



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

## Issued by the Chief Inspector

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:	07 March 2023
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0039147

## 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 from 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.**

Number of residents on the date of inspection:	72
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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
Tuesday 7 March 2023	08:30hrs to 18:00hrs	Breeda Desmond	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection, and spoke with four visitors. The inspector spoke with five residents in more detail to gain insight into their experience of living there. From what residents said and from what the inspector observed, residents were supported by staff to have a good quality of life. There was a rights-based approach to care delivery and residents reported choice in their care. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided.

On arrival for this unannounced inspection, the inspector signed in as part of the safety precautions, completed hand hygiene and face covering. Hand sanitising foam, disposable face mask dispenser and hand-wash hub were available at reception. Orientation signage was displayed throughout the building to guide residents to communal areas and bedrooms for example, to allay confusion and disorientation.

An opening meeting was held with the person in charge, which was followed by a walk-about the centre with the person in charge. There were 72 residents residing in Beaumont Residential Care at the time of inspection. The centre was a large two-storey building with resident accommodation on both floors. The dementia-friendly unit accommodated 10 residents and was located on the ground floor. The premises was homely, warm and comfortable. All areas were easily accessible with two lifts and five stairways.

There was an avenue entrance to the centre where the shrubbery and paths were well maintained. Discretely placed to the side of the building was the newly installed generator. This was located behind high wooden fencing and did not obstruct pathways or views from communal and bedroom windows. Yellow grid lines were newly painted outside emergency exits in the car park to highlight evacuation routes to help keep the areas clear.

The entrance had key-pad access which led into a porch where the infection control equipment was placed; there were two clinical waste bins here and when this was brought to the attention of the person in charge, they were removed and replaced with domestic a waste bin. At reception, there was a large notice board with information for residents and relatives including the activities programme, advocacy information, CCTV signage and a large sign with the day and date to help orientate residents. The person in charge explained that a larger activities board was procured and they were awaiting delivery; this would enable bigger pictures to be displayed regarding daily activities as reminders to residents of the scheduled activity programme. This was welcomed as it was noted that sometimes there was very little detail on the activity poster to inform residents of the social events they could look forward to. Other information displayed included the statement of purpose,

residents' guide and previous inspection reports for perusal. There was a newly acquired large framed picture of the Munster rugby team signed by all the team, and displayed prominently for all to see.

By reception, there was a lovely seating area where residents were seen to enjoy sitting there and watch the comings and goings to the centre, and staff stopped to chat with residents resting there. There were many seating areas along corridors including low deep window sills with cushions for residents to rest while viewing the gardens outside. Gardens could be accessed from many points throughout the centre and doors were unlocked enabling independent access to the outdoor spaces. Additional garden furniture was added since the last inspection in both gardens and residents commented that they couldn't wait for the weather to improve to sit outside and enjoy the outdoors. The person in charge explained that the third garden area outside the dementia specific unit was due to be upgraded with additional paving to enable additional seating and pathways for residents to enjoy.

There were several communal rooms available for residents to relax and enjoy on the ground floor with the visitors room, library sitting room, large TV room and activities room; all located in close proximity to the main reception; toilet facilities were available close to these rooms for residents' convenience. The sitting room upstairs was seen to be used by staff.

Personal care delivery in the morning was observed to be calm; staff were heard to greet residents in a friendly and kind manner and offered and provided assistance respectfully while at the same time engage in conversation and fun. Staff brought residents to the communal areas and were seen to actively engaged with residents. Some residents preferred the TV room, others the day room and a few residents relaxed and read the newspaper in the library and chatting with their friends.

The inspector spoke with the personal assistant of one resident who came to the centre twice a week and accompanied the resident to shops, restaurants and the shopping centre nearby.

The main dining room was found to the left of reception. There was art displayed at one end of the dining room which residents had created and looked lovely, colourful and bright. Previously, this part of the dining room was used by staff, and was reconfigured since the last inspection to accommodate additional space for residents' dining.

