

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                   | Beaufort House   |
| <b>Centre ID:</b>                                     | ORG-0000709  |
| <b>Centre address:</b>                                | HSE Navan Community Health Unit,<br>Athboy Road,<br>Navan,<br>Meath. |
| <b>Telephone number:</b>                              | 046 909 9101   |
| <b>Email address:</b>                                 | michelle.gilsenan@hse.ie   |
| <b>Type of centre:</b>                                | The Health Service Executive   |
| <b>Registered provider:</b>                           | Health Service Executive   |
| <b>Provider Nominee:</b>                              | Mary O'Hare  |
| <b>Person in charge:</b>                              | Frances Flynn  |
| <b>Lead inspector:</b>                                | Sonia McCague  |
| <b>Type of inspection</b>                             | Announced  |
| <b>Number of residents on the date of inspection:</b> | 44   |
| <b>Number of vacancies on the date of inspection:</b> | 0  |

## **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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 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:                 |
| 08 April 2014 09:30 | 08 April 2014 17:30 |
| 09 April 2014 09:30 | 09 April 2014 14:30 |

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

|   |
|---|
| Outcome 01: Statement of Purpose  |
| Outcome 02: Contract for the Provision of Services                      |
| Outcome 03: Suitable Person in Charge                                   |
| Outcome 04: Records and documentation to be kept at a designated centre |
| Outcome 05: Absence of the person in charge                             |
| Outcome 06: Safeguarding and Safety                                     |
| Outcome 07: Health and Safety and Risk Management                       |
| Outcome 08: Medication Management                                       |
| Outcome 09: Notification of Incidents                                   |
| Outcome 10: Reviewing and improving the quality and safety of care      |
| Outcome 11: Health and Social Care Needs                                |
| Outcome 12: Safe and Suitable Premises                                  |
| Outcome 13: Complaints procedures                                       |
| Outcome 14: End of Life Care  |
| Outcome 15: Food and Nutrition  |
| Outcome 16: Residents Rights, Dignity and Consultation                  |
| Outcome 17: Residents clothing and personal property and possessions    |
| Outcome 18: Suitable Staffing   |

**Summary of findings from this inspection**

The purpose of this inspection was to inform a decision regarding the renewal of a registration.

Notifications of significant incidents and information received by the Authority since the last inspection were monitored since the last inspection had been monitored and were followed up on this inspection. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives/visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

There were 44 residents in the centre which is the maximum capacity for the centre. The person replacing the authorised person on behalf of the provider, person in charge and staff team were available in the centre to facilitate the inspection process.

The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and examined.

The inspector was satisfied that good systems and measures were in place to manage and govern this centre. The provider nominee and person in charge are also responsible for governance, operational management and administration of St. Joseph's Hospital, Trim, Co.Meath.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and further training was to be carried out on a planned basis by the person in charge, management group and staff team.

The environment was modern, tastefully decorated, clean, warm and well maintained, and the atmosphere was calm while residents were supervised and supported by the staff team. Staff including housekeeping and activity personnel were knowledgeable regarding residents and all residents were complimentary of staff and satisfied with the care services provided.

Overall, substantial compliance was found in 16 outcomes; however, improvements were required in two outcomes as follows:

- Maintenance of records
- Staff files, garda clearance and agreements for volunteer within the service.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response. The recently appointed provider nominee, person in charge and deputy attended feedback at the end of this inspection.

Questionnaires returned to the Authority prior to inspection were complimentary of the staff, care and services provided. Additional comments noted within questionnaires were relayed to the management team during this inspection for consideration.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

It was reviewed and changes in relation to management of and in the designated centre were communicated to the Authority and updated in the statement of purpose.

**Judgement:**

Compliant

***Outcome 02: Contract for the Provision of Services***

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

An agreed written contract which included details of the services to be provided for that resident and the fees to be charged was available, and signed by the resident/representative and person in charge as the nominated person for the provider.

**Judgement:**  
Compliant

***Outcome 03: Suitable Person in Charge***

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

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge has responsibility for two centres and her deputy assumes responsibility of the designated centre in her absence.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving outcomes for the resident group.

Residents were familiar with the person in charge and were complimentary of her and the staff team.

**Judgement:**  
Compliant

***Outcome 04: Records and documentation to be kept at a designated centre***

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**  
Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available, easily retrievable and kept in a secure place. Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and clinical documents along with records related to all residents were available for inspection.

