

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Bellvilla Community Unit
<b>Centre ID:</b>	OSV-0000438
<b>Centre address:</b>	129 South Circular Road, Dublin 8.
<b>Telephone number:</b>	01 454 8033
<b>Email address:</b>	geraldine.walsh1@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kevin Brady
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Valerie McLoughlin
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	6

## 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 January 2015 09:30	20 January 2015 17:30
21 January 2015 09:30	21 January 2015 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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**

This inspection was for the purpose of informing an application to renew the registration of Bellvilla Community Unit. The provider had applied for registration for 50 places. There were 40 residents in the centre, six residents were booked for admission.

One of the four bedded rooms was currently being used as storage. This report sets out the findings of the inspection.

Overall, inspectors found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland to a high standard.

The provider is aware that the current environment does not meet the requirements of the Regulations and has an extension and redevelopment plan to address this. The provider aims to commence this project before the middle of 2015.

There was a very committed management team in place who worked hard to ensure that there was a strong governance structure in place.

Inspectors found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Residents were consulted about the operation of the centre and there was open communication in the centre. Residents and relatives knew the management on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse and other relevant areas. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. Five actions identified at the thematic inspection in June 2014 were addressed.

Areas for improvement identified included:

Premises issues

Risk management

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

**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 2013 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the statement of purpose had been revised prior to the inspection, it contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were completed on several areas such as care planning, falls, medication management and restraint. There was evidence of improvements being identified following these audits and interventions put in place to address them. For example, the introduction of trays for residents who do not dine in the dining room.

The person in charge had begun to collect data each month on the number of key quality indicators such as the use of falls, use of restraint and the number of in wounds to monitor trends and identify areas for improvement.

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider who is responsible for two other designated centres is available on a daily basis and begun to meet the person in charge each month. He meets all of the person in charge from the three centres on a monthly basis to share learning. He supports the person in charge, appropriate resources were allocated to meet residents' needs.

The person in charge had begun the annual review of services and was collecting the information at the time of the inspection.

There was evidence of consultation with residents and representatives formally and informally and their feedback was used to improve the service.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. 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:**  
Governance, Leadership and Management

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

**Findings:**  
Inspectors read a sample of completed contracts and saw that they did not fully meet the requirements of the Regulations. They included adequate details of the services to be provided and the fees to be charged, but did not include the cost for the additional services not included in the fee.

A resident's guide is available to each resident which describes the services.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by clinical nurse managers and staff nurses.

The person in charge is a trainer in non violent crises prevention. She had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Authority's Standards.

The person in charge has many years of experience working within older person services and she demonstrated strong leadership and good communication with her team. She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. She was an organised manager and all documentation requested by inspectors was readily available. The person in charge had deputising and on call arrangements in place.

Inspectors observed that she were well known to staff, residents and relatives with many referring to her by her first name. She had both maintained her continuous professional development and had recently completed a course in leadership and all other courses mentioned in outcome 18.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Inspectors were satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations, however the risk management policy did not guide practice, this is address in Outcome 8.

Inspectors found there were systems in place to maintain complete and accurate records and that records relating to residents and staff were maintained in a secure manner.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of his responsibility to notify the Chief Inspector of the absence of the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

The provider, person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. Residents said this was because the staff treated them so well and there was 24 hour security in place.

There were systems in place to safe guard resident's money. The policy guides practices, comprehensive and complete records of resident's financial transactions were maintained.

Call bells were available in each bedroom and inspectors observed that staff answered them promptly.

There was a policy on and procedures for managing behaviours that challenge. Staff had appropriate skills to respond to and manage this behaviour. Inspectors reviewed the records of residents and found that each episode of behaviour was documented, including the antecedent, behaviour and consequence. The residents care plan would guide care. There was evidence that the GP and psychiatric services were involved in the care as required.

The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The restraint register was reviewed daily. There was a system in place to monitor all residents using restraint.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. However, there were areas for improvement. The risk management policy did not guide practice in the hazard identification and control of risk in the centre.

A safety statement was in place and it related to the health and safety of residents, staff and visitors. There was a risk register in place but it had not been reviewed since 2013 and it did not include all of the risk and control measures to mitigate the risk of future occurrences. These included risks associated with smoking and choking risks for example.

Arrangements were in place for investigating and learning from incidents and the minutes of the multi disciplinary meetings were reviewed. These included the risks associated with trailing wires.

A quality and safety committee continued to meet and the minutes of the last meeting were reviewed by inspectors. This included a review of incidents, resident feedback and complaints.

Inspectors reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. However individual evacuation plans had not been developed for all residents.

Overall fire safety was well managed. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. All staff had been trained in manual handling and appropriate practices were observed by inspectors.

Written confirmation from a competent person that of all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.