Meal times were observed both upstairs, and downstairs in the dining room. In the dining room, tables were set prior to residents coming for their meals with table cloths, cutlery, napkins and condiments. Staff actively engaged with residents during mealtime. At dinner time, residents were offered choice with each course and each course was served separately. It was observed at tea time that hot plated food was delivered to tables, and noted that one resident was not in the dining room when their food was served; the resident came into the dining room some time later and was served food that had been left on the table. It was reported upstairs, that mealtimes started at 12:15hrs; the inspector walked around the centre to view the dining experience, and at 12:45hrs, saw no trace of dining as the main meal was

finished with all trays cleared away.

The main kitchen was located opposite to the dining room with a large hatch for staff to serve food. New 'heated' trolleys were procured since the last inspection which facilitated transport of plated meals to each unit to ensure meals were maintained at the optimum temperature. Residents gave positive feedback regarding the quality of food served and menu choice. The staff canteen facilities and kitchenette upstairs were refurbished and painted and looked well.

It was observed and the activities programme correlated with observation, in that there was very little activation for residents during the morning times. The activities co-ordinator provided one-to-one activation in residents' bedrooms and in the dementia-specific unit in the morning, so residents in the main day room were mostly unsupervised.

In the afternoon the activities co-ordinator held a mindfulness meditation session followed by imagination gym. One resident explained both activities and said how much they enjoyed it; the meditation was so relaxing with beautiful background music, dimmed lighting, candles lighting in the centre of the room, and they were guided through gentle exercises; then the imagination gym comprised reading, music, story-telling interspersed with songs. The resident said it was 'such a lovely afternoon' and 'good fun'.

Visitors were seen throughout the day visiting their relatives and friends. Visiting was facilitated in the library, quiet sitting room, TV room and residents' bedrooms, in accordance with their preferred wishes. One resident's sister and niece said they visited every Tuesday and brought their 2yrs old grand nephew, whom the resident loved to see and he was very familiar with the comings and goings of the centre.

Residents bedrooms were seen to be decorated in accordance with their wishes and preferences. Many had lots of photographs, vases of flowers, ornaments and mementos on display shelves; a lot of the shelving in bedrooms was quite worn. The surfaces of other furnishings such as bedside lockers and bed frames were worn too. Some residents had a notice board displaying post cards and other correspondence. Many of the bedrooms had deep window seats with long cushions to sit and relax and many residents added their own soft furnishing to the window seat and room, making them homely and comfortable, bright and colourful.

The dementia specific unit was key-pad access to ensure the safety of residents. Tables were set in the dining room for residents to have their dinner with cutlery, condiments and napkins. Some residents were seen in the day room, sleeping. The person in charge highlighted that new flooring was ordered for this room and was awaited. This unit had colourful murals painted on corridors and some communal rooms. Refurbishment here had commenced with painting of corridors. The main bathroom with shower, was a large room that was de-cluttered following the last inspection and provided ample room to enable assistive equipment to be used if required. There was several bottles of shower gels, shampoo and conditioners on the window sill in this communal bathroom. The sluice room for this unit was located just outside the unit and was key-pad access. A new hand-wash sink was

installed since the last inspection, but the taps were not secured appropriately, and were mobile and loose.

Some en suite facility had a shower but there was no rail to hang a shower curtain or a shower guard to prevent water flooding the en suite bathroom. These shower units were stepped and would be difficult to access. For example, the resident occupying one such bedroom, required hoist assistance, yet there was no assistive seat in the shower for the resident to have a shower. There were closed vanity units in en suites for residents to store their toiletries, yet in some bathrooms, the toiletries were left on the unit encasing the toilet cistern.

Along corridors there were discrete cupboards which stored personal protective equipment (PPE) such as disposable gloves, plastic aprons, and disposable clinical wipes as well as alginate bags for laundry. Some bedrooms were unoccupied and it was reported to the inspector that terminal cleaning checks had been completed on these rooms; items such as a hoist sling, rubbish in the waste bin, crumbs on the floor and signage relating to the previous resident remained on the wardrobe. A slip bed-pan was stored on the hand-towel rail.

