

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mountbellew Nursing Home
Centre ID:	OSV-0000362
Centre address:	Mountbellew, Galway.
Telephone number:	090 9679735
Email address:	phil_murphy@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mountbellew Nursing Home Limited
Provider Nominee:	Philomena Murphy
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	0

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: 22 May 2017 09:15 To: 22 May 2017 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection.

The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents. A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files

were examined.

At the time of inspection 13 residents were identified with a dementia related condition as their primary or secondary diagnosis. Seven residents were assessed with mild cognitive impairment.

The centre provided a good quality service for residents living with dementia. The inspector spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner.

Residents' healthcare and nursing needs were met to a good standard. Residents had access to medical, allied health and psychiatry of later life services. Doctors visited regularly to review each resident's prescribed medicines in conjunction with the pharmacist.

Appropriate policies and procedures were in place to guide staff and ensure evidenced based care. Residents had access to advocacy services. Staff had completed training in caring for residents with dementia and responsive behaviors. Residents were supported to engage in activities based on their interests, capacity and life stage.

The layout and design of the centre was suitable and met the needs of the resident in a comfortable and homely way. The building was clean, spacious and decorated to a good standard throughout. All areas were bright and well lit, with lots of natural light.

A total of seven outcomes were inspected. The inspector judged three outcomes as complaint and three as substantially complaint. One outcome was judged non-compliant moderate namely, Health, Safety and Risk Management.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

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):

No actions were required from the previous inspection.

Findings:

The inspector tracked a sample of resident care plans and found that, timely and comprehensive assessments were carried out and appropriate care plans were developed in line with the changing needs of residents. The centre implemented an effective admissions policy which included a pre-admission review.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment.

Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments and plans of care developed around their physical, psychosocial and communication care needs. Care plans for psychological signs and symptoms of dementia (BPSD) were developed. The care plans were person centred and descriptive in detail, outlining the impact on both long and short term memory, who the resident recognises and their comprehension in understanding verbal communication.

Care plans and assessment were reviewed at the required four monthly intervals or sooner in response to a changing need or circumstance. There was evidence of documentary involvement of residents or their next of kin in care planning.

The residents' nutritional needs were well met. Residents were provided with a regular choice of freshly prepared food. Menu options were available and residents on a modified diet had the same choice of meals as other residents with appropriate consideration given to the presentation of these meals.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. Systems were in place to ensure residents had access to regular snacks and

drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nutritional and fluid intake records were appropriately maintained where necessary.

Residents had good access to general practitioner (GP) services. There was evidence of medical reviews to review residents' medication and more frequently when required at the request of nursing staff when a change in health status was observed. Medical records evidenced all residents were seen by a GP within a short time of being admitted to the centre.

There was access to a physiotherapist who visited the centre regularly to review residents. The physiotherapist assessed all new admissions and detailed safe moving and handling instruction for staff and reviewed residents with mobility problems and poor respiratory function. One resident while reviewed by the physiotherapist did not have a recent seating assessment by occupational therapy. The chair utilised did not provide adequate support to help maximise the resident's independence.

There was one vascular ulcer and two pressure wounds being managed at the time of this inspection. Wound assessment charts were completed at the change of each dressing and a plan of care was in place for each resident. The person in charge has a qualification as a clinical nurse specialist in wound care and recommended the type and frequency of dressing regimes.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end-of-life care to residents with the support of their GP and the community palliative care team. There were no residents at active end-of-life stage on the day of the inspection. Records indicated that end-of-life preferences were discussed with residents and or their relatives and these were documented in residents' records. A system was developed to ensure residents with a do not attempt resuscitation (DNAR) status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

A policy was in place for the protection of vulnerable adults which outlined procedures and appropriately referenced current national guidelines and included guidance on protected disclosures. Records indicated that regular training on safeguarding vulnerable adults was provided. Staff members spoken with had received training and understood how to recognise instances of abusive situations and were aware of the appropriate reporting systems in place.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

There were policies in place to guide staff on meeting the needs of residents with responsive behaviour and restrictive practices. Policies gave clear instruction to guide staff practice. Training records reviewed indicated that staff were facilitated to attend training related to the care of older people with dementia and responsive behaviours. This was an area identified for improvement in the action plan of the previous inspection and is satisfactorily completed. Staff spoken with explained how the course helped them understand residents' conditions and how to respond to incidents to minimise situations escalating and care for resident with dementia through diversional techniques.

