<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Bellvilla Community Nursing Unit</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000438</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>129 South Circular Road, Dublin 8.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>01 454 8033</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:catherine.dempsey2@hse.ie">catherine.dempsey2@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Helen Lindsey; Margo O'Neill</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>34</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>15</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 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: 03 April 2019 09:00 To: 03 April 2019 17:00
From: 03 April 2019 09:00 To: 03 April 2019 17:00
From: 03 April 2019 09:00 To: 03 April 2019 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six outcomes related to dementia care. Additionally, the inspection reviewed compliance of the centre with regulations a year on from returning to operation following major redevelopment. Residents had settled in well to the centre and programmes around activities and resident feedback had been established, however there were some areas of non-compliance found on the previous inspection which were found again on this visit.

Assessments were carried out to ensure that the centre would be capable of delivering resident care, and to develop care plans in response to their identified health and social care requirements. Residents had good access to allied health
professionals where required as well as the general practitioner (GP). Some review was required to ensure that care plans were consistently individualised and person-centric in their instruction, and to ensure that where assessments identified the need for change, that these plans remained up to date.

The premises offered comfortable and modern accommodation across a single-storey building with adequate privacy features and multiple communal hubs so that residents had choice of how and where they wished to spend their time. Residents were observed spending time in their bedrooms, outside or in the lounges as per their preferences. The building was equipped to allow for safe navigation independently or with assistance, and utilised design features to minimise risk of people getting lost or disoriented, this was of particular support to residents with dementia. Improvement was required in providing suitable options for storage of equipment and other items, to avoid inappropriate storage in other areas and obstructing their intended purpose, including showers and bathrooms.

Residents felt safe and well looked after in the centre and staff were respectful and discreet in their delivery of care and support. Residents were facilitated to make complaints, suggestions and feedback and this appropriately recorded and relayed to the relevant personnel. Residents fed back that the personal aspect of care and interaction could be inconsistent at times due to the frequency with which agency staff replaced regular nurses and care assistants. Where residents were not able to express their views, families provided feedback, or staff engaged with residents in a way that was meaningful to them to gage their preferences. There were some gaps in staff attending training within the time frames directed by centre policy, and some records were not present in the centre on the day of inspection confirming Garda vetting of staff.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Residents wellbeing and welfare was maintained to a good standard, including those with dementia, with their assessed needs set out in individual care plans that identified their needs and interests. However some improvement was required in relation to care planning documents to ensure they reflected residents’ current needs. This action remained outstanding from the previous inspection.

There was an assessment process in place to identify if the centre would be able to meet the resident’s needs; this took place before a place was offered. A comprehensive assessment was carried out by nursing staff when the resident arrived in the centre and, and then care plans were developed to set out how individual needs were to be met. A selection of care plans were reviewed, and while some provided clear details about how residents needs were to be met others did not. Where residents had dementia care needs, information was set out in the care plans about their diagnosis, skills, and support needs. However examples were seen where resident’s support levels had changed and it was not consistently updated in their care plans or the reason for the change. Other examples were seen where residents’ responsive behaviours were not set out in detail, with no guidance about how to manage them if they occurred.

Overall care records were reviewed regularly, at least four monthly, or more frequently as required, however some examples were seen where assessments had identified changes but the care plans had not been updated. There is a risk residents might not receive the most up to date care where records are not correct.

A range of nursing assessment tools were being used to support staff in monitoring resident’s needs. Records showed that where residents needs changed appropriate referrals were made to seek assessments by allied health professionals. For example dietician, speech and language therapy, and physiotherapy. Residents could choose their general practitioner (GP) and calls to the general practitioner (GP) or the out of hours doctor were made where required. Residents cognitive abilities were also kept under review, and referrals were made to appropriate services if residents required specialist
At the time of the inspection no residents were receiving end of life care. However all residents had a care plan in place setting out their wishes when the time comes. Where there were ‘do not resuscitate’ arrangements in place records showed this was agreed with the residents, their families where appropriate and the GP.