There were large mobile trolleys on each corridor with clean towels, face clothes, bed linen and incontinence wear for morning care. Laundry bins facilitated clothes to be segregated at source with three different colour-coded containers. Mobile bins were available so that rubbish could be easily disposed of following delivery of morning care; and easily moved when staff were working their way along corridors.

Painting and re-decorating was ongoing and corridors and handrails were seen to be painted and looked much better. Water fountains were located along corridors for people to easily access drinking water. There were hand sanitising dispensers in residents' bedrooms as well as on corridors with advisory signage demonstrating appropriate usage.

The hairdressers' room was located on the ground floor. This was temporarily used as part of the 'lost property week'. Residents and relatives were informed that property such as clothing, shoes, slippers and other paraphernalia would be displayed in the hairdressers' room for people to come in and view the items. Where people identified their belongings, they were labelled immediately to ensure they would not go missing again. The hairdresser attended the centre on Wednesdays.

The main laundry was located beside the kitchen. The space here was demarcated to differentiate between the clean and dirty side of the laundry room. There was a designated hand wash sink here, it was partially obstructed by clothes rail for drying clothes. A large mobile storage unit to hold clean towels and sheets was available, and when stocked up, it was relocated to the store area outside the laundry for staff to collect.

The smoking room upstairs had a fire apron, blanket and emergency call bell.

There was limited storage space in the centre as equipment such as linen trolleys and commodes were stored in bathrooms; medication trolleys were on corridors and not secured to walls. The lovely seating area opposite the nurses' station upstairs



was no longer accessible to residents as the new printer, shredder and medication trolley were now located here. A kitchen trolley was maintained on one corridor and partially obstructed an emergency evacuation route; this was removed during the inspection to ensure the emergency evacuation route was unobstructed.

Overall, the premises was bright and well decorated and there was ample communal spaces for residents to enjoy. The premises was being painted and decorated at the time of inspection, and this was welcomed as many surfaces and furnishings were worn and faded.

The next 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

Overall, this was a good service where a rights-based approach to care was adopted.

Issues identified for action from the previous inspection were followed up and issues addressed included staff files, the statement of purpose, transfer information when a resident was temporarily absent from the centre, and notifications. Areas for improvement identified on this inspection included the premises, aspects of infection control, complaints records, care planning documentation, aspects of medication management and documentation to be held in respect to residents.

Beaumont Residential Care was operated by Beaumont Residential Care Limited. It was part of the CareChoice group which operated a number of designated centres throughout the country. The governance structure comprised the board of directors with the recently appointed CEO, who was the person nominated to represent the registered provider. The management team within the centre was supported by a national management team of quality, finance, and facilities, and local human resources staff (HR).

The person in charge was newly appointed to the centre; the assistant director of nursing (ADON) was also newly appointed and the clinical nurse manager was due to take up post. An additional CNM was being recruited at the time of inspection to further strengthen the management structure. While the on-site management team was new to the service, they demonstrated good knowledge of the service, residents and their care needs, and staff. Observation showed that residents were familiar with the new management team, knew who they were and actively engaged with each other.

The incumbent person in charge and ADON had completed audits since taking up their posts and identified areas for immediate actions to improve the quality of life for residents, such as a review of the duty roster for the activities rota to ensure

residents had access to activities staff until 20:00hrs. This was welcomed as there was a deficit in the current programme of activation for residents.

Care staff levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection. Staffing levels were discussed as part of the weekly quality meetings, and the person in charge assured the inspector that staffing levels were discussed in conjunction with the assessed dependency needs of residents.

Regarding support for the new management team, the provider nominee facilitated monthly meetings with the directors of nursing for the 14 centres in the group. As well as providing collegial support, set agenda items were discussed to provide leadership, and oversight of services such as quality improvement, education, and finances. The first health and safety meeting was facilitated by the facilities manager the week prior to the inspection with the new management team regarding risk management and fire safety. The person in charge explained that he hopes to have monthly meetings with the activities co-ordinators to discuss the programme so that events such as bank holidays, birthdays and anniversaries were input into the calendar.

