

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Beaufort House
Centre ID:	OSV-0000709
Centre address:	HSE Navan Community Health Unit, Beaufort House, Athboy Road, Navan, Meath.
Telephone number:	046 909 9101
Email address:	
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Elaine Ryan
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
25 January 2017 09:30	25 January 2017 18:30
26 January 2017 09:25	26 January 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of a two-day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspector met with residents, relatives and staff, the person in charge and the provider nominee. The views of all were listened to, staff practices were observed and documentation maintained was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed.

Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improve residents'

outcomes. A person-centred approach to care was noted. Residents were well cared for, had good access to health and social care services and expressed satisfaction with the assistance and support they received in the centre. Residents confirmed that they had autonomy and freedom of choice. Relatives and residents spoke positively about the staff who assisted and cared for them.

Good systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge, clinical nurse managers, medical officer and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the last inspection in February 2016 had been satisfactorily addressed, and compliance with the regulations was found in most outcomes inspected. The provisions in place relating to residents' health and social care, risk management, safeguarding and staff training were satisfactory.

The premises was safe, suitably designed and laid out to meet the needs of the residents. However, the inspector found that paintwork and parts of the premises were in need of repair to return it to its previously maintained high standard. The findings are discussed throughout the report and areas for improvement are outlined in the Action Plan at the end of the report. The provider has been asked to confirm that all staff and volunteers have completed Garda vetting.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were sufficient arrangements and resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

The statement of purpose had been reviewed and amended appropriately following changes within the organisational structure and the management team. It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

There was no change in the person in charge of the centre since the last inspection. The person in charge is a registered general nurse, has experience of working with older persons in the previous three years and works full time in the centre.

During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She is supported in her role by the nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn reports to the provider nominee and registered provider.

The provider nominee and person in charge were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the

designated centre and had arrangements in place for the management of the designated centre during an absence. A nurse with a minimum of three years experience of nursing older persons in the previous six years was in place to deputise when the person in charge was on leave for short periods.

The inspector was satisfied that the centre was being well managed by suitably qualified and experienced staff. The person in charge and the staff team facilitated the inspection process by providing documents available and had good knowledge of residents' care and conditions.

Staff confirmed that good communications exist within the staff and management team and residents highlighted the positive interactions and support provided by the entire team. Minutes of staff and management meetings were recorded and available.

Staff, residents and family members were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were friendly, approachable and receptive to new ideas.

A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed incidents, accidents, complaints, medicine management issues/errors, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection. A low level of incidents, accidents and complaints was reported.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017.

Interviews with residents during the inspection and satisfaction surveys completed by or on behalf of residents were positive in respect to the provision of the care, the facilities and the services provided. A high level of satisfaction with the service was reported and found.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident and relative forum was held regularly. Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the changing needs of residents and care planning process, during social and recreational activities and during discussions at meal times. All issues identified were managed to ensure corrective action was taken.

Judgment:
Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations***

2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose, directory of residents, policies and procedures and medical records. The storage and maintenance of records was of a high standard.

A guide to the centre for residents included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements for residents.

The inspector reviewed a sample of residents' contracts of care, which were found to set out the services provided and the agreed fees charged to residents.

The inspector saw that there were policies, procedures, systems and practices in place for the management of complaints. The complaints procedure was displayed throughout the centre, and residents who communicated with the inspector were aware of the process and identified the person with whom they would communicate with if they had an issue of concern. Both the provider nominee and the person in charge stated that they were open to receiving complaints or information in order to improve the service. A log of issues and complaints received were maintained in accordance with the prescribed regulations.

A sample of staff files was also reviewed. While most were found to be compliant with the regulations, a staff member recruited prior to April 2016 did not have a current record of garda vetting available in the centre. The provider has been asked to confirm that all staff and volunteers have completed Garda vetting.

A record of visitors and the directory of residents were available and maintained in the centre, as required.

The centre's insurance cover was current and confirmed.

