

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Beaumont Residential Care
Centre ID:	0198
Centre address:	Woodvale Road
	Beaumont
	Cork
Telephone number:	021-4292195
Fax number:	021-4292727
Email address:	admin@brccork.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Beaumont Residential Care
Person in charge:	Bronagh Craig
Date of inspection:	11 August 2010 and 12 August 2010
Time inspection took place:	Day-1 Start: 09:00hrs Completion: 17:15hrs Day-2 Start: 09:00hrs Completion: 16:40hrs
Lead inspector:	Allison Cummings
Support inspector:	Cathleen Callanan
	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that, the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Beaumont Residential Care provides care to older people over 65 years, including older people with dementia, in a 41 bed facility. At the time of the inspection, there were 41 residents accommodated, 10 of whom had been diagnosed with dementia.

There is an expansion/refurbishment programme in progress which is due for completion in October 2010. The original building will undergo a full refurbishment once the extension has been completed. This will increase its capacity to provide care for 73 residents. As part of this programme, the provider aims to be able to deliver specialist convalescent, respite and palliative care to people aged 18 and over in a dedicated unit.

In addition to an increased number of single bedrooms, all of which will contain an en suite shower, wash-hand basin and toilet, the finished programme will result in four dedicated assisted bathrooms, a larger kitchen and laundry, dedicated staff facilities, secured gardens with outdoor seating, and state of the art technology which will better support people with hearing and sight difficulties.

Although construction work was well under way at the time of the inspection, there was ample on site parking.

Location

Beaumont Residential Care is located on Woodvale road in a residential area off Skehard road in Blackrock, Cork city.

Date centre was first established:	1989
Number of residents on the date of inspection	41
Number of vacancies on the date of inspection	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	13	8	9	11

Management structure

The director responsible for Beaumont Residential Care is Kieran O'Brien. He is also the chairperson of the company. His wife, Fiona O'Brien, is the company secretary. Bronagh Craig is the Person in Charge and she reports directly to the Provider. Other

key senior management include Clinical Nurse Manager, Vineetha Varghese. All care staff report to the Person in Charge via nurses and senior nurses. However, for non-nursing matters, care staff report to an administrator who in turn reports to the Provider. All catering, cleaning, maintenance, laundry and administrative staff also report to the administrator.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection (whole time equivalents)	1	2	4.75	2	2	2	1

Summary of findings from this inspection

This was an announced registration inspection and it was carried out over two days. It was the centre's first inspection undertaken by the Health Information and Quality Authority. As part of the registration process, the registered provider had to satisfy the Chief Inspector of the Social Services Inspectorate that he was fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors met with residents, staff and relatives. They reviewed documents including staff rosters, policies, safety statement and resident care plans. They spent time sitting with residents and observing practice to gain a greater insight into residents' experience of the service.

Separate interviews were carried out with the provider and the person in charge. The provider and person in charge were very clear on their respective roles and levels of responsibility and were committed to the welfare and well being of the residents. The "fit person" self assessment had been completed by both the person in charge and the provider separately and then compiled into one final document. This document was reviewed by the inspectors, along with all the information in the registration application form and associated documents.

Overall, inspectors concluded that this centre provided high quality care to its residents. The management and staff were committed to the residents and there were good working relationships between staff and management.

Many factors contributed to the residents' quality of life. Relatives and friends visited the centre regularly and there was a sense of warmth and familiarity between staff, residents and relatives. The centre had a homely atmosphere where residents were encouraged to be independent and were very involved with the local community. Residents' health needs were overall well monitored and met.

There were only three improvements required. These related to policies and procedures, a quality system and the Resident's Guide. These issues are addressed in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors received written feedback from five residents and one relative prior to the inspection. Inspectors also met with residents and relatives during the inspection to discuss their experiences. The responses provided valuable information on their experiences in the centre. The information received from residents and relatives was very positive about all aspects of care.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Inspectors reviewed documentation, made observations and interviewed residents, staff and the management team. Together, this informed inspectors that the centre was effectively governed. These are outlined below.

There was a clear management structure in place and staff were aware of individual roles and responsibilities. The person in charge was suitably qualified and experienced and provided effective leadership to staff. Her involvement in essence of care program, mentoring carers studying to achieve Further Education and Training Awards Council (FETAC) Level 5 qualifications and the implementation of a lead nurse or carer role in different aspects of care, for example diabetes, wound management and infection control, were all examples of empowering staff and driving continuous service improvement.

There were sufficient staff to meet the individual needs of residents and the provider and the person in charge had collaboratively planned projected staffing levels for the service expansion with the input of external expertise.

The statement of purpose accurately reflected the profile of residents and the services provided to them. It comprehensively outlined a set of objectives and how the provider intended to meet them.

There was adequate insurance to cover residents' personal possessions as well as tight financial controls in place to safeguard residents' finances.

There were appropriate arrangements in place for reporting, recording, investigating and responding to incidents. An audit of resident falls from January 2010 to July 2010 provided learning for all staff and precipitated changes included postponing the evening meal so that residents would not wake in the night feeling hungry, which in turn increased risks of falling, and increasing staffing levels by an extra carer post. The person in charge also considered the link between night time medication wearing off and falls at night, which she concluded needed further analysis. She

identified that the high number of falls for one resident related to her medical condition, and by identifying this was able to more closely monitor this particular resident, which proved to significantly reduce the number of falls thereafter.

There was an emergency plan which accounted for internal and external emergencies. The local council provided written confirmation that if the building extension is built in accordance with plans then it will comply with fire regulations. There was an effective complaints procedure in operation. As a result of one complaint, the procedures for managing residents' finances had been revised and a letter had been sent to all staff, residents and their families encouraging them to lodge money in the safe to prevent loss.

The provider, person in charge and other staff members demonstrated knowledge of their legal responsibilities. Minutes of staff meetings also reflected regular discussions regarding the legal requirements and ways in which staff planned to implement them. A carer also confirmed that they were learnt through reading the policies and procedures which had been referenced to the Authority's standards where necessary.

Some improvements required

The policy for safeguarding residents' finances was not adhered to in that transactions were not signed by the resident where possible. The administrator explained that the current process included the witness of the removal/addition of money to the safe with the signature of a nurse and a member of the administration team. She made a commitment to following the procedure to include resident involvement wherever possible.

Although a range of audits had been carried out in 2010, the provider had not established a formal quality system for reviewing the quality and safety of care provided to residents.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors reviewed documentation, made observations and interviewed residents, staff and the management team. Together, this informed inspectors that the centre provided a high quality of service to its residents. These are outlined below.

Residents were enabled to play an active part in the centre through a monthly committee facilitated by a private company. Service improvements have so far included placing jugs on the table so that residents can pour their own water, introducing pasta into the menu, purchase of a toasted sandwich maker, changes to staff tea breaks for more resident support during tea time. Committee meetings have also driven the social agenda for residents such as the weekly film and wine evening. Residents also said that they had been consulted and kept up-to-date throughout the building works.

Residents' rights were respected and this was illustrated through lifestyle and daily routine choices, the promotion of residents' independence and arrangements for residents to partake in religious ceremonies. A privacy and dignity committee made up of residents, relatives and staff proved beneficial, resulting in a number of service improvements. For instance:

- the orientation programme was revised to allow extra time to familiarise new residents to their environment
- posters reminding staff to maintain residents' dignity and privacy were erected in discreet places
- an audit of the dining room experience highlighted shortcomings such as taking residents' plates away before they had fully completed their meal. This was remedied immediately.

There were adequate arrangements in place to prevent, detect and respond to any allegation of abuse. Inspectors also found that the centre provided care in a restraint free environment. A small number of residents requested the use of a bedrail at night and their consent for this was documented in their care plans. The only other occasion on which restraint was used was for the safety of a resident due to an existing medical condition. Alternatives identified and implemented included a mattress on the floor in the event of falling out of bed.

Continuity of care was promoted through the staff roster system and low turnover of staff. Nurses were allocated to a section of the centre for three months at a time whereas carers preferred to work for three weeks in a section. Furthermore, a group of care staff has recently been formed to provide additional social care support to residents such as going to the cinema. It is planned that the group will become larger and made up of volunteers to take residents for walks in the park and other activities outside of the centre which residents may enjoy.

There was a large range of activities available to residents including fortnightly yoga and weekly art classes, quizzes, film night, cards, board games and bingo. Furthermore, themed events take place regularly such as a fashion show and summer ball. One relative said that she was delighted that staff had the time to read to her mother.

Minor issues to be addressed

Care plans did not reflect the investment made by staff to meet residents' individual social care needs. For example, a care plan reviewed for one resident with progressive dementia showed that whilst her medical and nursing needs were well documented, there was limited information about the interventions used to address her social and communication needs. Staff were able to convey the interventions used. However, they had not been recorded.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person-centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors reviewed documentation, made observations and interviewed residents, staff and the management team. Together, this informed inspectors that residents' healthcare needs were met. These are outlined below.

Health promotion interventions included a weekly exercise class, a programme and activities aimed at mental stimulation and staff encouraging residents to carry out their activities of daily living independently wherever possible. In addition to the weekly exercise class, the exercise instructor has been allocated extra time to spend with individual residents who could not make it to the class. Feedback on individual performance was seen documented in the respective care plans.

Nursing staff undertook detailed assessments of residents on admission and at regular intervals thereafter. The care plans included information from all members of the multi-disciplinary team including peripatetic services, GPs and other specialist consultants. They also included communication sheets for nursing staff, records of outpatient appointments, three-monthly medication reviews and complaints.

There was a care plan in place for end-of-life care for three palliative residents. Practice was supported by a policy and there was evidence to show that the person in charge had organised for residents to be regularly reviewed by specialist nurses from a nearby hospice. The specialist nurses were so satisfied with the high level of nursing care provided to one resident that they considered it unnecessary to review the resident again unless nursing staff considered it necessary.

Residents' nutritional needs were well met in that each resident is assessed and if staff suspect that a resident is at risk of malnutrition then a four day intake diary is commenced. The person in charge said that they have access to four dieticians. A committee was also formed as part of the essence of care programme and was led by a senior staff nurse. Residents' eating patterns, meal times and identification of staff training needs are all items that have been discussed so far. In one instance, staff initiated two dining sittings in hope that the intake of more dependent residents would improve. It did and then they reverted to one sitting.

Inspectors found that medication management practices were in accordance with best practice and that the person in charge works closely with a local pharmacy.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Inspectors reviewed documentation, made observations and interviewed residents, staff and the management team. Collectively, this information led inspectors to conclude that the physical environment is one that enhances residents' quality of life. These are outlined below.

There has been major capital investment in the building programme. Examples of thoughtful design included a new surround sound speaker system which enables residents to listen or view different television/radio programs, music, films in different communal rooms. The speaker system enables better sound for residents with hearing difficulties. A large projector and screen was fitted in the largest sitting room for film nights and staff training.

The new extension and the refurbishment have been designed in accordance with the *National Quality Standards for Residential Care Settings for Older People in Ireland*. For example, all bedrooms, including those in the new extension, are spacious and have an en suite shower, toilet and wash-hand basin. There was ample space for residents to store their personal possessions. There were four assisted bathrooms; two for highly dependent residents and two for independent residents. The building was also designed to capture natural light. There are secured outdoor areas with modern landscaping and the provider said that there are plans to build raised gardens so that residents will have gardening opportunities.

There was adequate assistive equipment for the number and dependency of residents. A dedicated storage room for the equipment has been factored in to the building programme.

Laundry and cleaning procedures were in line with best practice and on the day of inspection a cleaning training programme was being delivered by a specialist provider.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up-to-date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors reviewed documentation, made observations and interviewed residents, staff and the management team. This informed inspectors that information is relevant, clear and up-to-date for residents. These are outlined below.