A sample of staff files were examined and the documentary requirements as set out in Schedule 2 were available in the sample seen. Following from the last inspection, a comprehensive nurses' signature list as specified in an Bord Altranais agus Cnáimhseachais medication guidelines, was in place as part of medication management.

The health and safety statement was updated on inspection to reflect the new management structure and persons responsible for health and safety for this centre. The complaints procedure displayed detailed the previous management which complainants had recourse to; this was highlighted on inspection and the person in charge replaced the complaints procedure to reflect the new management and recourse available to complainants.

### Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider submitted the appropriate notifications and documentation regarding the appointment of the new CEO and person in charge in accordance with regulatory requirements.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was newly appointed to the role of person in charge. He was a

registered nurse with the required managerial and nursing experience specified in the regulations. He was actively engaged in the governance and day-to-day operational management and administration of the service. He actively engaged with the regulator and was pro-active in management of the service.

Judgment: Compliant

### Regulation 15: Staffing

There were adequate staff available on the days of the inspection to the size and layout of the centre and the assessed needs of residents. The person in charge discussed staffing levels and explained that this was kept under constant review in relation to the changing needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

A number of staff in managerial positions were not informed of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and therefore did not have a working knowledge of the regulations.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Action was necessary to ensure the management systems in place addressed the following:

- oversight of risk - medication trolleys were stored on corridors, and these were not secured to a fixed structure in line with professional guidelines; and partially obstructed an evacuation route
- monitoring to ensure the service provided was consistent and effective, for example, the dining experience and lack of morning activation for residents in communal areas as outlined under Regulation 18 Food and Nutrition, and Regulation 9 Residents' Rights.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated at the time of inspection to ensure regulatory requirements as follows:

- the new governance structure regarding the change of provider representative and Chief Executive officer, person in charge, assistant person in charge and clinical nurse manager, and
- responsibilities assigned regarding complaints management
- room descriptors to include facilities such as hand-wash basins for example.

Judgment: Compliant

### Regulation 31: Notification of incidents

The incident and accident records were examined and notifications to the chief inspector correlated with these in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

In general, there was a rights-based approach to care delivery; both staff and management promoted and respected the rights and choices of residents living in the centre.

Observation on inspection showed that staff had good insight into responding to residents' needs, including communication needs and in general staff responded in a respectful manner. Care plan documentation included behavioural support plans and observational tools to help identify reasons for anxiety or distress, with suggestions to mitigate recurrence. A sample of care planning documentation was examined and these showed mixed findings. The daily narrative reviewed demonstrated good monitoring of care needs as well as monitoring residents' responses to interventions including pain management. Validated risk assessments were in place, however, occasionally, these did not correlate with care planning information, and were not completed appropriately. In general, care plans were sufficiently detailed to inform individualised care.

While it was reported that residents' had good access to health care, allied health professionals, and personal assistants to support them, records provided on

inspection did not have these referrals or subsequent reports recorded.

Transfer letter with information on residents being transferred into the centre were seen to be comprehensive. Following from the last inspection, transfer letters for times when residents were temporarily transferred out of the centre were maintained on site.

A new electronic medication management system was introduced since the last inspection and staff spoken with were knowledgeable regarding its operation. Some GPs adopted the new electronic system and others remained with the original hard copy system. A sample of medication administration records were reviewed and gaps in administration records were identified. A comprehensive nurses' signature list as specified in an Bord Altranais medication guidelines, was available as part of the medication administration records.

### Regulation 10: Communication difficulties

Staff were observed to actively engaged with residents with communication needs and provide care that was person-centred and promoted residents' independence.