The inspector also reviewed operating policies and procedures for the centre, as

required by Schedule 5 of the regulations. All policies listed in Schedule 5 were available to staff, were implemented in practice and had been subject to a review within the past three years, as required.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to identify and manage incidents of harm or elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the identification and protection of residents from abuse. Staff spoken with were fully knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Much emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, the main entrance was controlled by staff and a keypad lock which some residents managed independently. All parts of the centre or communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to promote and retain their independence and mobility. For example, call-bell facilities, motorised wheelchairs and mobility aids, hand rails in all communal and circulating areas used by residents. Staff told the inspector that they each held a personal alarm device when on duty at night to activate an emergency response if needed.

During conversations with the inspector, residents confirmed that they felt safe in the centre due to the measures in place, such as the secured entrance and due to the support and care provided by the staff team.

Safe systems and arrangements were in place for safeguarding resident's finances and

property. Procedures were in place for carrying out and documenting transactions. In the sample reviewed, invoice and receipts with signatories of those involved were maintained and records for any transactions were kept.

The inspector found that the centre aimed to promote a restraint free environment in line with the national policy. A significant reduction in the use of bedrails was noted since the previous inspection. The centre's policy and practice found reflected the national guidance document available to guide restraint usage. A low rate of restraint and/or bedrail use by residents was reported and seen. Restraint risk assessments had been completed and records of decisions regarding the use of bedrails were available to show the decision was made in consultation with the resident or representative and clinical team. Decisions were also reflected in the resident's care plan and the subject to regular review. A restraint register was maintained and audited on a monthly basis by the nurse managers.

The inspector was informed of various types of alternative equipment available and tried prior to the use of bedrails such as low low beds, grab rails, movement sensory alarms and bedside floor mats. This formed part of the assessment and decisions recorded.

Due to their medical conditions, some residents displayed responsive behaviours that challenged them or those supporting them. During the inspection, the inspector saw staff approach residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff.

Meaningful activity support and distraction techniques were used for those with responsive behaviours. The training records identified that staff had opportunities to participate in training in prevention and management of responsive behaviours. Staff spoken with was very familiar with the interventions used to respond to residents behaviour that may challenge. Behaviour logs formed part of the assessment and care-plan process. A structured and personalised daily programme was put in place for individuals that included activities specific to each resident's likes and interests to promote positive behavioural support. Support from the community mental health team was available and noted to have been facilitated for residents in the records reviewed.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre had a comprehensive safety statement, and policies and procedures relating to health and safety that included a risk management policy to include items set out in Regulation 26 (1). An infection control policy with supporting protocols was also available and implemented in practice.

There were emergency policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

A risk register with identified risks that were assessed, rated and applied control measures was maintained and arrangements were in place for investigating and learning from reviews and audits of incidents and adverse events involving residents and staff. Some actions taken to prevent incidents included increased supervision arrangements and supportive equipment. An AED and other emergency response equipment were centrally located to support staff to react in the event of an emergency situation such as a cardiac arrest or missing resident.

Reasonable measures were in place to promote resident safety, and prevent accidents to persons in the centre and on the grounds. The management and staff team had completed a review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures put in place. A low number and frequency of resident incidents including medication errors and accidents was reported, and no serious injuries had occurred since the last inspection.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities and hand sanitisers along corridors and in bedroom accommodation. Staff and visitors were seen using these hand washing facilities or sanitisers between resident contacts. The standard of cleanliness throughout the centre was excellent. However, if the structural disrepair, reported in outcome 12, remains unaddressed it may pose a risk of infection in the communal areas affected.

Suitable arrangements were in place in relation to servicing of equipment and promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

Fire safety and response equipment was provided. Padded emergency ski evacuation equipment was accessible and centrally located at each of the nurse's stations. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this. A personal emergency evacuation plan (PEEP) for each resident that identified the resident's mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or at night was available.

Staff interviewed and records reviewed confirmed simulated fire drills had occurred and weekly fire alarm test were carried out with checks of fire doors and escape routes completed.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents were protected by safe medication management policies and practices in place.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

Nursing staff were knowledgeable regarding residents use of medicines and demonstrated safe practices in medication administration and management. The inspector observed nurses consulting with residents before, during and after the administration of medicines and performing good hand hygiene. Crushed medicines were individually prescribed to address the previous finding.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, return and disposal of medicines. The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register in keeping with legislative requirements.