Overall, records were found to be comprehensive, accurate and securely maintained, and improvements required in relation templates used and policy documents were addressed during the inspection. However, files of rostered staff were incomplete and did not include a record of an agreed contract of employment that detailed date of employment, the position they hold, the work they are to perform and number of hours employed each week (Schedule 4). The person in charge and deputy acknowledged this and described action to be taken to address same.

The designated centre had stated in the application to renew registration that all written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed/available. The inspector reviewed these policies which included a health and safety statement, risk management policies, management of complaints, the prevention, detection and response to abuse, end of life and monitoring nutrition and found that they guided and demonstrated practice within this centre.

A current and written declaration of insurance cover was available in accordance with regulatory requirements.

Clinical records were up to date, complete and well maintained in accordance with professional standards.

Residents had access to their records on review and on request, and were satisfied with the arrangements in place. Records related to residents' property was maintained detailing transactions undertaken.

**Judgement:**

Non Compliant - Moderate

***Outcome 05: Absence of the person in charge***

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

**Judgement:**

Compliant

***Outcome 06: 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.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Systems and measures were in place to safeguard residents.

Policies on prevention, detection and response to abuse, and protection of vulnerable adults and older persons were available. A training programme was described by staff that were knowledgeable regarding what constitutes abuse and how to respond to suspicions or an allegation of abuse.

Measures to protect residents being harmed or suffering abuse were demonstrated and appropriate action was described as a response to potential incidents that may jeopardise the care and welfare of residents.

Operational procedures, systems and measures were in place to safeguard residents' finances.

**Judgement:**

Compliant

**Outcome 07: 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:**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures relating to health and safety, and risk management were available in the centre. The health and safety statement was up-to-date identifying safety representatives working within the centre and the quality and risk manager for the area.

A risk management policy was available and implemented which covered the identification, assessment and management of risks.

A risk register was maintained and available. Identified risks related to the centre, recent events and incidents had been assessed, controlled and evaluated within the record.

Reasonable measures were in place to prevent accidents. Staff were trained in manual handling and demonstrated safe handling techniques when assisting and supporting residents. Arrangements were in place for investigating and learning from events and incidents. Audits of restraint use, accidents and incidents were maintained by the person in charge and deputy which informed a review of care interventions and control measures in place. The inspector was satisfied with the practices observed and interventions in place and provided that mitigated risks to resident's safety and welfare while promoting independence.

Infection control training and procedures were in place supported by a comprehensive policy and specialist personnel. Infection control practices in relation to hand hygiene were good. Hand washing basins and hand sanitising dispensing devices were available throughout the building. Staff were observed to be vigilant with hand hygiene.

A fire register was maintained and precautions against the risk of fire were in place. A declaration of fire safety compliance was completed and submitted with the application to renew the registration of this centre. Service records confirmed that the fire alarm and fire safety equipment including emergency lighting were serviced recently. Staff had received training in fire safety which was organised on a regular basis.

**Judgement:**

Compliant

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Residents were protected by safe medication management policies and practices.

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

Nursing staff demonstrated good medication administration and management practices in ordering, supply and dispensing methods that were supported by audited systems by a pharmacist, doctor and nurse on a regular basis. There were appropriate procedures observed for administration of medication, and safe procedures in place for handling and disposal of unused and out of date medicines.

A system was in place for reviewing and monitoring safe medication management practices. The nurse in charge, pharmacist and doctor conducted regular reviews of medication prescriptions and administration charts. Records of reviews undertaken were maintained and available to demonstrate this.

Recommendations following audits of medication were implemented to improve the overall management of medications prescribed, administered and used by residents.

**Judgement:**

Compliant

**Outcome 09: 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:**

No actions were required from the previous inspection.

**Findings:**

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

**Judgement:**

Compliant

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Systems were in place to review and monitor the quality and safety of care and the quality of life of residents.

Improvements were brought about as a result of the learning from complaints or issues raised in forums, clinical and operational audits undertaken and monitoring reviews conducted within the overall service.

There was evidence of consultation with residents and their relatives/representatives in relation to the quality and safety of services. An advocacy service via age action was well established to facilitate residents on a weekly basis and inform quality reviews.

**Judgement:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:**

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

**Findings:**

Residents' health care needs were met through timely access to medical officers/doctors services and appropriate treatment and therapies. Arrangements were in place to ensure residents had appropriate access to medical and allied healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements, service provision available to them and arrangements in place.

Residents had good access to allied health care services. The care and services delivered encouraged health promotion, independence and early detection of ill health facilitating residents to make healthy living choices.

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 obtained and maintained and shared as appropriate between providers and services.