Judgment: Compliant

### Regulation 11: Visits

Visitors were seen to be welcomed into the centre. Visiting was facilitated in line with March 2023 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre. Information pertaining COVID-19 precautions was displayed at the entrance to the centre. The inspector observed that visitors to the centre were familiar with the infection control precautions and each had their temperature checked, questionnaire completed, donned face covering and hand hygiene as part of their entrance to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' bedrooms had adequate space to maintain their clothes and personal possessions, including double wardrobes, bedside locker and lockable storage space. Some residents had an additional chest of drawers.

Judgment: Compliant

### Regulation 17: Premises

All bedrooms had en suite facilities of shower, toilet and hand-wash sink facilities, however, many en suites did not have regard to the needs of the residents' occupying the room they resided, as follows:

- there were no shower curtains or screens to keep the water in and prevent the room from flooding and causing a falls hazard; these shower units were stepped and would be difficult to access. For example, the resident occupying one such bedroom, required hoist assistance, yet there was no assistive seat in the shower for the resident to have a shower,
- the layout of some bedrooms did not enable residents to access the en suite without the door banging off the shelving unit; or require the bed to be moved where the resident had assistive equipment when mobilising to the bathroom.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Better oversight of meals and mealtimes was necessary to ensure residents were served appropriately, as follows:

- it was observed at tea time that hot plated food was delivered to tables, and noted that one resident was not in the dining room when their food was served; the resident came to the dining room some time later, and was served the plated food that had been left on the table, so it could not be assured that the meal served was of optimum temperature to enjoy,
- upstairs mealtimes started early at 12:15hrs, yet by 12:45hrs the main meal was finished with all trays cleared away; cognisant there was a high number of residents requiring assistance with their meals, it could not be assured that assistance was provided in accordance with their assessed needs or that mealtime was a leisurely social occasion.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Copies of transfer letters were maintained on site for occasions when residents were

temporarily transferred to hospital for example; these provided comprehensive information to the receiving service, including MDRO and vaccination information, to ensure residents could be cared for in line with their assessed needs. The person in charge ensured that upon residents' return, discharge information was comprehensive to enable the resident to be cared for in accordance with their changed needs and medication for example.

Judgment: Compliant

## Regulation 27: Infection control

The following issues were identified regarding infection prevention and control, and required action:

- many of the protective surfaces of furniture and shelving in bedrooms was worn so effective cleaning could not be assured
- some clinical hand wash sinks had metal outlets and did not comply with current guidelines relating to clinical hand wash sinks in long-stay residential care centres
- a hand-wash sink was installed in one sluice room since the last inspection, but the taps were not secured appropriately and were mobile and loose
- layout of showers and absence of either shower curtains or shower screens to prevent water escaping and flooding en suite facilities
- oversight of terminal cleaning checks to ensure rooms and facilities were cleaned to a high standard
- inappropriate storage of a slip bedpan on the towel holder in one en suite bathroom
- there were closed vanity units in en suites for residents to store their toiletries, yet in some bathrooms, the toiletries were left on the shelf unit over the toilet and were at risk of cross-contamination from toilet flushing
- in one visitors' toilet, the paper hand-towel dispensers were located alongside the toilet and in direct line of toilet flushing and posed a risk of cross contamination
- terminal cleaning checks were not effective as items such as a hoist sling, rubbish in the waste bin, crumbs on the floor and resident signage displayed in the wardrobe, following the discharge of a resident
- staff wore bracelets and fit-bit watches which prevented appropriate hand washing
- many staff were seen to wear their face masks on their chin or below their chin, which would not prevent the risk of cross-infection.

Due to staff attrition, currently there was no IP&C lead in the centre in accordance with current guidelines, to ensure and promote best practice IP&C.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The following required action to ensure medication was safely managed:

- gaps in administration records were seen, so it could not be assured that residents received their medications in line with their prescriptions
- one resident was prescribed a medication once every 28 days, however, records indicated that the resident received the medication on three consecutive days. The inspector was assured that the resident did not get medications outside their prescribed dosage, nonetheless, inaccurate administration records could potentially result in medication errors.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Action was necessary regarding care planning documentation to ensure individualised care could be delivered:

- there was little detail in the residents 'personal preferences' or 'a key to me' to inform individualised care
- one resident's continence assessment and skin care assessment did not correlate with their care plan or their health profile so it was difficult to determine the resident's care needs
- occasionally, risk assessments were not completed appropriately, for example, some bed rail assessment confirmed that 'inflatable bed rails' were in place for residents, even though these were not available in the centre.