A system was in place for reviewing and monitoring safe medication management practices. An arrangement for the review of prescribed medicines by the GP, Pharmacist and nurse manager on a regular basis was in place, and records were available to demonstrate this arrangement was implemented in practice.

The auditing arrangement also included a 'drugs and therapeutic committee' consisting of the medical officer, pharmacist, person in charge and a clinical nurse manager who met six times per annum to review medicines in use and consider alternatives. In addition, staff performance reviews following near miss or incidents involving medicines errors was also carried out to improve safe medicine management by learning from incidents and support staff in their role.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Management systems were in place to alert staff to notify HIQA of notifiable events, incidents or accidents within three days.

Quarterly and six monthly 'nil return' reports were provided, where relevant, for example, the use of restraint and number of deaths as prescribed in the regulations.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and good access to medical and allied healthcare.

The action arising from the previous inspection relating to resident assessments and revision of care plans was addressed. From an examination of a sample of residents'

care plans, and discussions with residents and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions and/or treatment plans implemented.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans were reviewed. A pre-assessment prior to resident admission formed part of the centre's admission policy and practice. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational plans were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status and skin integrity.

The development and review of care plans was completed by a key worker in consultation with residents or their representatives. Each resident's care plan was specific to them and was subject to a formal review at least every four months.

The assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan and also subject to regular reviews. A care plan to include details and information known by staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was noted in the records reviewed.

The inspector reviewed the management of clinical issues such as pressure ulcer prevention and falls management and found they were well managed and guided by policies. A low rate in both was reported and found. Mobility and daily exercises were encouraged. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in facilities used by residents, which promoted independence. A member of the staff team had completed training specific to wound management which was attributed to the wound healing of those admitted to the centre with pressure ulcers and wounds.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had timely access to medical services, and out-of-hours medical cover was provided. Mental health and social care services were available, and they provided very valuable services to the residents and staff supporting them. A full range of other services was available on a referral basis including speech and language therapy (SALT) and dietician. Chiropody, podiatry, audiology, dental and optical services were also provided on a referral basis. The inspector reviewed residents' records and found that some residents had been appropriately referred to these services and following an assessment the results of appointments were written up in the residents' notes and care plans.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed, known by staff and recorded. Relevant information was reflected in a care plan and used to plan the daily activity programme. Information seen gathered and recorded in documents such as 'a key to me' and in life story books that were completed for residents with dementia had influenced the activities made available and provided to residents.

Staff members co-ordinated a weekly activity programme that was supported by staff volunteers on a daily basis. The inspector saw that residents were encouraged to participate in group or individual activities that included activities external to the centre. The weekly programme included activities such as music, exercises, bingo and board games that were tailored for the resident group. A variety of group and individual activities were seen being provided on inspection.

Religious ceremonies, daily televised mass from the local town and a weekly mass service in the centre formed part of the activity programme. Overall, residents were satisfied with the health and social care services provided and said they had opportunities to participate in activities that were meaningful and purposeful to them and which suited their needs, interests and capacities.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and amended Regulations 2016.

The building design and layout were of a high standard. The location of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner. The premises was clean and warm, and it benefited from a good design with ample natural and artificial lighting. The centre was suitably furnished and fitted out, but in many areas it required decorating as many of the

corridor and bedroom walls, doors and door frames, some en-suite floor coverings and architrave were seen to be worn, discoloured, damaged and or in need of repair.

The centre is purpose built and registered for a maximum capacity of 44 residents. Residents' accommodation is on the ground floor. The centre comprises of 35 single bedrooms, three twin bedrooms and one three bedded room. Each bedroom had an en-suite facility that was equipped with appropriate assistive and supportive devices such as shower chairs, shelving, mirror, laundry baskets and grab rails. A small number of en-suites did not include a shower facility such as the three bed room, however, communal bathrooms and independent toilets were located in close proximity to rooms occupied and shared by residents.

Sitting rooms, the main activity room, seated areas, kitchenettes and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings. The centre was well maintained in parts. However, a complete refurbishment of all parts of the centre in need of repair had not been completed since the last inspection and improvements were needed in the décor and repair of parts of the premises.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call-bell facilities, remote control beds and chairs, and pressure relieving aids were seen in use by residents. A sufficient number of independent toilets and bathrooms were available with appropriate signage that included a written description of the facility in both the English and Irish language and a picture or symbol of its function.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on corridors, and grab-rails were available in bathrooms and toilets. All bedrooms, bathrooms and communal areas were fitted with a call bell system, and displays clearly identified the location of a call. Residents were encouraged and availed of the opportunity to have personal mementos and possessions in their own bedrooms. Many of the bedrooms seen were personalised.