Restraint management procedures were in line with national policy guidelines (the use of bedrails). A restraint free environment was promoted. At the time of this inspection there were 5 residents with bedrails raised. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. There was evidence of trialling alternatives prior to using bedrails. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe.

The contracts of care were revised as required by the action plan of the last inspection to outline the arrangements for the payment or refund of monies owed to a resident on the accrual of financial support received. The provider is a designated pension agent for five residents. Transparent accountable systems were in place to govern the management of residents' finances.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were no restrictive visiting arrangements, apart from at mealtimes. Visitors were variously present throughout the day. Residents met visitors in the sitting room or foyer. There were areas for residents to receive visitors in private should they so wish. Since the last inspection, a second visitors' room has been provided on the ground floor. This was well decorated, inviting and on occasion used by some residents who like a quiet space.

Residents' spiritual needs were well met. There is an oratory available for use. Pastoral care is provided by the advocate, a member of a religious order who visits the centre daily. The inspector spoke with the advocate and she explained her role and level of involvement in the daily life of residents.

The centre had a dedicated full-time activities coordinator who managed a programme of activities and also organised special events and celebrations. Social care assessments were completed for residents to detail their interest and hobbies and how they like to spend their day. The activity coordinator spoken with explained the range of activities provided daily including spiritual support requested by the residents in line with the ethos of service. At the time of this inspection all residents were getting up each day. While more frail residents retired to bed earlier they were encouraged and supported to be involved in activities suitable to their capacity and life stage.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents during discrete 5 minute periods in a block of 30 minutes. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

Two episodes were monitored in this way both during the morning and afternoon in the sitting room. Each observation episode returned a positive result with notes that staff had engaged positively and meaningfully with residents on a regular basis. Residents with dementia were seen to receive care in a dignified way that respected their personhood. The inspector observed staff interactions with residents that were appropriate and respectful in manner. The inspector found 100% of the observation periods the quality of interaction score was +2 (positive connective care).

Residents with dementia had access to advocacy services. There is both a collective and individual forum for residents and their next of kin to raise any concerns they have to the management team.

Residents' privacy was respected. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place. Throughout the morning of the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, supporting people from the bedroom to the sitting area or to the dining room.

Residents appeared to be familiar with staff. At meal times staff were seen to be speaking to residents, and where support to eat and drink was being provided, it was done in a discreet way. Where residents were able to eat themselves they were supported to do so, for example, some residents had deep bowls which facilitated them to eat independently.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a complaints policy in place. The complaints procedure was displayed prominently in the centre. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer. An internal appeals process and nominated individual with oversight of the complaints process was outlined.

A complaint file was maintained that had the facility to record each complaint with details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There was an adequate complement of nursing staff with the proper skills and experience on each work shift to meet the assessed needs of residents at the time of this inspection, taking account of the purpose and size of the designated centre.

There was a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and maintenance staff.

There are seven care staff throughout the morning from 8:00hrs and six until 14:30hrs. The number of care staff in the afternoon requires review. There are only three care assistants between 14.30hrs and 16:00hrs. During this time the inspector observed some requests from residents to meet their care need placing staff under pressure of work to respond in a suitable timeframe. A small number of residents with responsive behaviours require a high level of interaction by staff through diversional therapy to meet their needs, limiting available resources.

There was a varied programme of training for staff. Records viewed confirmed there was an ongoing program of mandatory training in areas such as safeguarding vulnerable adults, fire safety evacuation and safe moving and handling. Staff also had access to a range of education, including training in specific dementia related courses that explained the condition, the progression of the disease and effective communication strategies. Staff had completed training on infection precautions. Nursing staff had completed medicine management training.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspectors they undertook an interview and were requested to submit names of referees. Staff files contained all matters required by Schedule 2 of the regulations.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Findings:

The location, layout and design of the centre is suitable for its stated purpose and meets the needs of the resident in a comfortable and homely way. The centre is situated in town and residents have a view of the main street from the sitting room.