Inspectors found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found staff were knowledgeable about medication management and administered medications safely. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines 'as required' (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

Inspectors read a small sample of completed prescription and administration records and saw that they were in line with best practice guidelines. For example prescribing of medications required to be crushed had been individually prescribed in line with the "do not crush" medication manual and where feasible dispensed from pharmacy in a liquid format to make it easier and safer for the residents to swallow.

At the time of the inspections no residents were self medicating. There was no system of transcribing medications in the centre. Written evidence was available that medications were regularly reviewed by resident's general practitioner (GP).

Inspectors read medication management audit records which were completed by the pharmacist at regular intervals. Staff spoken with were knowledgeable of the audit results and of the quality and safety improvement measures implemented to ensure that medication management was safe. There was recorded evidence of learning from audit reviews, for example inspectors observed that medications were signed for once administered.

Inspectors found nursing staff were knowledgeable about medications. Records reviewed indicated staff were trained in medication management; staff spoken with confirmed they had attended training and that they felt competent in all aspects of medication administration. For example, staff were trained in the management of pain and symptom management for residents receiving end of life care with the support of a clinical nurse manager trained to be proficient in this aspect of specialised care. This meant that in most instances residents could continue to be cared for in the nursing home if this was their preference.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balance of these medications with the nurse and found it to be correct.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective care and support

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

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

**Findings:**

Inspectors were satisfied that residents healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Residents had access to GP services and a full range of other services was available on referral including speech and

language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist and occupational therapist were available in house. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were reviewed weekly and four monthly by the multidisciplinary team, this could be further enhanced if there was follow through to ensure the actions agreed were implemented.

Inspectors reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors.

#### Falls Management

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall.

#### Wound care

There were no pressure ulcers in the centre. Inspectors read the care plans of a residents with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was this used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

All residents had a risk assessment completed on admission which was updated four monthly or more frequently if there was a change in condition. Staff who spoke with inspectors were knowledgeable about pressure ulcer prevention and there were systems in place to minimise the risk of residents getting a pressure ulcer.

#### Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices. See Outcome 15.

#### **Judgment:**

Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The physical environment in the centre does not meet the requirements of the Regulations.

The centre is divided into two units, Lilac and primrose. The layout is identical in both units, consisting of 25 places. There was eight four bedded units, four twin bedroom and five single bedrooms with a toilet and shower. One of the four bedded rooms is currently being used for storage of equipment. The four bedded rooms do not comply with the national standards. While there were single and twin rooms, the staff had difficulty in accessing these rooms with assistive equipment due to the design of the room. Many of the residents in these rooms commented that they were too small to meet their needs.

There was suitable and sufficient communal space for residents. There were two large sitting rooms, a dining room, relaxation room, hairdresser room and an oratory. The sitting rooms were appropriately decorated to reflect the age group of the residents with the old style dresser and radio/record player.

There were an insufficient number of showers for the needs of residents. There were two showers and two baths for 50 residents. Many of the staff stated that the residents did not use the baths and at times, there were an insufficient number of showers to meet resident's needs. While there appeared to be a sufficient number of toilets, many of the residents were not satisfied that male and female residents used the same toilets.

There was inadequate storage space. Inspectors observed residents equipment stored in the bathrooms used by residents.

The storage for residents belongings was unsuitable, residents belongings had to be stored on the floor in some instances due to the lack of space in the bedrooms.

The provider was aware of the requirements in the Authority's Standards and a plan was place in relation to the premises. The provider was to confirm to the Authority if this plan addressed all deficits in the premises identified on inspection and not just the four bedded rooms.

Shared rooms did not sure appropriate screening, while there were screens between the beds, they were short and did not ensure that the resident's dignity could be maintained at all times.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives.

The laundry complied with the requirements in the Authority's Standards.

There were three internal courtyard gardens which residents could access as well as a larger secure garden to the rear of the premises with garden furniture. Residents were seen enjoying these areas on the day of inspection.

There were handrails and safe floor covering throughout the centre. Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and found they were up to date.

The kitchen was found to be well equipped. The inspector observed a plentiful supply of fresh food.

There is twenty four hour security of the premises maintained.

**Judgment:**

Non Compliant - Moderate

***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(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found evidence of good complaints management. The person in charge and provider had a positive attitude to receiving complaints and considered them as a means of improving the service.

Inspectors reviewed the complaint's policy and found it to be comprehensive. It met the requirements of the Regulations. It described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a

complaint. The policy also contained an independent appeals process. At the time of inspection no written complaints had been made, but there were systems in place to record them fully if there were. Both the provider and person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not. There is a nominated person separate to the person nominated in article 34(1) (c), who holds a monitoring role to ensure that all complaints are appropriately responded to and a system in place to ensure records are maintained.

The complaints procedure was on display on the main corridor on both units. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint. Residents told inspectors that they felt comfortable in discussing concerns with any staff member and that any concern was managed promptly. A number of residents said, "They (staff) couldn't do enough for you". Relatives who spoke with inspectors knew the procedure if they wished to make a complaint. Inspectors observed the person in charge interacting with residents and relatives in an attentive and caring manner throughout the inspection.

The person in charge maintained a record of all verbal concerns received, and there was recorded evidence that these were managed promptly and to the residents satisfaction.

**Judgment:**

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(s):**

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

**Findings:**

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. A thematic inspection had taken place in 2014 and all actions identified were addressed.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. The nurse managers and nurses explained these were a work in progress. Regular family meetings were held and were attended by the GP and nursing staff as

appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. A single room was provided for residents at this stage of life when available. Families are facilitated to be with the resident when they are dying.

There were residents receiving active end-of-life care at the time of inspection. An end of life pathway was in place. Staff were trained to administer pain relief to residents as their condition deteriorated, and they had support from the local palliative care team when required. One of the nurse managers had completed a masters degree in palliative care and also provided support and training to staff.

Residents said they did not fear their end of life as they had witnessed how well the staff looked after other residents at this time. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them.

There were overnight facilities provided for relatives, which relatives could use to be with the resident when they were dying.

Mass services took place weekly in the oratory, prayers were held daily and communion was also offered throughout the week. Residents expressed their satisfaction with this service. Access to other religious representatives from other faiths was available if requested. Family had access to the oratory if that was the resident's wishes. Last rites were provided and documented. Respect for the remains of the deceased was not documented but family were consulted throughout the whole process.

Residents and visitors were informed sensitively when there was a death in the centre. Residents spoke of paying their respects to their friends who had died in the centre. A notice was placed at reception to alert all staff, residents and visitors when a resident was at end of life. Residents said they were supported when a resident dies in the centre, through one to one discussions with the staff. A notice with a picture of the deceased resident was displayed at reception.

The staff told the inspectors of the guard of honour that was performed as the resident left the centre for the funeral mass. Many of the staff attend the funeral. Refreshments were provided in the centre for relatives and residents.

Records showed that staff had received training in end-of-life care in 2014.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents were provided with food and drink in sufficient quantities to meet their needs.

Inspectors reviewed the nutrition policy in place and found it covered the importance of nutrition and adequate hydration. There was a process in place for assessment prior to admission, on admission, and then how it would be monitored and reviewed.

Weights were recorded on a monthly basis or more frequently if required. A number of examples were seen of resident's intake being monitored, and action taken if it was seen to be low.

The care plan was reflective of the resident's nutritional assessment and included input when required from the dietician, general practitioner and the speech and language therapist. For example, supplements prescribed by a doctor were recorded in the care plan and administered appropriately. Where modified consistency diets or special diets such as diabetic were recommended this was adhered to by nurses, care staff and kitchen staff. Staff were familiar with the correct diets and inspectors observed staff checking each meal prior to serving to ensure it was correct.

Inspectors read the interdisciplinary notes and observed practices and saw that staff were using appropriate techniques as recommended in assisting residents and providing the support they needed to eat and drink safely.

The staffing levels and skill mix was adequate to ensure residents were closely supervised at meal time, and also supported to eat either in their bedrooms in a sensitive manner, respecting their privacy and dignity.

Inspectors observed the dining experience at breakfast and lunch time and residents reported that they enjoyed their meals and that the food was excellent. There was a choice of meals and drinks and residents were asked what they would like. They said their meals were hot and appetising and that the chef would cook anything they fancied if they did not want what was on the menu.

However, at one meal time inspectors observed the dining room to be very busy and a little noisy due to meal trays being prepared for residents who wished to eat in their bedrooms while residents were eating in the dining room. The person in charge told inspectors that the dining experience would be reviewed promptly and improved.

Inspectors observed that all meals were nicely presented and that they were satisfied. Some residents said that the portion size could be too large and the chef had addressed this and provided smaller portions as requested.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors were satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. However, the screening available and the multi occupancy rooms as discussed in outcome 12 did not ensure adequate privacy. The provider nominee told inspectors he would address this issue promptly to ensure residents dignity was promoted and maintained.

Inspectors observed staff interacting with residents in an appropriate and respectful manner. Many residents told inspectors that they were very happy because all the staff were very kind and great fun to be with. It was evident to inspectors that the staff had a special caring relationship with the residents and with each other.

There was an open visiting policy and contact with family members was encouraged. The security staff knew the residents and was very friendly with residents and relatives. However residents did not have access to a visitors' room whereby they could meet with family and friends in private.