Staff were observed to be supporting resident with daily living tasks during the inspection and residents commented they were kind and gentle in the way the provided care.

**Judgment:**  
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**  
Safe care and support

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

**Findings:**  
Regular and agency staff who spoke with inspectors were aware of the types of abuse that can occur and the procedure for responding to and reporting any suspected, alleged or actual incidents of abuse. However, the majority of staff had not attended training in safeguarding of vulnerable adults within the timelines set out by centre policy.

There was a low use of environmental restrictions or bedrails in effect in the centre. Residents who had bedrails in place had them reviewed regularly for their continued use, and were discontinued when no longer assessed as being necessary. Some residents were assessed as requiring physical holds during care as part of their behavioural support plan. While some staff had received training in the appropriate and safe use of these holds, others had not. On the day of inspection, there was an insufficient number of staff on shift in one unit with the training to care for resident with these identified needs.

Where residents had been prescribed PRN (as required) medication, the relevant care plan did not provide sufficient guidance to support decision-making process of when to administer these medications. Directions for use were generic and did not reflect the residents’ needs and preferences.

The provider had systems in place to protect residents’ finances and allow for easy access by residents to same. Small amounts of cash retained for safekeeping had a clear and accurate record of additions and withdrawals, with staff countersigning each entry.
Judgment:
Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors found that each resident's privacy and dignity was respected and that residents were generally facilitated to communicate and exercise choice in the daily lives. Residents were not discouraged from spending time in their bedrooms relaxing, having their lunch or watching television if they did not wish to stay in the communal areas. Staff were observed knocking before entering bedrooms and call bells were answered promptly when triggered by residents. Residents who required personal assistance were given privacy, behind closed doors or curtains where required. Staff were discreet and dignified in speaking with residents regarding personal matters such as being asked if they needed to use the bathroom.

Residents were facilitated to participate in the running of the service through surveys and regular resident committee meetings. Matters discussed at these meetings were relevant to the lived experience of the residents in the centre, regarding aspects such as meals, centre news and upcoming events. For some matters the person in charge made notes for items to be followed up on with other people such as the kitchen or activities staff. Residents had access to independent advocacy services. Where residents were not able to participate in providing feedback, staff engaged with them in a way that was meaningful to them to support decision making, for example in choosing meals, activities and where they spent their time. Staff were seen to communicate well with residents who had dementia, and supported them to feel comfortable in their environment, for example walking with them and talking about their families or experiences. This was seen to provide comfort to those residents.

Residents were registered to vote in elections and referenda, and arrangements were in place for residents to observe their religious practices and attend mass on the premises.

Examples of good person-centred interactions were observed between staff and residents, though some examples of task-oriented care were also seen. Feedback from residents and families was that the regular staff knew them well and provided a personal approach to their care and support, however due to the amount and frequency of agency staff use this may not be consistently delivered.

While there was an activities programme in place and a designated staff member
recruited to facilitate it, it was noted that the range of activities was limited. The schedule indicated periods of time each day in which the activities coordinator was required to supervise the communal lounge. This limited their opportunity to provide a varied and individualised recreational and social engagements with residents, both for groups and for those who benefitted more from individual engagement. While a number of residents were seen enjoying activities, supported by visiting student nurses on the day of inspection, a number of residents said that they had no interest in activities on offer.

**Judgment:**
Substantially Compliant

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

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

**Findings:**
The procedure for making complaint was on display in the centre. This procedure identified the person in charge of managing complaints and the relevant contact person for review if the outcome is unsatisfactory. Residents and family who spoke with inspectors said they knew to whom they could speak with if they had any feedback of complaints about any aspect of living in the centre.

