



# 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:	19 October 2022
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0035610

## 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:	40
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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
Wednesday 19 October 2022	09:25hrs to 17:25hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in Beaufort House was positive. The centre was clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in the designated centre and said that they felt safe living in the centre. The interaction between staff and residents was relaxed and comfortable. Residents were observed moving around the centre to various locations throughout the day including the garden spaces, some independently and others with the assistance of staff or visitors.

On the day of inspection the inspector was met by the person in charge. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting with the person in charge and director of nursing, the inspector did a walk-around the nursing home with the person in charge.

The entrance foyer was spacious and well-maintained. Access to the designated centre was through a keypad lock and was monitored by reception staff. This space was inviting with plenty of seating available for both residents and their visitors to meet and chat. All bedrooms and facilities were based on the ground floor of the building. The designated centre was divided into two units, the Blackwater wing and the Boyne wing. There were two well-maintained courtyards and a large garden at the back of the building available for residents use. Access to these spaces was made easy with large automatic doors opening at the touch of a button. The large garden had an inviting paved area where functions could be held during warmer weather and provided seating for residents and their visitors.

The residents' bedrooms were nicely decorated and most had personalised their rooms with pictures and photographs and personal items. Some rooms showed signs of wear and tear but the residents were aware that there was a plan in place to re-decorate their rooms soon. There was ample storage in the residents' rooms for their clothing and personal items. Each resident had a lockable unit for the storage of any valuable items. The inspector observed that each room had ceiling mounted hoists to facilitate the moving and handling of residents if required. These did not impact on the residents' living space in the room.

Ancillary facilities were available such as a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. The laundry was observed to be clean and organised.

Residents told the inspector that their rooms were cleaned every day and were happy with this arrangement. The inspector observed that the residents' rooms, en-suites and bathrooms were cleaned to a high standard. The residents who spoke with the inspector also said that they used the laundry facilities and were pleased

with this service.

The inspector observed residents utilising the various day rooms, small sitting rooms, prayer room and the dining room at various stages throughout the day of inspection. Most of these spaces were in close proximity to the residents' bedrooms and provided spaces for residents to participate in activities together or undertake their own activities in private.

Residents told the inspector that they liked the food provided and that there was always choice of meals and plenty of food available to them. The Moat Dining room opened out into one of the internal courtyards providing a pleasant dining experience for the residents. There were also two other smaller dining rooms available if the residents preferred a less busy environment. Some residents chose to eat in the dining rooms and some residents preferred to eat in their bedrooms and these arrangements were facilitated by the staff.

There was a large family room on site which was primarily used by families who were staying with their loved ones during end of life care. There were some well used furniture and a kitchenette in the room for family and friends to use. This room was not in use on the day of inspection and the person in charge told the inspector that it was scheduled for refurbishment in the coming weeks and that new furniture had been ordered to replace the existing pieces. Residents were also able to bring their visitors to the Beaufort Café if they wanted to have a coffee or tea.

The inspector saw that there was a schedule of activities available for residents seven days a week. Two activities coordinators worked opposite shifts to facilitate these activities and the clinical nurse managers allocated a health care assistant to undertake the planned activities at the weekends to ensure that they were undertaken as scheduled. Some residents told the inspector that they enjoyed the activities as it provided a distraction from day-to-day routines.

Visitors who spoke with the inspector were very positive in their feedback and were happy with the care provided to their loved ones. They said that they could visit any time and were relieved that the strict visiting restrictions due to the COVID-19 pandemic had been removed. Visitors also said that staff were good at updating them on their loved one's progress if they were unable to visit in person.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. The centre has a good history of

compliance with the regulations and this was evident on the day of inspection. This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider was the Health Services Executive (HSE). The person in charge was supported by the director of nursing, a clinical nurse manager, nurses, healthcare assistants, housekeeping, laundry, administrative, catering, activities and maintenance staff, on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There were arrangements in place for the clinical nurse manager to deputise in the absence of the person in charge. The training coordinator was not on site on the day of inspection but was available via telephone if required.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was reviewed at regular intervals and had led to some improvements in practice. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified.

Environmental audits and feedback from residents had triggered an extensive refurbishment plan to paint all the residents' bedrooms and communal areas in the designated centre. Some carpets were planned to be replaced with more suitable floor coverings. Additional and replacement furniture and soft furnishings had also been ordered from suppliers, to improve the overall environment. A risk assessment had been completed by the maintenance team and the centre was awaiting a commencement date for works.