A residents' committee continued to meet, this was provided for residents to give them the opportunity to express any concerns they may have and for it to be discussed with the person in charge if they wished. The meeting was chaired by the social worker and there was access to independent advocacy as required. The minutes showed that issues identified were responded to by the provider and person in charge. Residents also said they had opportunities to discuss issues as they arose with the person in charge or any staff members.

Relatives said if they had any query it is addressed immediately. Relatives said they were kept up to date on their family status and any changes. Residents went out with the staff and their families and friends during the day which they said they enjoyed. Residents described the staff as "wonderful, they would do anything for you".

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated included weekly mass and daily communion which was

important to residents and formed a large focus of their week. Rosary was available each morning and many residents said this was important to them. Inspectors observed some residents also spent some quiet time in the oratory.

Voting rights were respected, and the person in charge outlined the arrangements in place to inspectors. The newspapers were available on request and the main news topics were discussed each day if residents choose to join the group.

Inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room, take a walk, or spend the day in their bedroom if they wished. Residents choose what they liked to wear and inspectors saw residents were very well groomed and encouraged to choose their own jeweller and make up. Some of the residents said they liked a lie in and this was provided. One resident feeds the birds and another feeds the fish which they say they enjoy.

Inspectors observed staff working from a person-centred approach, there were examples of appropriate positive engagement from staff, for example, non-verbal residents were spoken to in an age appropriate respectful manner.

Inspectors noted that while televisions had been provided in residents' bedrooms. Residents had access to a public telephone on the corridor and were observed using the phone at the nurses' station. However, there was no access to a private phone to ensure residents privacy.

Staff were aware of the different communication needs of residents and they had developed systems to meet the needs, such as picture exchange.

Staff had developed life story books for residents with the support of relatives, however inspectors found these were stored at the nurses' station and were not being fully used as needed.

**Judgment:**  
Substantially 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(s):**  
No actions were required from the previous inspection.

**Findings:**

Residents could have their laundry attended to within the centre. Residents and relatives expressed satisfaction with the laundry service provided. There were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Adequate storage space was not provided as outlined in outcome 12.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by the person in charge and provider and described the workforce as like a family.

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. Inspectors found that there were procedures in place for constant supervision of residents in communal areas.

There was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present.

Staff told inspectors they had received a broad range of training which included falls prevention, wound management, infection control, pain management, Dysphagia, , the use of the malnutrition universal screening tool, for example.

There was no training plan for 2015 as yet developed. All care assistants had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided.

Inspectors reviewed a sample of files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014 and this was being progressed for 2015.

The provider had ensured that volunteers were vetted appropriate to their role.

Staff told inspectors there were open informal and formal communication within the centre to discuss issues and residents needs as they arose.

While nurse managers provided supervision of staff and residents on a daily basis and met with staff to discuss any issues or training needs, this was not formalised.

**Judgment:**  
Substantially Compliant

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

Linda Moore  
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>	Bellvilla Community Unit
<b>Centre ID:</b>	OSV-0000438
<b>Date of inspection:</b>	20/01/2015
<b>Date of response:</b>	09/02/2015

### Requirements

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

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

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

The contract did not include the cost for the additional services not included in the fee.

#### Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the

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

resident is not entitled to under any other health entitlement.

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

The contract of care will be amended to include the cost for the additional services not included in the fee

**Proposed Timescale:** 28/02/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The risk management policy did not guide practice in the hazard identification and control of risk in the centre.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The Risk Management Policy will be updated to include hazard identification and assessment of risks throughout Bellvilla.

**Proposed Timescale:** 30/04/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The premises does not conform to the matters set out in schedule 6.

**Action Required:**

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

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

The Physical environment issues will be addressed following refurbishment and will reopen in 2016. This is dependent on the successful outcome of the planning permission process which is currently underway.

**Proposed Timescale: 31/12/2016**

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

**Theme:**

Person-centred care and support

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

Private telephone facilities were not available.

**Action Required:**

Under Regulation 09(3)(c)(iii) you are required to: Ensure that each resident has access to telephone facilities, which may be accessed privately.

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

A hands free telephone will be sourced so that each resident will have access to private telephone facilities.

**Proposed Timescale: 31/03/2015**

**Theme:**

Person-centred care and support

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

Activation did not meet the needs of residents who stay in their room or bed during the day.

**Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of activities for residents who remain in bed will be undertaken and activities will be provided in accordance with their interests and capacities

**Proposed Timescale: 31/03/2015**

**Theme:**

Person-centred care and support

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

Residents did not have access to a visitors' room whereby they could meet with family and friends in private.

**Action Required:**

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

A communal facility will be made available for a resident to receive a visitor in private

**Proposed Timescale:** 09/02/2015

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

Formal supervision was not in place for staff.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

In order to enhance staff development and support we will implement a system to address this issue throughout 2015

**Proposed Timescale:** 31/03/2015