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

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:	25 March 2026
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0048279

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

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 25 March 2026	06:50hrs to 15:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

This inspection found that safeguarding was embedded into all aspects of care delivery. This ensured that the residents were living in a safe environment where their dignity, rights and wellbeing were protected at all times.

Overall feedback from residents and their families was complimentary. Many residents spoken with were happy about the standard of care provided and said that the staff were 'wonderful'. Relatives were positive about the way their loved one was taken care of and described the centre as 'home-from-home'.

The premises was warm and comfortably furnished, creating a welcoming environment for residents. The physical environment was accessible for all residents and designed to minimise risk, including secure entry systems.

It was evident that the provider was continually striving to enhance the residents' lived experience in the centre. There were plans to transform an outdoor space into a dementia-friendly environment. Planting was designed to create a layered experience of texture, scent and colour. The installation of percussion instruments would create a musical pathway, encouraging gentle movement and exploration. The aim of 'Harmony Garden' was to have an outdoor vibrant space, where music and nature would enhance sensory stimulation, meaningful interaction and overall wellbeing for residents and their families.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspector that the food was always 'very good'. The inspector observed that there was a good choice of food on offer, and residents confirmed that they could have alternatives to the menu if they wished. Staff provided discreet and respectful assistance to several residents who required support.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests, preferences and capabilities.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms.

All residents had access to call-bell facilities in their bedrooms and a bedside light. Call-bells were answered promptly, and the inspector observed that residents did not have to wait long for assistance or support from staff.

The inspector heard about the in-house safeguarding awareness campaign in operation in the centre; this included information posters on recognising abuse and accessing support services, which were on display in prominent areas throughout the centre.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection. Residents spoken with said they had no complaints.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were were kept free from harm in their home.

This was an unannounced inspection to assess the providers level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). This inspection was conducted to inform a decision on the renewal of the registration for the designated centre and focused on the arrangements in place with respect to adult safeguarding.

The Health Service Executive (HSE) is the registered provider of Beaufort House. The person-in-charge had responsibility for the day-to-day operations of the centre.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels were maintained to ensure residents' safety and wellbeing at all times.

Training records were maintained and provided assurance that all staff working with residents in the centre had completed the required mandatory training, including safeguarding vulnerable persons.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff were suitable to meet the identified needs of residents while maintaining their safety and promoting their rights, at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse. Supervision of staff and residents was evident on the day of inspection.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre.

Judgment: Compliant

Quality and safety

This inspection found that residents were living in a safe, respectful and supportive environment. It was evident that their right to dignity and privacy was upheld in their daily life and care decisions.

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Care plans reviewed were person-centred and reflected the care needs of the resident. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each residents' individual needs and had supports in place to help them to respond appropriately.

All reasonable measures were in place to protect vulnerable residents from harm. Staff files reviewed contained the required documentation, providing assurance that residents were safeguarded through robust and safe recruitment practices.

Residents were supported to make informed choices, with advocacy support offered where required. Activities were tailored to meet residents needs and they had input into planning their schedule including trips out of the centre. Regular staff-resident meetings promoted shared decision-making and allowed residents' voices to be heard.

The registered provider ensured that there was accessible communication methods for all residents, including assistive technology, as required.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises was well-maintained and met the needs of the residents. It provided a secure and assessible environment for all residents. Safety systems were used appropriately, balancing security with residents' privacy rights.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was high and described person-centred and evidence based interventions to meet the needs of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre. The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had robust policies and procedures for preventing, detecting and responding to all forms of abuse, neglect and exploitation.

The inspector reviewed a sample of staff files and all files reviewed had obtained An Garda Síochána (police) vetting prior to commencing employment.

The centre was pension-agent for two residents and a separate central private property account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider promoted a rights-based service for all residents. All interactions observed during the day of inspection were person-centred and courteous.

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 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant