

# Beauford House

ID Number: RES0124

## 24-Hour Residence – 2018 Inspection Report

Beauford House  
Main Road  
Tallaght  
Dublin 24

Community Healthcare Organisation:  
CHO 7

Team Responsible:  
Rehabilitation

Total Number of Beds:  
9

Total Number of Residents:  
9

**Inspection Team:**  
Noeleen Byrne, Lead Inspector

**Inspection Date:**  
19 January 2018

**Inspection Type:**  
Unannounced Inspection

**The Inspector of Mental Health Services:**  
Dr Susan Finnerty MCRN009711

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## Contents

Introduction to the Inspection Process.....	5
Service description .....	5
Residence facilities and maintenance.....	5
Resident profile.....	5
Care and treatment.....	6
Physical care.....	6
Therapeutic services and programmes.....	6
Recreational activities.....	7
Medication .....	7
Community engagement .....	7
Autonomy .....	7
Staffing .....	8
Complaints .....	8
Risk management and incidents .....	8
Financial arrangements.....	9
Service user experience .....	9
Areas of good practice .....	9
Areas for improvement.....	9



## Introduction to the Inspection Process

This inspection and report were guided by the themes contained in the Mental Health Commission Quality Framework.

Services will be aware of the Audit Toolkit deriving from the Quality Framework and may wish to consider using this Toolkit in pursuing service improvement within the residence involved.

## Service description

Beauford House was a nine-bed, 24-hour, nurse-staffed residence in an urban setting in Tallaght in south Dublin. The two-storey residence was owned by the HSE and was originally a private family residence. It had been operating as a 24-hour residence since 2001. At the time of inspection, Beauford House was providing rehabilitation and continuing care for nine residents, who were under the care of five sector teams.

## Residence facilities and maintenance

Residents in Beauford House were accommodated in three double and three single bedrooms. There was no privacy screening between the beds in the shared rooms, which was not conducive to resident privacy.

The residence had a large area at the front for parking. The ground floor accommodation included two sitting rooms, a dining room, a kitchen, a staff toilet, a residents' toilet, a shower room, and a small seating area in the hallway. There were also three ground-floor bedrooms, two single and one double. The first-floor accommodation included an upstairs toilet, a bathroom with a bath and shower, and one single and two double bedrooms.

The exterior of the residence was well maintained, front and back. There was an attractive back garden with fruit trees. The smoking area was not well maintained.

## Resident profile

At the time of the inspection, Beauford House was providing accommodation for three male and six female residents. They were aged between 24 and 66, and the duration of their stay ranged from two weeks to many years. Residents with physical ailments or mobility issues were accommodated appropriately on the ground floor.

## Care and treatment

Beauford House had a policy in relation to individual care planning, which was dated 2011 and was in the process of being updated at the time of the inspection. It was noted during inspection that agency nursing staff working in the residence did not have access to policies, which were stored online. Individual care plans (ICPs) were not in place for residents. Each clinical file contained a goal sheet, which did not constitute an ICP. The goal sheets had been drawn up by the key worker in conjunction with the residents. Goal planning considered evidenced based assessments including social function scale, mini mental state examination and risk assessment. These were reviewed with recovery plan every three months. Residents agreed goals with their key workers.

Residents regularly saw their consultant in the out-patient department in St. James's Hospital, and this was documented in their clinical files. At this time, appointments could be arranged with other members of the multi-disciplinary team (MDT), if necessary. Alternatively, nursing staff contacted the consultant to request an appointment if a resident needed to meet a member of the MDT.

There was no evidence that residents received a psychiatric evaluation every six months. The registrar and community health nurse attended the residence every three months to update residents' Medical Prescription and Administration Records and, at that time, noted anything of significance.

No MDT meetings were held in the residence; they took place infrequently, in the out-patient department in St. James's. Residents, family members, and nursing staff could attend if they wished.

## Physical care

Beauford House had a policy in relation to medical review and physical health dated July 2012. It had a medical emergencies policy. All residents had access to a GP, who completed routine physical examinations annually. Residents also had access to appropriate national health screening programmes, and information in relation to these programmes were available in the house.

Residents could be referred to other health care services as required. They attended a dentist of their own choice, and they used physiotherapy, chiropody, and optical services in the community.

