

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Belmont House Nursing Home
Centre ID:	OSV-0000014
Centre address:	Galloping Green, Stillorgan, Co. Dublin.
Telephone number:	01 278 4393
Email address:	info@belmontcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Belmont Care Limited
Provider Nominee:	Albert Connaughton
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	143
Number of vacancies on the date of inspection:	18

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 July 2014 08:00 To: 22 July 2014 15:00

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

Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies which were submitted to the Authority prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The management team who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

Overall the inspector found a high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services. Complement cards were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones.

The nutritional needs of residents were met to a high standard. The care plans directed the care to be delivered. Residents were provided with food which was varied and nutritious and respected their preferences. Appropriate assistance was

provided. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (GP) when indicated. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive. There were no areas for improvement identified in the two outcomes.

The inspector found that there was one three bedded room which was only suitable for the care needs of independent residents, however it did not provide all of these residents with the choice of eating in their bedroom should they wish. This is included in the action plan at the end of the 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 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:

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:

The inspector found that there was one three bedded room which did not meet the National Standards. This bedroom was currently occupied by three mobile residents. One of these residents ate in the dining room, however, it did not provide sufficient space to facilitate all three residents to eat at the bedside if they chose to.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

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. This was found to meet resident's physical, emotional, psychological and spiritual needs.

There were policies on end-of-life care which was centre specific and provided detailed guidance to staff. These had been audited and reviewed in January 2014 and action was taken to address areas such as staff training. Staff members were knowledgeable about these policies. The person in charge completed training in leadership in end of life care. She had provided training to all staff on the policies. An assessment of the end of life care for residents was completed to ensure planned care was delivered and any variances were documented.

The person in charge and nurses stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the nurses and the inspector saw that there was prompt access to the service when required, including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. The inspector found that the majority of residents had an advanced wishes care plan in place which dealt with future healthcare needs in the event that the resident became seriously ill and was unable to articulate their wishes. There was evidence of resident and family involvement in the development of these plans. The decisions concerning future health care needs had been discussed with the GP and were documented. These were reviewed annually. The end of life assessment documents were of good quality and referenced the religious needs of the resident; they addressed the social and spiritual needs as well as preferences as to the place of death and funeral arrangements as appropriate. These were reviewed three monthly or sooner if needed.

There were no residents receiving active end-of-life care at the time of inspection. The inspector read the records of one resident who had passed away recently, and found evidence of good practice, including regular review by the GP. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The inspector found that practices and facilities were in place to ensure that resident's needs were met and the residents' dignity and autonomy was respected. The majority of residents resided in single rooms. While there were multi occupancy bedrooms, a single room was made available for residents for end-of-life care.

The person in charge stated that she based staffing levels on the assessed needs of the residents and she always reviewed this and allocated additional hours in the event of increased need such as when a resident was very sick or dying. Residents are invited to sit if appropriate. Residents can have their favourite music on at any time.

Relatives were made feel welcome and were facilitated to stay overnight and be with the resident when they were dying. A single room was provided if available or sleeping arrangements were provided in the residents bedroom. Relatives reported that residents' wishes, with regard to their place of death, was respected and residents had access to a single room or go home at this time. Residents also reported a high level of satisfaction with the support and respect shown by staff members following the death of other residents.

Meals and refreshments were provided for visiting family members who wished to stay with their loved one. Residents stated that staff members were caring and respectful and they were comfortable confiding in them. Resident's right to refuse treatment was documented and reflected in the care plan as it arose. There was a procedure in place for return of resident's personal possessions and this was being adhered too. Returned valuables was documented and signed in the property book.

Records showed that a number of staff had received training in end-of-life care in 2011, 2012, 2013 and 2014 and this was ongoing. Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them and/or their family. Some of the residents told the inspector that they chose not to discuss their wishes with staff and this was respected and documented.

Mass services took place six day per week throughout the centre. Communion was offered daily except on a Thursday. Access to other religious representatives from other faiths was available if requested. Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process. A post death review was completed by staff following a death to review the areas of good practice and any areas for improvement. This included feedback from family.

Residents and visitors were informed sensitively when there was a death in the centre. The person in charge and the activity coordinator informed the residents and it was announced at mass. An end of life symbol was placed at the nurses' station and in the staff room to alert all staff, residents and visitors that a death has occurred. Additional signage was displayed when a resident was ill.

The inspector noted in residents records that staff would attend the funeral mass. Residents were also invited to attend. A sympathy card and flowers were sent to the family after the death. A memorial service took place to celebrate the lives of those who had died in the previous year and their loved ones. All residents who had passed away were remembered at the advocacy meeting each month.

The inspector read the information available for distributing to families following the death of a loved one and found that it provided a lot of useful information including details of how to register a death and details of professional support services.