The centre was clean, warm, well ventilated and a maintenance system was in place. The reception was staffed daily by an administration staff member. Entry and exit to the centre via the main entrance was monitored and controlled by an electronic device and or staff. The Person in Charge's office was located off the main reception area.

The onsite catering and laundry facilities were separate from the main care facilities. Many rooms and areas were available to residents and their family. A spacious and dedicated family room was centrally located for family or visitor use that included comfortable seating, dining and sanitary facilities. Other rooms included a quiet room, an activity room; library and oratory available.

A spacious secure internal courtyard was available for residents and visitors to access outdoors as desired. This area had suitable outdoor furniture, plants, flower beds and items of interest for residents' to see, interact with and admire. This courtyard could be viewed and freely accessed from a variety of areas.

Car parking facilities were available at the centre.

Closed circuit television (CCTV) cameras were provided on corridors and externally at all entrances ensuring additional safety and security for residents.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. At the time of inspection, the inspector was informed that no resident was at the end of life, but, an assessment of wishes and preferences supported by a care plan was in place for residents.

Involvement of a multi-disciplinary approach to treatment and care that included a palliative care team was available to residents. An audit of the end of life and after life care for 17 residents in 2016 was completed to identify areas for improvement. An action plan was being implemented based on the findings.

Medical decisions regarding care and treatment decisions at the end of life were recorded, and the inspector found evidence that the residents' wishes for end of life were discussed during the assessment and care review process. Residents and family members had opportunities to meet with professional and religious members to discuss and plan end of life arrangements.

Caring for a resident at end of life was regarded by staff as an essential part of the care and service they provided. Choices were offered and facilities were available to support residents and families as required. Most residents had a private single room and a spacious family room with excellent facilities was available to accommodate a resident from a shared room to be with their family in private.

An oratory facility was available in the centre along with suitable equipment and religious artefacts available that respected residents' cultural and religious background.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner. Residents were seen comfortably accommodated or seated in three separate dining rooms during lunch on the first day of the inspection while a small number remained in their bedroom by choice.

Staff preparing, serving and assisting with meals and drinks were familiar with residents' dietary requirements, needs and preferences. Staff offered choices and checked resident were satisfied during mealtimes. The inspector saw that the arrangements for delivering and storing hot food to the satellite dining rooms and to those in their bedroom required improvement. The inspector observed up to 12 bowls of milk pudding deserts prepared on trays on top of a hot trolley while the main meal was yet to be served. On enquiry staff told the inspector there was insufficient space within the hot trolley to cater for all meals and deserts and therefore the hot desert was inappropriately transported and left on top to cool. The person in charge was informed of this and agreed to follow up on the necessary catering equipment and requirements to ensure all residents' needs were met.

Systems were in place to ascertain residents' views and preferences from a varied menu on a daily basis. A picture of each food item was available to aid communication and ascertain the food and drink preferences of residents at meal times.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording, if required.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. A list of residents and their specific dietary needs was maintained by staff and provided to the kitchen on a daily basis.

Systems were in place to ascertain each resident's food preferences on admission, and the residents' forum was used to provide feedback on topics including the menu options and choices, in order to inform improvements.

Access to dietician and speech and language therapists was provided on a referral basis based on an assessment of need or change in resident condition. Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way.

Menus showed a variety of choices at mealtimes, and there was a menu on each dining table.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and choices of food provided.

Snacks and beverage were offered and available to residents at intervals between main meals.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in the activities and organisation of the centre. A residents' committee/-forum was facilitated on a regular basis, and family or representative involvement was central to the care and services provided.

Information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents being able to access all parts of the centre and adjoining day services independently or with support. Outings and access to the local town was also facilitated to enhance engagement in the wider community.