Clinical assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs, ability and choices. The model of care promoted a holistic approach to well being.

Each resident had care plans in place and reviews were on an ongoing basis at a minimum of every three months. Care plans were personalised and updated following assessment and changes. Assessment tools used provided information to determine interventions and aid evaluation, and any changes in circumstances or observations following incidents initiated an update or renewed care plan to reflect current interventions and explicit practices applied.

Consultation with residents and representatives was evident and residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity, household, catering and care staff interacted well with residents while facilitating engagement in meaningful activities and day to day business which residents were complimentary of.

**Judgement:**

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premises and grounds were well maintained, tastefully decorated and clean, with suitable support equipment, heating and ventilation. A maintenance system was in place and maintenance support staff were available onsite.

Residents bedrooms were spacious and personalised, and could accommodate furniture and equipment to support their needs/choices. The layout of the centres' communal rooms and furniture met the needs of the residents within. Bedroom accommodation comprised of 35 single ensuite bedrooms, three twin bedrooms and one three bedded room for assessment and/or high to maximum dependency use. The inspector was informed that the purpose of the three bedded room was under review and to be finalised by 2015. All bedrooms had suitable and sufficient availability to sanitary, toilet and bath/shower facilities.

Dining room facilities were bright, appropriately decorated and located in a number of areas. The larger dining room adjoined the main kitchen and smaller dining rooms were located near or adjoining a kitchenette. Appropriate armchairs and adjustable height tables were available in dining rooms to facilitate all residents including those using modified and motorised chairs.

Residents had access to a number of safe and enclosed outdoor courtyards that had appropriate pathways, features and items of sensory interest including herbs gardens, various plants, artefacts' and flower beds.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as overhead tracking hoists, modified and motorised chairs, call bells, seating/personal alarms and hand rails were in place to support and promote the full capabilities of residents and support their needs. Staff were trained to use equipment and equipment was observed to be stored safely and securely and maintained in good working order. Equipment service contracts were maintained.

**Judgement:**

Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. A record of all complaints, enquiries/investigations, responses and outcomes was maintained.

The inspector was informed by the person in charge that the complaints or issues of dissatisfaction of each resident, his/her family, advocate or representative, and/or visitors are listened to and acted upon. Records available demonstrated this and that all issues reported were addressed at stage one, local resolution. The person in charge was the nominated complaints officer and an appeals procedure was in place. The complaints procedure was displayed in a prominent place.

Residents and relatives who responded in questionnaires were aware of how to make a complaint and residents spoken with were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

**Judgement:**

Compliant

**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:**

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

**Findings:**

This outcome was recently inspected 27 November 2013 and improvements such as records of advanced planning for end of life care following assessment, were implemented and maintained as indicated within the provider and person in charges'

response. This report is available at [www.hiqa.ie](http://www.hiqa.ie)

At the time of this inspection the inspector was informed that there were no residents receiving end of life care. A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and inspectors found evidence that residents and relatives' wishes were discussed, recorded and reviewed accordingly regarding preferred religious, spiritual and cultural practices. Preferences regarding end of life wishes were recorded and engagement with residents and their family members, medical and palliative care providers was evident in the sample of care records reviewed.

The person in charge informed inspectors that residents and their family were supported with overnight facilities and refreshments provided as required. An audit of end of life care and associated records had been completed. The findings were collated and had been discussed between the staff and management team to inform learning and training. Recommendations for improvement such as in relation to recording practices after death were to be implemented in practice. The development of a spacious room specifically for end of life with facilities to include a kitchenette, ensuite, spacious bed area and comfortable seating was in the process of development and to be completed in May 2014. Staff training in relation to end of life care had been completed and was ongoing for all staff.

Specific written information on services and supports available to relatives was available within the existing family room and noticeably displayed. Procedures include a bereavement pack given to the relatives when end of life is imminent and/or on the death of a resident.

**Judgement:**

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:**

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

**Findings:**

This outcome was recently inspected 27 November 2013 and the actions required were implemented. Training in food hygiene & safety, relevant to role of catering staff was provided to staff. Residents' individual choices, likes/dislikes were known by staff, recorded appropriately and communicated to the catering department staff on a daily

basis.

The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes 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 complimentary of meals, snacks and drinks provided and expressed satisfaction with facilities, variety and choices available.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices in place to monitor residents that included regular weight monitoring and food/fluid intake recording. Timely access to dietician and speech and language therapists was available based on assessment of need. Access to occupational therapy was available for support equipment and dental services were available as needed upon referral.