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):

No actions were required from the previous inspection.

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements.

There was a hydration and nutrition policy in place which was centre specific and provided detailed guidance to staff. This had been reviewed, audited and updated in January 2014. Staff members spoken to by the inspector were knowledgeable regarding this policy. The person in charge had not identified any areas for improvement in the self assessment document that was submitted to the Authority. The management team had completed their own review of nutrition and end of life and there were frequent meetings with staff, for example, care supervisor meetings to discuss the findings and plans to improve the service.

The inspector observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms and a small number of residents ate in the dining room. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice.

The inspector found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The service of all meals had been sufficiently supervised and coordinated to meet the needs of some residents.

The inspector also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Portion sizes were appropriate and second helpings were available. Residents who required assistance at this meal received this in a sensitive and appropriate manner and independence was promoted. The meal time was unhurried and provided opportunity for social interaction. Residents were asked if they wanted a clothes protector. Relatives could assist a resident with meals in a discrete way in their bedrooms.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. There was emphasis on fortifying meals for those residents who had

impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets.

Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. Residents were assessed and would be provided with assistive cutlery to facilitate independence if required. There were no residents with this requirement at this inspection. Residents had been assessed for seating by the occupational therapist as required.

There was good ongoing monitoring of residents nutritional and hydration needs and this was documented and discussed at the staff handover and the staff meetings. Regular weight monitoring and nutritional screening was carried out for all residents using an evidence-based screening tool. Nursing staff highlighted any significant changes to the person in charge and the centre's policy was implemented as appropriate. Staff monitored the food and fluid intake of all new residents, the inspector found that this was comprehensively completed. A jug of water was provided in each resident's bedroom and was refreshed during the day.

Overall residents had satisfactory care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. Care plans for residents who had lost weight recently directed the care to be delivered and were person centred, they included residents likes and dislikes also.

There was prompt access to the general practitioner (GP) and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Residents had good access to the dentist.

Inspectors saw that advice from the speech and language therapist (SALT) and dietician was implemented for individual residents.

The person in charge had implemented a system of audit to ensure that residents nutritional care plans were accurate and implemented. The inspector found that issues identified through these audits were being addressed. Other audits to improve the quality of the service included the nutrition policy audit. The managers were allocated to complete an observational audit in the dining rooms and the inspector found actions identified were addressed. There was effective clinical supervision in the dining room at meal times.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke to the chef who was very knowledgeable about the service delivered. There was a four weekly menu plan in place and the menu had been audited by the dietician in order to ensure that it was nutritionally balanced. The chef had addressed the areas identified and this was subsequently being further reviewed. There were changes to the menu based on feedback from residents. Many residents wanted toffee pudding and this was provided. Others requested more fruit and this was available. The menu was on display in the dining rooms and the staff met the residents daily to ask them their choice for the meals. The menu included two options for the main meal. Residents who were on modified diets also ate from the same menu. There were no picture menus available which would assist the residents in choosing the diet and drinks they wanted.

The inspector spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine or have coffee with residents in the coffee shop at the reception. There were records to show that residents who could not ask for snacks were provided with these on a regular basis, this included residents who required a modified consistency diet.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting and directly to the staff following the meal. The chef bakes daily and also provides the birthday cakes for residents. There were fresh vegetables provided daily.

Staff had received training in the area of nutrition; this included the nutrition, diabetes, Dysphagia, hydration training and MUST (malnutrition, universal, screening, tool) and was knowledgeable in these areas.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. An environmental health officer report from 2013 was viewed and was satisfactory; the area identified was being addressed. The ISO report for the catering area for 2014 showed there were no non conformances identified. An annual survey had been completed in 2014 and findings regarding the food and dining experience were positive. The provider was actively aware of resident's feedback and was pro active in meeting residents needs. For example, residents asked for more outings and these were provided fortnightly, refreshments were provided on the outings. The inspector found that there were no complaints in 2014 in relation to food.

Judgment:
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
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Belmont House Nursing Home
Centre ID:	OSV-0000014
Date of inspection:	22/07/2014
Date of response:	07/08/2014

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.

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

One three-bedded room did not meet the requirements of the National Standards, due to the layout of the room, it may not provide residents with the choice of eating in their bedroom should they wish.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All residents are assessed prior to admission so as to ensure their environment will meet their needs. All three residents currently in the room in question are mobile and

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

their needs are being met. Should their condition change this would be reviewed in conjunction with the resident and their next of kin.

The possibility of changing the three-bedded room in question and the single room beside it into two double rooms has been examined and may happen in the future however the resident currently residing in the single room cannot be disturbed for this to happen at present.

Proposed Timescale: 31/01/2015