The provider maintained a log of written and verbal complaints. Each entry included detail of the issue raised, the actions taken, the satisfaction of the complainant and if the complaint was open or closed.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
On the day of the inspection residents care needs were being attended to in a timely way, and there were sufficient staff available to meet residents’ needs. However there were four student nurses also supporting residents, for example providing supervision in communal area. This released regular staff from those roles. This made it difficult to assess the normal working pattern in the centre. Residents and relatives fed back that there were times when they had to wait for staff to support them with their personal care needs, especially where they needed two staff to support them. This was also reported at the time of the last inspection. Staff also confirmed there was less time to carry out care and support tasks when the student nurses were not in the center. A number of resident had high support needs, with nine in the centre being assessed as having high care needs, and due to the numbers of staff available in the units this did have an impact of the staff availability for other residents, especially when staffing levels reduced from 7.45pm for the night shift. This issue remained outstanding from the last inspection.

There was a high number of vacancies for nursing staff and healthcare assistants at the time of the inspection. The management team explained the recruitment campaigns that were underway to recruit staff. All shifts were being covered in the centre, using agency staff where needed. Residents and relatives fed back that they found that having unfamiliar staff attending to their support needs was impacting on the quality of their care. They were very complimentary about the permanent staff and preferred when they provided the care and support needed.

Inspectors reviewed a sample of recruitment files for staff members. These included information required by Schedule 2 of the regulations including evidence of active nursing registration. However, An Garda Síochána vetting disclosures were not present in these files, nor were they held in the designed centre to confirm that all staff working in the centre had been appropriately vetted. Therefore there was insufficient assurance that all staff had been appropriately vetted. The provider was requested to provide evidence confirming vetting of staff immediately after the inspection.

Inspectors reviewed records of mandatory training by staff, and found that there were gaps in attending training including safeguarding, fire safety and the appropriate use of physical holds, as per timeframes directed in centre policy.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support
Outstanding requirement(s) from previous inspection(s):

Findings:
Overall the premises was clean, well maintained, bright and spacious. There were multiple communal rooms in which residents could relax, watch television, participate in activities and socialise. There were seated rest spots away from these areas for people who preferred a quieter, less busy environment. There were multiple secure external courtyards available for residents to sit or stroll out in the fresh air, one of which was suitably equipped for residents to smoke. These areas were visible from adjacent communal areas if residents required supervision.

The premises utilised good examples of dementia friendly design. The building consisted of a large circuit corridor which looped back to the primary communal areas, allowing residents to stroll around the centre without encountering dead ends or locked internal doors. Colour contrast techniques were used to support navigation, such as each bedroom corridor having a separate colour theme, and handrails in bathrooms and hallways being visible against the wall. Simple, pictorial signage was used to help residents navigate the centre and find toilets and showers independently. Vintage style decoration was used to make the communal areas more comfortable and less clinical. There was a large quiet oratory on the premises.

Resident bedrooms were large and nicely decorated, with space for residents to personalise their bedrooms and bring furniture and other items from home if desired. Shared bedrooms included suitable privacy screening and each resident had sufficient personal storage space.

There were a sufficient number of toilet and shower facilities available to residents, however some resident fed back that while they had en-suite facilities they could not access them due to their mobility needs. Some shared shower wetrooms were used as storage areas for hoists in the absence of designated storage areas. Inappropriate storage of items was observed in other areas of the centre, with hoists also being stored in utility rooms, and unused wheelchairs and comfort chairs stored around the assisted bath. The presence of this equipment prevented or limited the ability of these rooms to be used for their intended purpose. Oxygen cylinders were also stored in a hallway next to bedrooms, obstructing access to resuscitation equipment. These cylinders were removed during the inspection. A bedroom corridor not occupied at the time of inspection but still accessible to residents was used to store other large items awaiting disposal. Inappropriate storage of equipment is a repeated finding from the previous inspection.