Significant work had been undertaken since the last inspection in relation to the recruitment and retention of staff. One new full-time nurse had commenced and a second was being recruited. The management team informed the inspector of the progress made to streamline recruitment processes and that they now had access to HSE recruitment panels to obtain staff when required. The provider still had staff vacancies, however, there were no gaps on the work roster and any agency staff used were regular staff who were familiar with the residents and organisation.

The centre had access to a new training coordinator who was scheduled to be on site two days per week. Training for staff was available both on-line and on-site. Two of the clinical nurse managers undertook some training sessions and the team were supported by a community infection prevention and control nurse to undertake infection control training and who also participated in audits within the centre. Manual handling and cardio pulmonary resuscitation (CPR) training was facilitated by the health and safety representative on site who had completed training to deliver these topics.

The residents' contract for the provision of services were completed for each resident and contained all of the relevant information, however the room occupancy denoted by a number in brackets, although present, was not very clear in a way

which the resident would understand.

### Regulation 15: Staffing

There was an adequate number of staff on duty to provide care for the residents living in the designated centre. Call bells were answered quickly and staff were available to assist residents with their needs.

A minimum of one registered nurse was on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The training matrix (a record of completed staff training) was available for the inspector to review. There were gaps identified in some training topics however staff who were due training had been identified and training was scheduled within the following two months as evidenced by emails from the training coordinator to the person in charge. Staff informed the inspector that they had good access to training and were alerted when training was due.

All registered nurses had completed their medications management training.

Judgment: Compliant

### Regulation 21: Records

A selection of staff files showed compliance with Schedule 2 of the regulations.

All nurses on duty held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Resident files' were maintained for the prescribed amount of time as per the regulation and they were stored securely in a locked room on-site. Each file box was sealed and labelled with the projected date for destruction.

Judgment: Compliant



## Regulation 22: Insurance

A contract of insurance to cover injury to residents and loss or damage to the residents' property was in place.

Residents and families were informed of this in the residents' guide and in the residents' contract for the provision of care.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

The annual quality and safety review had been completed and contained input from the residents living in the designated centre.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A selection of six contracts were reviewed and contained all the information as required under the regulations.

Judgment: Compliant

## Regulation 30: Volunteers

A sample of four files for volunteers were reviewed. They clearly laid out the roles and responsibilities of the volunteers, and arrangements for supervision, support and training requirements. All had completed a An Garda Síochána vetting disclosure. Each agreement was reviewed annually.

Judgment: Compliant

## Quality and safety

The inspector found that overall, there were good standards of care provided, residents were safe and their healthcare needs were well met. The inspector followed up on the previous inspection compliance plan and found that all items had been addressed. Although a lot of improvements had been made throughout the centre, some further improvements were required with premises and infection control practices as detailed under the individual regulations.

The inspector reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. A system was in place to audit care plans to ensure they were completed appropriately and updated within the prescribed time frame. They were audited by the clinical nurse managers with oversight by the person in charge and each nurse was allocated responsibility for a set number of residents. The inspector saw evidence of follow-up with the individual nurses following the last audit.

The inspector reviewed a selection of care plans including some relating to communication difficulties, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), nutrition and wound care and found them to be person-centred, informative and provided good instruction and strategies for staff to ensure resident care needs were met. Established processes were in place to ensure access to a medical practitioner who visited the site regularly, other hospital consultants and allied health services. Details of referrals and recommendations from these professionals were documented throughout the care plans reviewed.

A comprehensive infection prevention and control audit had been completed by the HSEs' infection prevention and control team. The action plan following this inspection was mostly completed with the exception of a few items, many of which would be addressed following the imminent refurbishment. There were numerous hand washing sinks and mixer taps available throughout the centre which were in line with national standards recommendations.

The centre used a flat mop system for cleaning throughout the centre. The cleaning trolleys were clean and organised. The housekeeping staff were knowledgeable of the cleaning processes and regimes and explained to the inspector the cleaning process and chemicals used. Disposable chemical bottles were used throughout the nursing home with the exception of one which was used for chlorine based chemicals which were reconstituted by the housekeeping staff. The housekeeping staff explained that this product was only used in the event of a specific infection such as COVID-19.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service. An

independent advocacy group was available to residents and this information was posted on the notice board with contact details for this service.

There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. The majority of residents had received their third COVID-19 booster in recent weeks. The influenza vaccination programme was scheduled to take place in the near future and would be facilitated on-site by the HSEs' vaccination team.

### Regulation 11: Visits

Visiting was not restricted and both residents and their visitors told the inspector that they were happy with the visiting arrangements. There were adequate communal and private spaces available for residents to receive visitors other than within their bedrooms.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage in their bedrooms to store their clothes and personal possessions. Lockable cabinets were available for the residents to use. A list of personal property items was available in the residents' files and was updated by staff on receipt or removal of any items.

