



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:	21 January 2020
Centre ID:	OSV-0000709
Fieldwork ID:	MON-0022845

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 35 single en-suite bedroom, three twin bedrooms with en-suite facilities and one three-bedded room with its own toilet and wash hand basin. The centre is a modern 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:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2020	08:30hrs to 16:30hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector spoke with numerous residents and relatives during this announced inspection and found a high level of satisfaction with the service provided and the care received. Information received and reviewed from six completed questionnaires in preparation for this inspection also confirmed high levels of satisfaction with the service.

All of the residents who spoke with the inspector commented on the kindness, friendliness and professionalism that staff showed in their daily interactions, with some residents commenting that staff were outstanding. A number of residents mentioned that the centre was a real 'home from home' and that they enjoyed a very comfortable life there. A small number of residents however expressed dissatisfaction with the recent changes to the smoking facilities available in the centre.

Residents were unanimous in their reports that they felt safe in the centre and that staff were prompt to answer the call bells and respond to their needs. They were complimentary of the food and the variety of options available to them. Residents stated they had choice over how they spent their time and had access to daily activities, daily newspapers, regular entertainment, TV and radio. Some commended the entertainment provided, parties facilitated and the fun they have on a regular basis while living in the centre.

Residents and relatives who communicated with the inspector were aware of the complaints process and reported that they would communicate with the nurse in charge if they had any issues of concern.

Capacity and capability

Overall, the centre provided a good and valued service to the 44 long term residents it accommodated. This inspection confirmed good levels of compliance with most of the regulations reviewed, with some improvement required in respect to the contracts of care. This will be further expanded on under Regulation 24.

This was an announced inspection following an application made by the provider for registration renewal. The inspector followed up on the action plans from the last inspection in relation to care planning arrangements, the use of restraints and signage available in the centre and found that they had been completed.

The inspector found that there were sufficient staff to meet the needs of the residents at the time of the inspection. There were four vacancies for the healthcare

assistant position and the inspector found that adequate contingency measures were taken by the provider to ensure residents were not adversely impacted and that safe staffing levels were maintained. To ensure consistency, the use of agency was largely planned, which ensured that the continuity of care was maintained for the benefit of the residents. The staffing levels and workforce were evaluated on a regular basis and included a training needs analysis that identified areas for improvement. Staff were appropriately supervised, and there were good systems in place to ensure the service was appropriately managed at all times, including the weekends.

The person in charge was known to the residents and had the required experience and knowledge to manage the centre. She was supported by the director of nursing, and three clinical nurse managers (CNM). The management team were working cohesively to ensure a good service was delivered. Statistical information was gathered weekly on various quality indicators, which provided the person in charge with good oversight of clinical care delivery.

At governance level, the person in charge was supported by a general manager and the Older Persons' Service manager for the region, who was also the registered provider representative. Upon interviewing the persons participating in the management of the centre, the inspector was assured of good service oversight. Minutes were available from a range of management meetings that occurred on a regular basis. These included staff meetings, monthly local governance and management meetings, quarterly regional quality assurance meetings, and the meetings of various committees such as the risk management, the falls management committee or the drugs and therapeutic committee meetings.

There was good service oversight which used both objective and subjective quality performance indicators. Residents' lived experience had been surveyed by the registered provider and where areas of improvement were identified an immediate action plan was put in place. Objectively, a number of audits and nursing metrics were carried out in areas such as the use of restraints, incidence of wounds and pressure ulcers, end-of-life care, complaints and medication management. The results were trended and monitored on an ongoing basis. Quality improvement initiatives included the pressure ulcers to zero initiative and the Falls Collaborative Story Board and safety stick documentation which portrayed in a visual and accessible format the incidence of falls in the last month and raised awareness of falls precautions measures.

The management and staff promoted a person-centred approach to care and were continuously striving to improve residents' quality of life. Following consultation with residents and their families, and in their efforts to align to the national policy of creating a smoke-free environment, the registered provider had recently decommissioned the smoking room in the centre. An outside sheltered smoking hut, which was wheelchair-accessible and appropriately equipped, had been installed in one of the gardens. This had created some dissatisfaction with the service for a small number of residents who at the time of inspection were supported by an advocate to address this issue with the provider.

While no formal complaints had been received at the time of inspection, the inspector received verbal assurances from the provider that this issue will be addressed in line with the complaints process. The levels of complaints was low and a suggestion box was available at the entrance. There were no open complaints at the time of inspection.

Registration Regulation 4: Application for registration or renewal of registration

A complete application to renew the registration of this centre had been submitted by the registered provider within the required time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre was managed by a suitably qualified and experienced person with the authority, accountability and responsibility for the provision of the service.

Judgment: Compliant

Regulation 15: Staffing

Adequate staff numbers with the appropriate skill-mix to meet residents' needs were in place in the designated centre. There was at least one staff nurse on duty for each shift.

