



# 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:	08 May 2025
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0044645

## 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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## 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
Thursday 8 May 2025	09:00hrs to 17:00hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The inspector spoke with residents, visitors and staff to elicit their opinion on the service being provided in Beaufort House. Overall, residents spoke positively about the centre, were complimentary of the staff and told the inspector that they were happy living there and that they felt safe.

It was evident that the provider was continually striving to enhance the residents' lived experience in the centre. For example, the inspector heard about a project in conjunction with the Artist in the Community Scheme; residents came together in small groups and engaged in activities including, clay-making and imprint, potting seeds, growing plants, harvesting food, pickle making, cooking and eating. An unused poly-tunnel in the garden became a space for growing vegetables, art-making, evoking conversations, resting and reflecting.

A short film was made documenting the project and the interactions between the residents, the artist and staff in the nursing home. A local Arts Centre hosted an exhibition for residents, their families and friends where residents' creations including ceramic artworks were on display. There was a film screening for the participants and families to view the film. The inspector observed great pride and excitement among residents and staff as their short documentary was due to be aired on the national broadcasting channel in the coming weeks. One resident told the inspector 'be sure to watch us on TV'.

The lived-in environment was bright, clean and homely throughout. There was sufficient private and communal space for residents to relax in. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in the centre.

An enclosed garden was easily accessible and suitable for residents to use. A smoking hut was situated within the enclosed garden. A fire blanket, fire extinguisher and a call-bell were available.

Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and souvenirs from their homes which reflected their life and interests. Laundry facilities were provided on site. Residents told the inspector that they were very happy with the laundry service and that their clothes were returned clean to their bedrooms every few days.

Residents who spoke with the inspector expressed great satisfaction with the food served in the centre. They said that there was always a good choice on offer, and snacks and drinks were available to them at any time. The inspector observed the meal time service to be well-managed and unhurried and noted that there were

sufficient numbers of staff available offering encouragement and assistance to residents.

Residents had access to a range of media including, television, radio, WiFi, and newspapers to ensure they were informed regarding current affairs and connected to their community. The inspector saw that there was a varied schedule of activities displayed on the notice boards throughout the centre.

Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. On the day of inspection, the inspector observed a singer entertainer in the centre which the residents appeared to enjoy. There was access to advocacy with contact details displayed in the centre.

Good interactions were observed between staff and residents. It was evident that staff knew the residents' needs and particular behaviours well. The inspectors observed gentle, patient and courteous resident and staff interactions.

The inspector observed many instances of good practices in respect of infection prevention and control 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).

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that residents in the centre benefited from well-managed resources and facilities. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

Notwithstanding the good governance and management arrangements in place to oversee the service, the management of records was not fully in line with regulatory requirements and will be detailed in the report under the relevant regulation.

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 2013-2025 (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) is the registered provider of Beaufort House. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by a senior management team. Also in support were the director of nursing (DON), clinical nurse managers (CNMs), staff nurses, healthcare assistants, catering, activity, housekeeping, administrative and maintenance staff.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed the inspector that they did not have to wait long for staff to come to them.

Documents were available for review including residents guide and written policies and procedures, were compliant with the legislative requirements.

### Regulation 15: Staffing

From a review of the rosters and speaking with staff and management, the inspector found that there were adequate levels of staff members on duty for the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 21: Records

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. However, some staff records were stored in an off-site location and therefore were not readily available for inspection. For example, some staff files did not include all the details in respect of a person's employment in the centre, therefore the inspector was unable to establish the date of role commencement.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and detailed the responsibilities for all

areas of care provision. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers enhanced the quality of life of residents within the centre and contributed to the lived experience. The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

### Regulation 31: Notification of incidents

Accidents and incidents had been reported to the Office of the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

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.

Residents' health and well-being were promoted, and residents had timely and regular access to health and social care professionals. Medical advice was documented in the resident's file, and this advice was incorporated into the resident's care plan.

There were 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. All staff spoken with were clear about their role in protecting residents from abuse.

The person in charge ensured that where a resident was discharged from the designated centre this was done in a planned and safe manner.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

#### Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

#### Regulation 20: Information for residents

The provider maintained a written residents guide. It was available to all residents and contained all the requirements of the regulation.

Judgment: 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 their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the

resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with the centre's policy. Medication was administered as prescribed by the medical practitioner and in line with the requirements set out by the Nursing and Midwifery Board of Ireland (NMBI). Checks were in place to ensure the safety of medication administration. Controlled drugs were securely stored and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A comprehensive 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.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required. Medical cover was available daily, including out of hours. Residents had a medical review completed within a four month time period, or sooner, if required.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for two residents and a separate central private property account was in place to safeguard residents' finances.

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 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0044645

Date of inspection: 08/05/2025

## 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:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A comprehensive review of staff file has been conducted to determine that the staff file contains all the required information in terms of staff employment in the Centre. A corrective action plan has been developed to address and rectify the identified gaps. This has been discussed with senior management and escalated to the department of HR to assist us to ensure compliance. We are committed to maintaining accurate and complete staff records and will continue to monitor progress to ensure all corrective actions are effectively completed. Date of Completion: 31st December 2025</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	31/12/2025