Judgment:
Non Compliant - Moderate
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:

Gearoid Harrahill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Bellvilla Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000438</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>03/04/2019</td>
</tr>
<tr>
<td>Date of response</td>
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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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not all reviewed and updated consistently following changes in resident need.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. The Clinical Nurse Managers (CNM) in the centre will meet with staff nurses individually to provide constructive feedback on care planning for residents.
2. Protected time will be given to staff nurses in the centre to review and update the care plans at intervals not exceeding four months.
3. Team briefings will now include care plan updates for any changing needs of residents. This will be followed up by the Clinical Nurse Manager on duty at the weekend to ensure that these changing needs are reflected in the residents care plans.

Proposed Timescale: 31/08/2019

Outcome 02: Safeguarding and Safety
Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Directions setting out when to administer PRN (as required) medication were not individual to residents and did not reflect their needs and preferences.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
The review of residents care plans in the centre is in progress to ensure that specific directions to administer PRN medication, residents’ needs and preferences are documented in resident’s care plan.

Proposed Timescale: 31/07/2019

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The majority of staff had not attended training in safeguarding of vulnerable adults within the timeframes specified by centre policy.

3. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.
Please state the actions you have taken or are planning to take:
By 31st May 90% of staff in the centre will have completed safeguarding training. Further training dates have arranged for staff with the aim of having all staff trained in the centre by 30th June 2019.

**Proposed Timescale:** 30/06/2019

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The supervisory aspects of the activity schedule limited the ability to offer varied and meaningful recreational activities for people of all interests, preferences and capacities.

4. **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:
The activity programme in the centre is being reviewed in order to, align activities to meet the needs of residents. The activity coordinator now incorporates meaningful activities such as gentle exercise, one to one sessions, board games, puzzles etc during this period.

**Proposed Timescale:** 30/05/2019

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Staffing levels required review to ensure sufficient staff were available, with appropriate skills and knowledge to meet residents assessed needs.

5. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Person In Charge (PIC) will review the staffing levels in the centre in addition to,
reviewing dependency of residents to ensure the skill mix of staff is appropriate to meet residents’ needs.

National and local community health organisation recruitment campaigns for nursing staff in the Residential Care settings for Older People continue on an on-going basis across HSE, Dublin South Kildare and West Wicklow Community Healthcare (CHO 7).

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<th>Proposed Timescale: 30/06/2019</th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Workforce</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not all attended training within the timeframes directed by centre policy and resident needs, including fire safety, safeguarding and appropriate use of physical holds.

**6. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
The following are the actions taken to address training issues in the centre:

1. Training dates have been arranged for staff to undertake fire safety and safeguarding with the aim of having all staff trained in the centre by 30th June 2019.
2. By 31st May 90% of staff in the centre will have completed safeguarding training. Further training dates have arranged for staff with the aim of having all staff trained in the centre by 30th June 2019.
3. The staff identified in the centre who had not received MAPA training will have undertaken this training by 31st October 2019.

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<td>Workforce</td>
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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Of a sample of personnel files reviewed, there was no vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012 kept in the designated centre.

**7. Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by
Please state the actions you have taken or are planning to take:
The registered provider after the inspection took immediate steps to ensure that all staff directly involved had the requisite vetting disclosure on site, working closely with the local Human Resources (HR) department and the PIC. As a result, all staff who are directly involved in resident’s care now have the requisite vetting disclosure and other documents as cited in schedule 2 on site in Bellvilla.

Future Arrangements to have these documents onsite in the centre for existing or new staff members has been made with HSE, Human Resources department.

Proposed Timescale: 31/05/2019

Outcome 06: Safe and Suitable Premises

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors observed multiple instances of a lack of designated storage space resulting in large shared equipment such as hoists and wheelchairs being stored in inappropriate locations such as utility rooms, and residents’ showers and bathrooms, limiting the ability for these rooms to be used for their intended purpose.

8. 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:
An area has been identified for the appropriate storage of equipment on Rosie Hackett unit.
Further space for storage will be created on Katie Barrett by reconfiguring current available space.

Proposed Timescale: 30/06/2019