Judgment: Substantially compliant

## Regulation 6: Health care

Action was necessary to ensure residents received a high standard of evidence based nursing care as follows:

- one resident was assessed as being a very high risk of falls and a half-hourly check regime was introduced to ensure the resident's safety; however, this was not completed from 08:00 – 20:00hrs on 6th of March, checks were done from 20:00 – 22:00 that night, and when the record was checked on inspection at 11:00 hrs, it had not been completed. Neither was it input into the 'touch screen' mobile unit as part of the safety checks completed by staff,



- while it was reported that residents had good access to allied health professionals with timely referrals, these were not recorded in the electronic system so this it could not be verified. This could also lead to errors as ongoing records of prescribed treatments were not recorded.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Cognisant of the size and layout of the centre, action was necessary to ensure residents had access to meaningful activation throughout the day, as the activities programme demonstrated that in the main house (separate from the dementia specific unit) there was little activation in communal areas on some mornings to engage residents.

Judgment: Substantially 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>	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0039147

Date of inspection: 07/03/2023

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Management team and nurse station will receive a bound copy of the Health Act 2007.</li> <li>• Fortnightly educational discussions will be held with all the staff to create increased awareness of related regulatory requirements as listed in Health Act 2007.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Full review around storage of medication trolleys has been completed, a designated room is identified to store medication trolleys in secured locations. CMT will continue to monitor compliance on a daily basis.</li> <li>• Further review of dining services and activity schedule was completed by CMT. Details of actions taken in line with inspection findings related to both dining service and activities in communal areas are listed under Regulation 18 Food and Nutrition, and Regulation 9 Residents' Rights.</li> </ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Meeting was held by CMT, SMT and facilities team on 3rd April 2023, to review the actions pertaining to premises.</li> <li>• For shower units in resident bedrooms that have no shower curtains or screens, plan agreed to install half doors.</li> <li>• Wall mounted shower chairs will be installed in the showers.</li> <li>• Where a resident requires hoist transfer, the resident will use communal bathrooms and this will be discussed with residents on admission. Additional cleaning will be scheduled between resident use for infection control, risk assessment will be in place to address the related risks.</li> <li>• Shelving units will be reconfigured as a part of refurb plan to provide additional room for residents while mobilizing to the bathroom. This will be commencing in 2 months, completing in 12 months</li> </ul>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• Dining service review has been conducted by CMT &amp; Group Catering Manager. Changes implemented to mealtimes, lunch service will not commence before 12.30. Supervision in place to ensure meal times are not hurried. Quality have carried out a review of mealtimes which included on site observation during meals.</li> <li>• Senior member of staff (CNM) and Nurse on duty to attend and direct meal service. Spot check will be completed by senior clinical team.</li> <li>• Two new audit tools commenced to evaluate dining experience &amp; catering service (Dining Experience Audit tool and Resident Dining experience Survey) will be completed twice a year.</li> <li>• All resident meetings agenda will continue to have resident feedback on dining experience to discuss any concerns. Any actions arising from the meeting is discussed with catering department, chefs to meet with residents to share any feedback regarding dining service.</li> <li>• Care staff will be educated in best practice related to dining experience. CMT have discussed same with Group Catering Manager. Dysphagia Training commenced on 29/03/2023, further training planned to include communication with residents regarding</li> </ul>	