A sample of staff files were examined and were found to contain the information required by Schedule 2 of the regulations, including proof of professional registration and An Garda Síochana vetting.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were familiar with residents' needs and had appropriate qualifications for their role. In discussion with inspectors staff demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents. Mandatory training was up to date and some staff had attended

various other courses such as dementia care, hand hygiene, infection control, use of restraints and responsive behaviour.

There were appropriate staff supervision arrangements in place, and records showed that regular performance appraisals were carried out. There were robust disciplinary procedures in place and which were implemented in accordance with local policy.

Most registered nurses had their registration with the Nursing and Midwifery Board of Ireland (NMBI) up to date. Assurances were provided and there were clear processes in place to ensure that all nurses would have their professional registration up to date within the next ten days.

Judgment: Compliant

Regulation 22: Insurance

The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.

Judgment: Compliant

Regulation 23: Governance and management

There was a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The quality of care and experience of residents was monitored and developed on an ongoing basis. The inspector found that there were adequate resources allocated to the delivery of service in terms of equipment, facilities and catering arrangements.

Effective audit and management and review systems were in place to promote the delivery of safe, quality care services with robust layers of oversight. Risk management and assurance frameworks were in place.

The annual review for 2018 was reviewed and included consultation with residents and relatives as per regulatory requirements. The provider had collected and collated all the data and was in the process of completing the annual review for 2019.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts for residency in the centre was examined. The inspector was satisfied that there was an agreed written contract signed by each resident or their representative which included details of the services to be provided and the fees to be charged.

However, the contracts of care required further development to ensure that each clearly specified the number of occupants in the room and that they were signed on admission to the centre. While a clear rationale, which supported the person-centred ethos of the centre, was provided for the delay in signing of the contracts of care, this practice required review as it was not in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose available in the centre, which had been reviewed in the previous year.

The statement of purpose outlined the ethos and aims of the centre, the facilities and services, provided details about the management and staffing and described how residents' well being and safety was being maintained.

Judgment: Compliant

Regulation 30: Volunteers

There were a number of volunteers operating in the centre. Their roles and responsibilities had been clearly set out in writing. All volunteers had been subject to An Garda Síochána vetting prior to commencing and were appropriately supervised while undertaking their role in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the

attention of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available. They were centre-specific and all had been reviewed in the past two years.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided to the residents was of a high standard. The inspectors saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. As a result residents enjoyed a good quality of life and were well looked after.

The use of restrictive practices was closely monitored and the centre was working towards a restraint-free environment in line with national policy. A wide range of alternatives were available and trialled to ensure the least restrictive option was in place. Where bed rails were used as enablers, the decisions were based on robust risk assessments with multidisciplinary involvement.

Residents confirmed that they had been consulted with in a range of matters, for example the daily routines and the day-to-day running of the centre. Visitors were welcomed and encouraged to participate in residents' ongoing lives.

All areas in the premises met the residents' assessed needs and promoted their privacy dignity and autonomy. Additional signage and signposting was completed since the previous inspection along with attractive decorating features scattered throughout the centre. The centre was homely, clean and well-maintained. A large selection of comfortable and appropriately decorated communal spaces were available for the residents. Residents were facilitated to personalise their bedrooms.

Overall, residents had adequate space to store their clothing and personal possessions in their bedrooms, however in some of the multi-occupancy rooms the storage areas were not as generous.

Residents who spoke with the inspectors all confirmed that their experience of living in the centre was positive and that their well being was supported by staff in their

daily interactions. Staff were observed engaging with the residents in a kind and supportive manner and sought consent from the resident before commencing any care procedures.

There were measures in place to safeguard residents from abuse. A policy was available and procedures were in place to inform management of any suspicions, allegations or incidents of abuse. Residents told the inspector that they felt safe in the centre and that their calls were answered promptly.

Suitable fire systems and fire safety equipment were provided throughout the centre and the documentation reviewed showed that services were completed at appropriate intervals.

The director of nursing and the person in charge carried out regular safety walkabouts and on the day of inspection the inspector found that the centre was free from hazards. Cleaning activities were carried out to a high standard. Linen and laundry were appropriately segregated in line with infection control guidelines and staff displayed good knowledge of infection prevention control measures.

The centre had effective arrangements in place to manage individual as well as operational risk. There was evidence that operational risks were appropriately managed, escalated and responded to promptly.

The centre had an up to date safety statement and service records showed that equipment was well-maintained.

Regulation 12: Personal possessions

The residents' personal property was indexed on admission to the centre and maintained on an electronic record, which was subject to regular updates. A local policy in respect of the management of residents' personal property was available and was fully implemented in the centre.

Each resident had a lockable drawer in their bedrooms for the secure storage of their belongings. Residents' personal items of clothing were labelled and there were no complaints in relation to items going missing.

