



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Beaufort House
Name of provider:	Health Service Executive
Address of centre:	HSE Navan Community Health Unit, Beaufort House, Athboy Road, Navan, Meath
Type of inspection:	Announced
Date of inspection:	30 August 2023
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0040288

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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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 30 August 2023	09:30hrs to 17:15hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Beaufort House. Residents expressed high levels of satisfaction with the care provided to them. Residents spoke with high praise for the staff within the centre with one resident reporting 'we have the loveliest of staff'. There was a comfortable familiarity between the person in charge, staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter.

Following an opening meeting, the inspector was accompanied on a tour of the premises. The lived-in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor mature garden which was well-maintained. There were various items of memorabilia including a high Nelly bicycle and a reminiscence cottage inspiring emotion and reminding residents of times gone by. Many residents informed the inspector that they 'would like to be out in the garden more', but went on to say 'that the bad weather hampered that this summer'.

A smoking hut was situated in the garden. There was a bin for cigarette butts, however there was no smoking vest, fire blanket or call bell available for resident's safety. The closest fire extinguishers were located just inside the entry point to the building. The inspector did not observe residents smoking in the smoking hut on the day of inspection and the person in charge informed the inspector that it was residents' preference to smoke under a canopy at one of the exits leading into the garden where a bin for cigarette butts was also visible. The inspector highlighted potential risk to person in charge and management team on the day of inspection.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

At the time of inspection the laundry facilities were in the process of being upgraded. The inspector observed that the works were progressing very well and the estimated completion date was within the following few weeks. Residents informed the inspector that they experienced no interruption in the contingency laundry service and got their clothes back clean and fresh every few days. Other residents informed the inspector that they sent their laundry home with family during the refurbishment and they were happy with that arrangement.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The menu was displayed on a blackboard board in the dining room and the tables were laid out with flower

arrangements, cutlery and condiments for the residents to access easily.

Residents informed the inspector how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. Activity staff was on site to organize and encourage resident participation in events. Mass was celebrated in the centre every Wednesday. Residents told the inspector that the hairdresser came to the home every Wednesday and they said that 'they loved getting their hair done'. On the day of inspection, the inspector observed a visit from musicians. This proved very popular with the residents as they enjoyed the sing-a-long. Some residents informed the inspector that they would like better access to WiFi, however the person in charge gave assurance on the day of inspection that this issue had been recently addressed. Another resident informed the inspector that they would like more intellectual development, including group discussions on political, economic and cultural life. Prior to the end of the inspection there was a plan in place in consultation with the resident and person in charge to explore the various options to fulfil this request.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

The inspector observed that, the registered provider had made some changes in response to the previous inspection to improve the delivery of services, for example matters relating to infection and control were rectified including, a tagging identification was in place to ensure staff are aware of cleaned equipment. Additional storage was also installed in storage rooms, including a custom-made mattress racking system that ensured all items were stored off the floor to ensure effective cleaning.

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

This was a well-managed centre where residents were supported and enabled to live a good quality of life. Overall, this inspection found that there was a clearly defined management structure in place. The centre has a strong history of compliance with the regulations and on this inspection areas that were identified as requiring some improvement, included governance and management and directory of residents. These areas are detailed in the report under the relevant regulations

This was an announced risk 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 (as amended).

The registered provider was the Health Services Executive (HSE). The person in charge was supported by the director of nursing, provider representative, the clinical nurse manager, a team of nurses, healthcare assistants, catering, activity, housekeeping, administrative and maintenance staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well skilled team to support residents to live active lives, having due regard to their wants and needs.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Overall, most of the documents reviewed met the legislative requirements including, complaints and written policies and procedures. However, the directory of residents did not fully meet the legislative requirements and will be discussed under Regulation 19.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to 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 19: Directory of residents

The directory of residents did not include all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013, namely the address of resident representative.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place to oversee the service, some improvements to the management systems in place were required to ensure that the service provided was appropriate, consistent and effectively monitored. Evidence of where further oversight was required included:

- The registered provider did not provide premises that fully conformed to the matters set out in Schedule 6, or as outlined in the 'Fire Safety Handbook, A guide for providers and staff of designated centres', namely the smoking area. It did not have emergency call facilities, smoking apron, fire blanket or extinguisher to help protect resident in the event of fire.
- The directory of residents did not include all the information, as discussed under Regulation 19; Directory of residents.

The inspector acknowledges that management on the day of inspection confirmed they would consult their fire safety expert and rectify the fire risk as a matter of urgency.

Judgment: Substantially compliant

Regulation 30: Volunteers

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

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process.

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

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Staff worked tirelessly to provide optimum care to residents.

Residents' rights and choice were promoted and respected within 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. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in

the centre. There were resident meetings to discuss key issues relating to the service provided.

The inspector observed that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

The nursing home had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and correctly. Medication administration practices were being well monitored. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi-drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

The inspector was assured that each resident received end-of-life care based on

their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

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

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0040288

Date of inspection: 30/08/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A full review of Directory of Residents has been carried out by the management. Identified gaps in the Directory of Residents are completed on 31st August 2023.</p> <p>Going forward, PIC/CNM will review the Directory of Residents on a regular basis to ensure that there is no gaps in the records.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review has been carried out by the management of Beaufort House. For ensuring the safety of the Residents who smokes, Smoking Apron and Fire blanket have been purchased and placed in the smoking hut – Completed on 11/09/2023</p> <p>An interconnecting call bell system/personal alarm will be put in place to alert staff, when a resident is in need of assistance while out in the smoking area – Expected time of completion by 30th of November 2023.</p> <p>A full review of Directory of Residents has been carried out by the management. Identified gaps in the Directory of Residents has now been rectified. Completed on 31st August 2023.</p> <p>Going forward, PIC/CNM will review the Directory of Residents on a regular basis to</p>	

ensure that there is no gaps in the records.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/08/2023
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	30/11/2023