



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bellvilla Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Announced
Date of inspection:	07 February 2018
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0020739

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. This residential care is provided in a single-storey premises located in south Dublin city. Residents had recently returned to the centre after a period of premises extension and internal renovation. The building was divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service was also operated on the site but did not require entering the long-term residence to access.

The following information outlines some additional data on this centre.

Current registration end date:	25/06/2018
Number of residents on the date of inspection:	34

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 February 2018	09:30hrs to 17:00hrs	Helen Lindsey	Lead
07 February 2018	09:30hrs to 17:00hrs	Gearoid Harrahill	Support

Views of people who use the service

Residents gave generally positive feedback about the service they were receiving, and they were settling back in to the premises to which they returned two weeks before the inspection. The HIQA questionnaire was returned by eight residents and relatives. Feedback was positive about the activity programme, opportunities to get out in to the courtyard, quality of meals and the staff team who were described as kind and helpful. Visitors also stated they were given a warm welcome and offered refreshments. Suggestions for improvements from residents and their families focused on the meals occasionally not being hot enough.

In discussions with residents and their relatives on the day of the inspection people told inspectors they were happy with the premises overall and liked how it was being decorated by staff. They were keen to see a few more pictures on the walls. The staff team were described as being very caring and taking a personal interest in residents. A theme in discussions with residents was that at certain times in the day they may have to wait for their personal care needs to be attended to, especially if they needed the support of more than one staff member.

Throughout the inspection residents were seen to be treated with dignity and respect, choices were being respected, and staff were working to ensure residents were comfortable in their new surroundings. The activity programme was seen to engage a range of the residents with reminiscence sessions, music and quizzes taking place on the day of inspection. Some residents were enjoying the music while sitting in quieter areas away from the busy lounge areas which they said they liked being able to do in the redesigned building.

Capacity and capability

Overall, a good service was being provided to the residents, but some improvements were needed to ensure all aspects of care were being met to a good standard. The service had only returned to the designated centre two weeks before the inspection, and so some areas that required improvement related to getting used to the refurbished premises; however, others related to having sufficient resources to ensure the effective delivery of care.

Governance and management arrangements were in place and effective planning, lead by the person in charge, had resulted in a smooth transition back to the centre for the residents. Records showed that planned meetings were taking place and

focusing on any troubleshooting in relation to the move and any known risks to the effective delivery of service. There had been meetings and feedback sessions held with residents, relatives and staff to identify what improvements were required to ensure an effective service was being delivered. In response to having a number of staff vacancies and the high use of agency staff, a decision had been made to only open two of the three units. While this step had been taken to manage the resources further improvements were required to ensure residents personal care needs were being met.

Following a review of the staff rosters, residents care records including dependency needs, and feedback from residents, inspectors were not satisfied there were sufficient staffing levels at all times to meet residents needs. From 8.15pm the staffing levels reduced down to two members of staff per unit, with one other staff member moving between the two units. Nursing staff had duties such as administering medication and so at times may not be available to support residents' needs. Staff confirmed that many residents were still up at that time, and a care records showed a number required the support of two or more staff members for personal care. Some residents gave examples of having to wait for support when they requested it.

A new policy had been introduced for the management of complaints. It provided a clear procedure and named the person in the centre responsible for managing complaints, and the oversight arrangements. The procedure was on display in the centre and residents and relatives who gave feedback to the inspectors confirmed they understood the process and felt any issues raised would be addressed.

There were good recruitment practices for staff and volunteers, and opportunities to complete training courses that would ensure staff had the relevant skills to meet the needs of residents, including staff having attended training in delivering care to residents with dementia. There was also good access to a range of social and healthcare staff within the service with the staff team including occupational therapists, physiotherapists, a social worker, and activities coordinators.

Regulation 14: Persons in charge

There was a full-time person in charge in the centre, with the relevant skills and experience.

Judgment: Compliant

Regulation 15: Staffing

There were insufficient numbers of staff in the evening to meet the needs of residents which increased the risk of residents' needs not being met.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre and in the delivery of care to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose. However, the level of resources for staffing was insufficient to ensure residents' needs were being met at all times.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care agreeing the terms of their residency. However, not all contracts included a list of services that would incur additional charges, such as on-site hairdressing. None of the contracts reviewed included the terms relating to the bedroom to be provided for the resident or the occupancy of that bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which had been recently reviewed, but some additional information was required. The provider had changed the purpose of one bedroom and so the document needed to be amended to reflect this change. Information about the day services provided in the centre also needed to be added.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in operation in the centre. The policy and procedure around making complaints identified the complaint manager and the options of independent review. Inspectors spoke with residents who said they would feel comfortable bringing complaints to the attention of staff.