All policies and procedures had been established in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The policies were evidence based and referenced accordingly. There were systems in place to disseminate this information, including translated versions for staff whose first language was not English. Health and Safety labels had also been translated into a number of languages for laundry and cleaning staff. Furthermore, the person in charge had organised English classes for staff who would benefit from them, and she said that the improvement in their understanding of the language significantly benefited residents.

Records seen by inspectors were up-to-date and accessible. Records will become electronic with the upcoming introduction of an electronic care planning system to be installed on completion of the building works. The provider said that there will be "touch" screens positioned discreetly throughout the centre so that all staff can access and update the system as they are working.

There was temporary signage in place during the inspection but the provider informed inspectors that plans for signage for people with cognitive impairment were in the process of being designed by their architect. In the meanwhile, residents with dementia relied on staff and the temporary signage for re-orientation. Furthermore, residents had made their own table places and staff wore name badges. Inspectors observed that staff had a high level of knowledge about each resident and spoke calmly and respectfully with them at all times.

There was positive communication between care staff and nurses. They met three times daily to discuss residents' needs. A weekly Monday meeting was held by the person in charge to discuss care and operational issues and nurses met monthly to discuss clinical issues. The expectation of senior staff is that the electronic care planning system will further enhance communication.

Inspectors observed positive relationships between staff and residents' representatives. Based on feedback from representatives inspectors were satisfied that the provider and person in charge were accessible. The person in charge aims to conduct another survey for representatives once the buildings works will have been completed.

Some improvements required

The Residents' Guide did not contain information about the terms and conditions in respect of the accommodation to be provided or a standard form of contract for the provision of services and facilities. This may hinder the information residents and their representatives need to make an informed decision about whether or not to come and live in the centre.

Minor issues to be addressed

The contract of care included information on different payment options, the weekly fee payable and what would be included within that fee. It also stated that other items outside of the weekly fee would be passed on to the resident at cost price but there was no indication of what the costs were. The person in charge said that residents were informed verbally at the time that the service or the item was requested. However, this did not assist residents to make informed decisions at the time of considering to come and live in the centre.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

On review of a sample of personnel files inspectors confirmed that the provider had arranged for all of the necessary information about staff to be obtained in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The files were highly organised and contained checklists at the front of each folder, updating the reviewer on the progress of obtaining the necessary information.

The training and supervision arrangements were appropriate to the needs of the client groups currently living in the centre as well as those groups that the provider had applied for as part of the registration process. For example, the person in charge had nominated particular nursing and care staff to lead on specific topics such as continence, nutrition, diabetes, dementia and wound management. Furthermore, all mandatory training had been provided to staff. Other training opportunities provided to staff included:

- cleaning safety
- dysphagia
- challenging behaviours
- person-centred care for dementia patients
- infection control
- menu design and food cost control
- medication policy.

There were arrangements for attendees to disseminate the learning to other staff. Additionally, there were eight care staff due to complete Further Education and Training Awards Council (FETAC) Level 5 course in September 2010. The person in charge explained that she mentored staff for an hour each week. As a result of ongoing education residents received a high level of evidence based care.

A review of rosters together with observation of care practices confirmed that there were sufficient numbers of staff to meet the needs of residents. For instance, inspectors observed that staff had time to chat with residents, assist them to achieve

a high level of personal grooming, offer drinks, promote continence and assist with exercise throughout the day.

Plans for the development of the building indicate that staff facilities are to be upgraded to include a dedicated staff dining room, changing and storage facilities.

Some improvements required

Although the sample of personnel files contained the necessary information, the policy for recruitment, selection and Garda Síochána vetting of staff had not been updated to reflect the necessary requirements including three written references and formal arrangements for volunteers.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the providers, person in charge and administrator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

Allison Cummings
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 August 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
The centre had not been subject to any previous HIQA inspections.	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report

Centre:	Beaumont Residential Care
Centre ID:	0198
Date of inspection:	11 August 2010 and 12 August 2010
Date of response:	31 August 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

A quality system had not been established to review and improve the quality and safety of care provided to residents, including residents' quality of life.