Judgment: Compliant

Regulation 17: Premises

Overall the design and layout of the premises was suitable for its stated purpose. The building and grounds were accessible and well-maintained with suitable heating, lighting and ventilation. The centre was homely with sufficient furnishings,

fixtures and fittings. A spacious and welcoming foyer was located at the entrance to the centre, which was tastefully decorated and included comfortable sofas and a fireplace to create an inviting feel. A small shop was also located in the foyer, which was run by the residents themselves.

The centre was organised in two wings, called the Blackwater and the Boyne wing, each containing at least one dining room and a sitting room. Several other communal living spaces were available to residents in the main hub of the centre, in addition to a library, a prayer room, shop, a beauty salon and a quiet area that could be accessed at all times. A large family room was also available which included a sofa, table and chairs, small kitchenette, and an en-suite toilet facility.

Residents were supported to decorate their rooms with personal items and those who spoke with the inspector reported satisfaction with their living arrangements.

Bedrooms were found to be of adequate size and were furnished to a modern standard. Each bedroom was equipped with television set, private telephone, a functional call bell system, ceiling tracking hoist and profiling beds. All bedrooms had full en-suite facilities, with the exception of the three-bedded room, which had a wash hand basin and en-suite toilet facility. However, a fully assisted bathroom was available to these residents and this was located close to their bedroom.

Efforts to support residents with dementia were evident. The bathrooms in the centre included grab rails and toilet seats in contrasting colour. Signage throughout the centre was clear and provided appropriate cues to enable residents with sensory and cognitive impairments to find their way throughout the centre.

Residents from each wing had access to an internal courtyard, which could be accessed from various points throughout the building. In addition, at the back of the centre there was a large well-manicured enclosed garden available and fully equipped with garden fixtures and furniture, a chicken pen and a reminiscence cottage.

There was suitable equipment to assist the residents and adequate storage facilities with a number of designated storage areas available throughout the centre. Corridors were wide and bright and fully fitted with handrails to support residents' safe movement throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

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

In the event of transferring on an emergency basis, each resident had a hospital

passport completed to ensure important information about residents' needs was communicated to other professionals.

Judgment: Compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures related to health and safety. A risk management policy was available and a risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated periodically as required. Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes and policy. Records were reviewed which showed that all equipment was regularly serviced.

The centre was kept in good state of repair and the maintenance log kept showed that all identified issues were promptly addressed.

Judgment: Compliant

Regulation 27: Infection control

Satisfactory arrangements consistent with the national guidelines and standards for the prevention and control of health care associated infections were in place. Overall, infection control practices were safe. The centre was very clean throughout.

Staff had access to personal protective equipment and there were sufficient hand washing facilities and wall mounted hand sanitizers along the corridors. Staff were seen using these facilities at appropriate times.

There was a comprehensive policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire precautions, emergency equipment and adequate means for escape were provided. The fire exits were unobstructed and the procedures and direction for the safe evacuation of residents and staff in the event of fire were prominently

displayed.

The registered provider had arrangements in place to contain the spread of fire. The building was divided into compartments. Each room, including residents' bedrooms, was fitted with a self-closing device. Each resident had a personal emergency evacuation plan in place and evacuation equipment was available corresponding to the identified needs.

All staff received annual training in fire safety. Staff who spoke with the inspector were very clear about the actions they would take in the event of a fire. The registered provider ensured that fire drills took place on a regular basis. The records confirmed that simulated night-time and daytime fire drills were carried out on a regular basis, and included comprehensive information to support learning.

Records were maintained of weekly and daily fire safety checks. The registered provider had arrangements in place for the maintenance of the centre's fire alarm and detection system, which had been serviced quarterly and was subject to weekly testing. Arrangements were also in place for the quarterly servicing of emergency lights throughout the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The supports and supervision in place provided a positive environment in which the behaviours of residents were managed in a person-centred manner. This was also reflected in the individualised care plans for responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were knowledgeable of residents' individual needs and could describe various diversion and de-escalation strategies to positively support residents' behaviours.

The person in charge could evidence that any restraint used in the centre was only used as a last resort and in line with the national policy. There were clear efforts to move towards a restraint-free environment with the number of bed rails in use decreasing and alternatives trialled and documented before their use.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from abuse. All staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were clear and confident about the

reporting process.

The provider acted as a pension agent for a number of residents in the centre and maintained transparent records of all residents' financial transactions.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beaufort House OSV-0000709

Inspection ID: MON-0022845

Date of inspection: 21/01/2020

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Registered Provider acknowledges the findings. The current contract of care has been reviewed and amended to include terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in the centre. The contract will be discussed and agreed with the resident and/or their Next of Kin on admission to the Centre.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	07/02/2020