## Therapeutic services and programmes

Beauford House had a policy in relation to therapeutic programmes. The occupational therapist visited weekly and assisted residents with activities of daily living. Referrals were made to external therapeutic programmes as required. Residents attended a variety of programmes off-site. Some residents went to Threshold, some attended the Brú Chaoimhín day service, and one was taking art classes in the Rua Red arts centre in Tallaght. One resident went to weekly aqua aerobics classes.

## Recreational activities

Residents in Beauford House had access to a range of recreational activities, including TV, DVDs, and board games. They could also avail of local amenities.

## Medication

Beauford House had a policy in relation to medication management. Medication was prescribed by the residents' GPs, the consultant psychiatrist, or the consultant psychiatrist's registrar, who attended the house regularly with a nurse from the community mental health team to review medication and update Medication Prescription Administration Records (MPARs). The MPARs contained valid prescription and administration details.

At the time of inspection, one resident was self-medicating. Medicines were supplied by local pharmacies and were stored appropriately and legally.

## Community engagement

The location of Beauford House, in the heart of Tallaght village, facilitated community engagement. Residents visited the library, the cinema, and coffee shops and went shopping in the Square. There was a bus stop outside the door of the residence, and residents were encouraged to use the bus service; they also used taxis. The residence did not have its own vehicle, but the clinical nurse manager 2 was insured to transport people to community activities or hospital appointments by car. There was no community in-reach into the residence.

## Autonomy

Residents did not have full and free access to the kitchen, which was kept locked. They had to request the key and could use the kitchen under staff supervision. Residents were free to determine their bedtimes, but no resident had a key to their own bedroom.

Residents helped out with domestic chores such as setting the table and cleaning up. They could come and go as they wished and were free to receive visitors at any time.

## Staffing

Staff Discipline	Day whole-time equivalent (WTE)	Night WTE
Clinical Nurse Manager	0.5	
Registered Psychiatric Nurse	1	1
Health Care Assistant	0	0
Household Staff	1*	

\*Household staff go off duty at 3pm, and the nurse on duty prepares the tea.

### Team input (Sessional)

Discipline	Number of sessions
Occupational Therapist	Weekly
Social Worker	By referral
Clinical Psychologist	0
Community Nurse	3-monthly

Medical Staff	Frequency of attendance at residence
Consultant Psychiatrist	0
Non-Consultant Hospital Doctor	3-monthly

Staff had received training in Basic Life Support and fire safety. They had not been trained in the prevention of violence and aggression.

## Complaints

Beauford House had a complaints policy, and residents were aware of how to make a complaint. Residents brought minor complaints to staff, who addressed them as they arose. Where a complaint required escalation, the clinical nurse manager 2 brought them to the assistant director of nursing (ADON), who was responsible for handling complaints. There was a complaints/comments box located in the hall and suggestions were routinely discussed at monthly community meetings. Minutes of these meetings were held and kept in the office.

## Risk management and incidents

Beauford House had a risk management policy, which was implemented throughout the residence. All residents were risk-assessed, and this was recorded in their clinical files. Incidents were documented and reported using a form that was forwarded to the assistant director of nursing.

The residence appeared to be physically safe. It was fitted with emergency lighting and had a carbon monoxide alarm. There was also a fire blanket and a fire extinguisher, which was serviced regularly and in date. There was a first aid kit on the premises.

## Financial arrangements

Beauford House had a policy in relation to managing residents' finances. The charge for residents was between €115 and €175 per week, which included rent, food, and utilities. Residents had bank or post office accounts. Appropriate procedures were in place in relation to staff handling residents' money, with staff signing for all transactions and keeping records of same.

Residents did not contribute to a kitty or social fund, and residents' finances had not been audited.

## Service user experience

Residents were coming and going to activities in the community during the inspection. Four residents described life in Beauford House. They explained the house was comfortable and the sitting room where they watched television was very comfortable. Residents said the food was nice and some helped with setting the table and cleaning up. Residents were very complimentary of the staff and said they were very helpful.

## Areas of good practice

1. An occupational therapist from the community rehabilitation mental health team attended the residence one day per week.

## Areas for improvement

1. Residents had no individual care plans and there was no multi-disciplinary team meetings to develop same.
2. Operational policies had not been updated and some were last reviewed in 2011.
3. Agency staff had no access to online policies or documentation.
4. Each resident should have their own bedroom. In the meantime, privacy screens should be used where there are shared bedrooms.