**Judgement:**

Compliant

***Outcome 16: Residents Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Adequate arrangements were in place for consultation with residents on the running of the service. Staff and residents informed the inspector of the residents' forum and of a befriending service that facilitated residents meetings on a regular basis which included the involvement of relatives, advocates, staff and representatives. Minutes of meetings were available to demonstrate this.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies and visits formed an important part of residents' lives.

The inspector found that residents' rights and privacy was respected. Staff were

observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents within the shared bedrooms.

Residents had a television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication by way of information leaflets, internet access and skype, forums and notice boards with information regarding forthcoming events and local news items were provided and available.

Staff described how they promoted links with the local community through outings, family involvement and integration with community groups coming to the centre and/or residents attending entertainment venues and social occasions locally.

**Judgement:**

Compliant

***Outcome 17: Residents clothing and personal property and possessions***

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A policy was in place and procedure described on management of residents' personal property and possessions. Personal property was safeguarded through systems including record keeping, identification and sorting arrangements.

Residents and representatives were satisfied with the space provided for personal possessions and storage of their own clothes. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes are returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

**Judgement:**

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.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in a meaningful and engaging manner. Residents reported and told the inspector they felt supported by staff that were available to them as required.

Good management and governance arrangements were evident and systems were in place to promote and deliver safe and sufficient care for the resident group. The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs.

A staff training programme was maintained and ongoing for 2014. Mandatory training, facilitation and education relevant to the resident group had been provided which included fire safety, manual handling, adult protection, continence promotion, cardio pulmonary resuscitation, medication management, safe swallowing, nutritional screening and monitoring, end of life, pain management, food and hand hygiene, and infection control. In discussions with staff and following a review of records the inspector was satisfied that staff had received adequate training relevant to their role and were knowledgeable in relation to safety procedures required of them.

Recruitment procedures were in place and a sample of staff files were reviewed by the inspector. Evidence of professional registration for all rostered nurses was available and current. A sample of staff files were examined against the requirements of schedule 2 records. While staff files were maintained, a number of requirements were not available as follows:

- Proof of the person's identity
- A full employment history, together with a history of gaps in employment
- Three written references, including a reference from the most recent employer
- Evidence that the staff member was physically and mentally fit for the purposes of the work which they are to perform at the centre.

A number of volunteers had active roles in the centre, however, garda vetting had not been completed, and the nature and extent of their roles and responsibilities had not

been detailed and agreed in writing as required.

**Judgement:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**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 report<sup>1</sup>

|                            |                |
|----------------------------|----------------|
| <b>Centre name:</b>        | Beaufort House |
| <b>Centre ID:</b>          | ORG-0000709    |
| <b>Date of inspection:</b> | 08/04/2014     |
| <b>Date of response:</b>   | 09/05/2014     |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 04: Records and documentation to be kept at a designated centre

#### Theme:

Leadership, Governance and Management

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

Files of rostered staff did not have a record of an agreed contract of employment that detailed date of employment, the position they hold, the work they are to perform and number of hours employed each week (Schedule 4).

#### Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

The Provider and person in charge acknowledge the findings of the Inspector and will review all records in the centre to ensure that the centre complies fully with Schedules 3 & 4 in relation to the maintenance and storage of all records.

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

**Proposed Timescale:** 31/07/2014

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Staff files were incomplete and did not have the following:

- Proof of the person's identity
- A full employment history, together with a history of gaps in employment
- Three written references, including a reference for the most recent employer
- Evidence that the staff member was physically and mentally fit for the purposes of the work which they are to perform at the centre.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

The Provider and person in charge acknowledge the findings of the Inspector and will conduct a full review of all employees' records to ensure that the centre complies fully with Schedule 2 in terms of all employee's staff records.

**Proposed Timescale:** 31/07/2014

**Theme:**

Workforce

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

A number of volunteers had active roles in the centre, however, the nature and extent of their roles and responsibilities had not been detailed and agreed in writing as required.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

The Person in Charge acknowledges the findings of the inspector and an appropriate volunteer agreement form has been devised to ensure that each volunteer is aware of their roles and responsibilities which is detailed in writing and agreed between the designated centre and the individual. (copy of volunteer agreement form enclosed)

**Proposed Timescale:** 11/06/2014

**Theme:**

Workforce

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

A number of volunteers had active roles in the centre, however, garda vetting had not been completed, and the nature and extent of their roles and responsibilities had not been detailed and agreed in writing.

**Action Required:**

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

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

The Person in Charge acknowledges the findings of the inspector and will ensure that volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

**Proposed Timescale:** 31/08/2014