choices, meal presentations and dining experience.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Meeting held on 3.4.23 with Senior Management Team to discuss the refurb plan addressing gaps related to IPC, further onsite review by facilities team scheduled for 6.4.23 to review shelving in bathrooms, damages reported in protective surfaces of furniture, clinical hand washing sink metal outlets, handwashing sink in sluice room with taps that are loose.
- Layout of Showers and absence of shower curtain/ screens: refer to action plan listed under Reg 17: premises.
- Terminal checks are completed daily and overseen by HK supervisor; this will be monitored by the CMT.
- Gaps noted around inappropriate storage of slip bed pan and hoist sling addressed. Designated storage allocated for storage of slings. All ensuites were reviewed for storage of toiletries, all items now stored in vanity units. Paper towel dispenser located in direct line with toilet flush in the visitor toilet is moved to a different location to prevent cross contamination. CMT met with staff to address all IPC gaps noted on the day of inspection. Education on correct storage of resident equipment rolled out.
- Ongoing review of training records to ensure that all staff have completed IPC training. PPE training completed for all staff, IPC checks completed to monitor compliance to IPC practices on correct wearing of masks, handwashing, bare below elbow.
- HR team will complete uniform audits to ensure CareChoice IPC / uniform policy is adhered to.
- IPC link nurse: New post for CNM and IPC nurse advertised on 30/03/2023 and position offered on the 13/04/2023. DON & ADON will complete the IPC link practitioner course on HSEland and will lead the IPC link Nurse role in the center in accordance with current guidelines.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• Implementation of electronic medication administration system is in progress to reduce risk of errors and to support increased surveillance using medication reports.</li> <li>• Staff educated on all medication errors flagged in the report and on the legal/professional accountability in regard to medication management.</li> <li>• Medication management policy disseminated to all staff nurses on duty.</li> <li>• All nurses completed medication management training on HSELand and Toolbox talks on medication errors will be rolled out.</li> <li>• DON has been in discussion with Pharmacy. Medication competency assessment is at present been completed for all nurses by the pharmacy.</li> <li>• DON &amp; ADON will continue to review medication errors monthly, spot checks to continue to ensure compliance to medication management policy.</li> <li>• Medication error trends audit completed on 13/03/2023 and findings shared with staff nurses.</li> <li>• Quaterly medication audits completed on 13/04/2023.</li> <li>• Pharmacy audit is scheduled for 28/04/2023</li> </ul>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• All activity assessments/ key to me assessments are under review by activity team to include information pertaining to resident preferences.</li> <li>• Nurses/ CNM allocated to update residents care plan &amp; assessments to reflect the changing needs of residents, to include information that correlates resident care needs to assessments and care plans. CNM/ ADON will complete care plan audits to spot check gaps in documentation.</li> <li>• All restraints and bed rail assessments will be reviewed to include the correct information about the type of restraint in use.</li> <li>• All nurses to complete refresher training on care planning. Additional Toolbox talks on care planning and personalised clinical documentation to be rolled out.</li> </ul>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• CMT to ensure that staff understand the importance of the half hourly check regime and prompt recording on electronic systems. Nurse on duty assigned to check if all documentations are in place before end of each shift. DON/ADON will carry out regular checks to make sure this completed in each shift.</li> <li>• All MDT referrals will be recorded in the electronic systems so this can be verified and followed up in a timely manner. All MDT reviews &amp; related recommendations will be documented under MDT notes, relevant careplan will be updated to reflect MDT reviews and prescribed treatments.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• Full review of activity schedule completed by CMT and it was noted that a number of residents would like to stay in their own personal areas till 11am. Furthermore, a review of the activities hrs has been undertaken and the CMT including HR are interviewing for activities position.</li> <li>• CMT is further reviewing staff allocations against needs of each unit to involve care staff, reception staff and activity staff to drive additional activities in communal areas during morning hours and throughout the day.</li> <li>• CMT looking at additional volunteer staff to support the activities programme in the centre, CMT is also looking at options to increase external activities during morning hours.</li> </ul>	



## 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 16(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.	Substantially Compliant	Yellow	14/04/2023
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	13/05/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2023

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/07/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/07/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive	Substantially Compliant	Yellow	31/07/2023

	assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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 than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/06/2023
Regulation 9(2)(a)	The registered	Substantially	Yellow	30/06/2023

	provider shall provide for residents facilities for occupation and recreation.	Compliant		
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2023