Judgment: Compliant

Quality and safety

Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that overall met their needs. Improvements were required in relation to the storage of equipment on the premises, as inspectors observed multiple instances of a lack of designated storage space resulting in hoists and wheelchairs being stored in inappropriate locations such as showers, bathrooms and utility rooms.

Comprehensive assessments were carried out to identify resident's health and social care needs on their admission to the centre. The care provided was regularly reviewed by the nursing staff, making use of a range of assessments and information to identify if their needs remained the same or whether there were changes. Where there were changes referrals were made to relevant healthcare professionals for example the general practitioner (GP) dietitian, or speech and language therapist. There was also information gathered from the resident and, where appropriate, their family about their life experience, achievements, and preferences. This information supported staff to provide support that ensured residents maintained a good quality of life. However, it was noted that where residents were identified as having responsive behaviours how people with dementia or other conditions may communicate or express their physical discomfort,

or discomfort with their social and physical environment) that the care plans did not provide sufficient detail about the way the resident may interact with others or offer effective approaches to avoid incidents.

Activities staff completed assessments that identified the approach that would best suit each resident, for example whether they preferred individual or sensory activities or group participation. The activities programme was then developed to include the approaches that were most effective for residents. There were group activities, and also the opportunity for some one-to-one engagement where residents enjoyed that. The activities room was being furnished to stimulate interest in a range of activities, and the equipment was available to support staff giving close support during practical tasks, for example there were tables that supported the resident to have close access and for the staff member to be close enough to provide hand-over-hand support.

The premises had been renovated and now offered a range of communal and private spaces that were bright and airy. There was access to a number of courtyards through the centre, and the communal areas were flexible to support large and small groups, those engaged in practical activities, and there was also a sensory room for relaxation. The centre was laid out in a way which was suitable for people with dementia and visual or cognitive impairments. Contrasting colours were used to assist the identification of handrails, doors to bathrooms and bedrooms, and safety features in the toilets and showers. Simple pictorial signage was used where appropriate for residents and there was a space outside each bedroom which was planned to have a photo or meaningful visual trigger to assist in assuring residents that they are coming to the correct bedroom. The oratory was to be blessed the weekend following the inspection, and a weekly mass was to be held in the spacious and well-lit room. There was a mix of double and single bedrooms that were well presented and had sufficient furniture for residents to store their private belongings.

While the centre was spacious and had a good selection of rooms, it was noted that the storage of larger items such as hoists and wheelchairs was not specifically identified. It was also noted that in some of the double bedrooms it would not be possible to access the en-suite bathroom with a hoist, and the toilet could not be accessed from both sides due to its positioning in the room. In one example the next available toilet for a resident was some distance from their bedroom.

One of the courtyards had been identified as the designated location for residents to smoke. This area was easily visible from the main communal areas for residents who required supervision, but was not sheltered and was yet to be fully equipped for residents to use, including the provision of smoking aprons or fire blankets to reduce risks associated with accidents while smoking.

The provider had clear processes in place to protect residents' finances. Residents had the option of retaining a small amount of cash for safekeeping within the centre, and this was secured with a countersigned balance book for withdrawals and deposits. The provider acted as a pension agent for a number of residents and arrangements were in place to afford adequate protection and access to these

finances.

Regulation 10: Communication difficulties

Residents' communication needs were known by the staff who supported meaningful engagement, including an awareness of non-verbal communication approaches.

Judgment: Compliant

Regulation 11: Visits

Visitors were made welcome in the centre. A visitors' log was maintained to keep a record of people coming and going. There was a private space in which residents had the option of receiving their visitors.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was suitable for the number and needs of the residents. However, improvement was required in relation to the storage of equipment on the premises. Inspectors observed multiple instances of a lack of designated storage space resulting in hoists and wheelchairs being stored in inappropriate locations such as showers, bathrooms and utility rooms. It was also noted that access was limited in some en-suite bathrooms for residents who required the assistance of more than one person.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre maintained a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, responsive behaviours and

residents going missing from the premises. An accident and incident log was retained for residents, staff and visitors, and regular health and safety reviews were arranged to identify and respond to potential hazards.

Judgment: Compliant

Regulation 27: Infection control

Practices and procedures were in place for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were appropriate fire safety arrangements in place, for example, staff had received orientation training to the new building, fire exits were clearly marked and there was sufficient fire fighting equipment throughout the building.