Action required:

Establish and maintain a system for:

(a) reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals

(b) improving the quality of care provided at, and the quality of life of residents in the designated centre.

Action required:

Make a report in respect of any review and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Action required:	
Provide for consultation with residents and their representatives when establishing and maintaining a quality system.	
Reference:	
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Once our expansion and refurbishment project is complete in late 2010, one of Beaumont Residential Care's stated priorities for 2011 is to undertake a thorough review of all processes and put in place a formal quality assurance and continuous improvement system.</p> <p>As stated during the inspection, we are investing heavily in new IT systems which will be of considerable benefit when a formal quality system is in place.</p> <p>As the inspection report has reflected, Beaumont Residential Care already embraces a continuous improvement culture engaging residents, families and staff through both formal and informal channels.</p> <p>We conduct regular documented audits of all key aspects of running the home, covering nursing and non-nursing matters. The next step is to integrate this into a more formal quality management system.</p>	December 2011

2. The provider has failed to comply with a regulatory requirement in the following respect:
Not all policies were operational or included the necessary information as set out in the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required:
Make certain that the policies and procedures for safeguarding residents' finances are followed.

Action required:	
Amend the policies and procedures for recruitment, selection and vetting so that they include the requirement for obtaining three written references for all current and future staff. It should also outline the formal processes necessary when recruiting volunteers.	
Reference:	
Health Act 2007 Regulation 18: Recruitment Regulation 27: Operating Policies and Procedures Regulation 34: Volunteers Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
While Beaumont Residential Care's policy for safeguarding residents' finances was up-to-date at the time of the inspection, it was not fully operational. This has now been corrected and our property documentation has been amended to accommodate signatures from residents' family/ representatives if required.	Completed
Our policy for employee recruitment and Garda Síochána vetting has also been updated in line with the Health Act 2007 regulations. Beaumont Residential Care's previous policy stated that at least two references were required from new employees and volunteers, though in practice three written references were sought and documented.	Completed

3. The provider has failed to comply with a regulatory requirement in the following respect:
The Residents' Guide did not contain information about the terms and conditions in respect of the accommodation to be provided or a standard form of contract for the provision of services and facilities.
Action required:
Amend the Resident's Guide so that includes: <ul style="list-style-type: none"> ▪ the terms and conditions in respect of accommodation to be provided for residents ▪ a standard form of contract for the provision of services and facilities by the registered provider to residents.

Reference: Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Beaumont Residential Care's standard contract of care is of course provided to all residents on admission and key elements discussed with prospective residents at enquiry stage. Nevertheless, the Residents' Guide is due to be reviewed and updated over the coming months and this will be a useful opportunity to also include the additions requested by the inspectors, which we acknowledge are of benefit.	December 2010

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 11: The Resident's Care Plan	The care plan reflects the assessment findings and sets out in detail the action to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the resident are met.
Standard 7: Contract/ Statement of Terms and Conditions	The contract should include the overall care and services covered by the fee, and additional health, personal and social care services to be paid for over and above those included in the fee.

Any comments the provider may wish to make:

Provider's response:

We are pleased that the inspection report has recognised the high quality care provided by our hardworking and tight-knit team. While we recognise that much remains to be done, it is nevertheless satisfying that the Authority acknowledges the good practice evident in the delivery of care to our residents, and indeed the innovative nature of much of what we do.

Our comprehensive expansion and refurbishment programme will be complete by late October 2010, and 2011 promises to be a very exciting and challenging year for all at Beaumont Residential Care.

We take on board the inspector's recommendations to more fully reflect in residents' care plans the social care aspects of care actually delivered, and to provide more detail on incidental charges a resident might incur following admission (this covers services such as hairdressing, chiropody, daily newspapers etc).

Finally, we would like to thank the inspection team for their professionalism and for the courtesy extended to all Beaumont Residential Care staff during the course of their visit.

Provider's name: Kieran O'Brien

Date: 31 August 2010