Laundry facilities were available on-site and the residents were satisfied with this service. Residents' clothes were labelled to prevent loss and they could also have family members take clothing for laundering if they chose to do so.

Judgment: Compliant

### Regulation 17: Premises

Overall there were signs of general wear and tear of fixtures, fittings and furniture. However, a substantial refurbishment action plan was in place with both funding received and replacement furnishings and furniture already ordered. The following issues were also identified:

- Oxygen cylinders and oxygen concentrators were stored in rooms without appropriate hazard signage.
- Overhead bed light operation buttons were not working in some of the

- residents' bedrooms preventing the residents from controlling the light.
- The room temperature was not being monitored in one of the clinical rooms, to ensure the correct storage temperatures of medications.
- There was a lack of orientation signage throughout the designated centre. However, evidence of a recent purchase order for additional dementia friendly signage to address this issue, was made available to the inspector.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The residents guide contained all the relevant information as per the regulations. Other information was visible on notice boards throughout the centre for example: access to an independent advocacy service and resident survey findings and action plans.

Judgment: Compliant

### Regulation 27: Infection control

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

- Some sharps bins tractability labels were not all completed as per national standards. Two full and sealed sharps bins (traceability labels not completed) were found in one store room posing a risk of cross-contamination of clean items.
- There was a process in place for the identification of clean equipment however this was not consistently implemented.
- A large purified water bottle was found open with no date or time of opening written on the bottle to indicate which resident this was for and when it was to be disposed of. Assurances were received that smaller bottles would be ordered in future to ensure correct disposal after use and each labelled appropriately.
- Storage rooms were not organised with some items being stored on the floor preventing effective cleaning. The management team assured the inspector that this was under current review.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person-centred to reflect the individual residents' requirements and to assist staff in providing care for their individual needs. Assessments and care plans were completed and reviewed in line with the regulations. End-of-life care plans were detailed and reflected the resident's wishes.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to medical and allied health services. The residents' medical practitioner (Consultant Geriatrician) visited weekly. Other care of the elderly and psychiatry of older persons services were easily accessible if and when required. Arrangements were in place for easy access to allied health professionals. Evidence of recommendations and treatment plan from these healthcare professionals were clearly recorded in the residents' records.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The residents' behavioural care plans were reflective of the residents' needs and provided clear strategies for staff to assist the residents with their care needs. Staff were seen implementing these strategies where necessary and were courteous and professional in all interactions with residents, as observed by the inspector.

There was a low use of restraints and these were risk assessed, monitored and recorded on a restraints log. Some residents used a bedrail as an enabler to help them reposition themselves in bed, as opposed to restraint.

Judgment: Compliant

## Regulation 8: Protection

Training on Safeguarding was available to staff with seven remaining staff scheduled for refresher training.

Staff who spoke with the inspector, were aware of what constitutes abuse and were able to tell the inspector of appropriate action that they would take if they suspected or witnessed abuse.

Arrangements were in place for managing residents' finances in the centre. The director of nursing is a nominated pensions-agent and processes are in place in line with the Social Protection Department guidance, however no residents required this service on the day of inspection.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0035610

Date of inspection: 19/10/2022

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Appropriate hazard signage is now in place in the rooms the Oxygen cylinders and oxygen concentrators are stored in. Completed.</p> <p>A full review of overbed lighting and call bell system has been carried out by the service contractor and is due to be upgraded over the coming weeks. Expected completion by 31st December 2022.</p> <p>The room temperature issue in one of the clinical rooms has been addressed with a thermometer in place and checklist to monitor the room temperature which is being checked twice daily, to ensure the correct storage temperatures of medications. Completed.</p> <p>Dementia friendly signage has been ordered and will be completed and in place by 31st December 2022. Temporary signage is in place in the interim. Expected completion by 31st December 2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The sharps bins identified have labels now completed and were disposed of immediately. Going forward, checking of sharps bins will be completed as part of the daily walkabouts to ensure compliance with national standards. Completed &amp; ongoing.</p> <p>A tagging identification process is in place to ensure staff are aware of clean equipment.</p>	

The Cleaning Schedules have also be reviewed and allocated to specific staff grades to ensure consistent implementation. Completed & ongoing.

Smaller bottles are now in place with appropriate labelling identifying the residents name and date and time of opening. They are being disposed of in line with the manufacturers recommended timeframes. Completed & ongoing.

Storage rooms are currently under review to ensure items are being stored appropriately off the floor to ensure effective cleaning. Additional shelving will be procured to address any issues identified. Expected completion – 31st January 2023.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 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	31/12/2022
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.	Substantially Compliant	Yellow	31/01/2023