There was a smoking area for residents, but at the time of inspection, adequate fire precautions were not available such as a fire extinguisher and fire blanket.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care records included initial assessments and care plans that provided advice for how residents' needs were to be met. Reviews were carried out every four months and any changes were reviewed with the resident, and where relevant their relatives. However where residents had identified responsive behaviours there was insufficient detail recorded to ensure staff members knew their needs and how they were to be met.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate medical and healthcare was being provided to residents, in line with their identified health and social care needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Arrangements were in place to ensure that where any restrictions were used in the centre they were individually assessed as being appropriate and the least restrictive option.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices and access to advocacy services. While staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse, there were some gaps identified in refreshing this training within the provider's required time lines. A sample of staff files were reviewed, some were out of date in this training with no upcoming session yet confirmed on the day of inspection. The provider had arrangements in place to protect residents' financial interests.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' had the right to exercise choice and had their needs and preferences taken in to account in planning how the service was delivered.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bellvilla Community Nursing Unit OSV-0000438

Inspection ID: MON-0020739

Date of inspection: 07/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A risk assessment of the staffing levels was undertaken within the centre prior to the move back to Belvilla from Mount Carmel on the 23rd January 2018 and another risk assessment on staffing levels has been undertaken since, the HIQA inspection on the 7th February 2018. This risk assessment has focused on the number of staff working from 20:15 hours to 07:45 hours in the centre and a review of staff on this shift continues to be undertaken weekly by nurse management in the centre. Additional staff are then engaged based on the dependency/needs of the residents to ensure, the number and skill mix of the staff is appropriate in the centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of staffing levels is undertaken weekly by nurse management in the centre and additional staff engaged based on the dependency of the residents to ensure the correct skill mix and staffing levels in the centre. If additional staff are required a risk assessment is completed and submitted to senior management and additional staff employed, if required.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care is currently under review in Community Health Organisation (CHO) 7 to ensure standardisation of services for the persons living in residential centres. In the</p>	

interim, the contract of care for Bellvilla has been amended to include terms on which the resident shall reside in the centre and includes additional charges such as onsite hairdressing. The terms relating to the residents bedroom and occupancy of the specific bedroom for the resident has also been incorporated into the contract of care in Bellvilla.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The statement of Purpose in Bellvilla has been reviewed to include additional information regarding the change of purpose of one bedroom changed to a family room. The revised statement of purpose also includes the day care service provided in the centre. |

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Senior management have reviewed the storage needs of the centre and has initiated a process of engagement with the relevant HSE department to ensure the on-going and longer term storage needs in the centre are satisfied, a solution is anticipated by the 31st July 2018.
 In the immediate future, management have commenced a process of reviewing current storage arrangements for equipment to ensure that there is suitable storage in the centre. This review will be completed by the 3rd April 2018. In addition, from 4th April 2018, an interim arrangement by management in the centre will be to monitor and review weekly, the revised/immediate storage facilities. This review will ensure that the on-going safety and welfare needs of the residents are adhered to, pending the delivery of the anticipated longer term storage solution by 31st July 2018. |

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 All staff have received fire training and were orientated to the building prior to the move back to Bellvilla from Mount Carmel.
 A fire extinguisher, fire blanket and signage are now available in residents' smoking area.
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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 An audit of Residents Care Plans will be undertaken to ensure there is sufficient detail recorded on the needs and care plans of the residents in order to, support residents with responsive behaviors.
 The current system to ensure records are in compliance with regulations will be reviewed and a responsible person in the centre has been identified to monitor these records to ensure all care plans are up to date, evidenced based and reflect person centered care

<p>planning. The annual review for 2018 includes an improvement plan to support this outcome. </p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: </p> <p>All staff in the centre will have received training in <i>Safeguarding Vulnerable Persons at Risk of Abuse</i>. Two staff members in the centre have been identified to train as Trainers in <i>Safeguarding Vulnerable Persons at Risk of Abuse</i>.</p> <p>An improvement plan is in place as per Annual Review, 2018 to reflect this outcome.</p> <p> </p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	13 th March 2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31 th July 2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	13 th March 2018

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.	Substantially Compliant	Yellow	26 th March 2018
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	26 th March 2018
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	23 rd March 2018

	suitable building services, and suitable bedding and furnishings.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13 th March 2018
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30 th May 2018 as per Annual Review
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	28 th September 2018