substantially Compliant | Yellow | 31/10/2026 |

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| | than 48 hours after that resident's admission to the designated centre concerned. | | | |