Residents who spoke with the inspector and those who completed questionnaires said they were able to make decisions about their care and had choices about how they spent their day, when and where they ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Visitors were unrestricted except in circumstances such as an outbreak of infection or known incident. A record of visitors was maintained. Arrangements were provided for residents to attend external appointments or family occasions and maintain links with the wider community. Overall, the arrangements in place promoted social inclusion, engagement and access to relevant facilities.

There was a policy on residents' access to visitors and communication. Communication aids, telephones and computers were available to residents.

The inspector saw that residents' privacy and dignity was respected: and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private.

Records of residents' property were maintained. The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a lockable facility in their bedrooms.

There were arrangements onsite for regular laundering of personal clothing and the safe return of clothes to residents. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspector and those who completed questionnaires said they were respected, consulted with and well cared for by courteous, pleasant and kind staff.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Staffing levels and the skill mix were appropriate and sufficient to meet the social and healthcare needs of the residents.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs.

In preparation for the inspection, relatives and some residents had completed questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the staff team. The inspector also spoke with a number of residents and relatives during this inspection, who were all complimentary of the staff and of the care that they provided.

The inspector reviewed the actual and planned roster for staff and found that management, nursing, care and support staff were adequate and available as outlined. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was facilitated by the staff team.

Some residents in discussions with the inspector confirmed that staffing levels were satisfactory and that staff were supportive and helpful.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be substantially compliant. This is reported in outcome 5.

Evidence of professional registration for all rostered nurses was available and current.

There was a suitable recruitment policy in the centre, and the inspector was satisfied with the arrangements for the development and supervision of staff which included induction, appraisal and performance reviews.

A staff training programme was in place and a record of training completed by all staff was available, addressing the requirements of the previous inspection. Mandatory training such as moving and handling, cardio pulmonary resuscitation (CPR), fire training and the prevention, detection and management of abuse had been provided. Manual handling practices observed were safe and appropriate, with assistive equipment available for use. Staff had received other relevant training that included dementia awareness, hand hygiene and infection control.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for permission to enter.

The inspector was informed that there were a number of volunteers involved in the centre. A sample of volunteer files was reviewed against regulation 30. The inspector

found that while all volunteers had a written agreement with their role and responsibility clearly outlined and an application for Garda vetting, some did not have a declaration of Garda vetting completed at the time of this inspection. The inspector was informed and observed on inspection that volunteers were supervised by staff during their engagement with residents.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Beaufort House
Centre ID:	OSV-0000709
Date of inspection:	25/01/2017
Date of response:	21/02/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A staff member recruited prior to April 2016 did not have a current record of garda vetting available in the centre.

The provider has been asked to confirm that all staff and volunteers have completed Garda vetting.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

The Provider the PIC accepts the findings of the inspector. The staff member in question is now in receipt of a current Garda vetting record.

All personnel files of staff have Garda vetting records in place.

All volunteers have completed Garda vetting application forms and one report remains outstanding.

It was agreed by Management that going forward, no volunteer will participate in the Centre until the Garda vetting report has been received.

Proposed Timescale: 21/02/2017

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Many areas of the premises required decorating or repair as many of the corridor and bedroom walls, doors and door frames, some en-suite floor coverings and architrave were seen to be worn, discoloured, damaged and or in need of repair.

A complete refurbishment of all parts of the centre in need of repair had not been completed since the last inspection and improvements were needed in the décor and repair of parts of the premises.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The PIC accepts the findings of the inspector. The ensuite floor coverings have been repaired. Funding approval has been received for the painting and refurbishment of the premises. Quotes are being sought for same.

Proposed Timescale: 31/12/2017

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The inspector saw that the arrangements for delivering and storing hot food to the satellite dining rooms and to those in their bedroom required improvement.

3. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:

The PIC accepts the findings of the inspector. Quotes and funding approval are being sought for an appropriate transporter food trolley for delivering and storing hot food to the satellite dining rooms and to those in their bedroom.

Proposed Timescale: 30/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All volunteers did not have a Garda vetting disclosure completed at the time of this inspection.

4. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

The PIC accepts the findings of the inspector. All volunteers have completed Garda vetting application forms and one report remains outstanding.

It was agreed by Management that going forward, no volunteer will participate in the Centre until the Garda vetting report has been received.

Proposed Timescale: 31/05/2017