Accommodation comprises 23 single rooms and six twin rooms. There is a sitting room, dining room, oratory and two visitor rooms available for use. All bedrooms were spacious and were seen to be personalised. It was observed that there was adequate space in the bedrooms. The bedrooms had adequate space for equipment such as hoists to be used, with sufficient space to access the beds from either side. Laundry facilities

are provided on-site and are well equipped.

There were a sufficient number of toilets and showers provided for use by residents to include toilets located adjacent to the day room. Grab-rails were provided alongside toilet, showers and wash hand basins. Call alarms are fitted in en-suites and bathrooms.

There were visual cues on some bedroom doors to help residents locate their room. There were no signs on en-suite bathroom doors to identify the bathroom facilities. There were clocks in bedrooms to help orientate residents' regards time. Notice board was used in the sitting room to communicate information on activities, day of week, date and weather conditions.

All parts of the building were comfortably warm, well lit and ventilated. Bedrooms were painted different colours and soft furnishings were of a good quality and complemented paintwork.

Access to the centre and service areas are secured in the interest of safety to residents and visitors. There is an enclosed courtyard accessible to residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

There were arrangements in place to review accidents and incidents within the centre. Residents were regularly assessed for risk of falls. A falls diary was maintained to record each incident and to help identify any possible trends or contributory factors. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and a post fall assessment completed to mitigate the risk of future falls.

Near miss events were not documented in the accident register. Therefore action to prevent a near miss event becoming an incident was not undertaken or available to review to identify trends to inform learning.

Safety checks of the building were completed including window openings to ensure window restrictors on the first floor of the building were engaged. This was a risk identified on the previous inspection.

The training records showed that staff had up to date refresher training in moving and

handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. These were available to staff at the point of care delivery.

The building, bedrooms and bathrooms were visually clean. A sufficient number of cleaning staff were rostered each day of the week. All beds were provided with clean sheets each day and bedrooms thoroughly cleaned.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards.

There were procedures to undertake and record internal fire safety checks. Monthly and weekly fire safety checks were undertaken. The fire extinguishers were checked to ensure they were in place and intact, the fire panel and automatic door closers were operational. Records were maintained evidencing the fire escape routes were unobstructed. There was an on-going programme of refresher training in fire safety evacuation. This was facilitated by an external trainer.

However, an inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drills in between annual refresher fire safety training. Six staff had participated in a fire drill in April 2017. The most recent fire drill previous to this was in November 2016.

Final exit fire doors were easily openable in the event of an emergency. However, they were not simultaneously secured in a way to ensure a resident cognitively impaired would not leave the centre unknown or unaccompanied. There were no residents identified at risk of attempting to leave the centre at the time of this visit.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Mountbellew Nursing Home
Centre ID:	OSV-0000362
Date of inspection:	22/05/2017
Date of response:	19/06/2017

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:

One resident did not have a recent seating assessment by occupational therapy. The chair utilised by them did not provide adequate support to help maximise the resident's

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

independence.

1. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

This resident has undergone a seating assessment by an occupational therapist from the HSE and appropriate seating is being acquired suitable to his requirements which will provide adequate support, whilst maintaining his independence as far as possible.

Proposed Timescale: 31/07/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

The number of care staff in the afternoon requires review. There are only three care assistants between 14.30hrs and 16:00hrs. During this time the inspector observed some requests from residents to meet their care needs placing staff under pressure of work to respond in a suitable timeframe.

2. 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 afternoon staffing roster has been reviewed and changes implemented to ensure the number and skill mix of staff is appropriate for the individual requirements of our residents at all times.

Proposed Timescale: Implemented

Proposed Timescale: 19/06/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

There were no signs on en-suite bathroom doors to identify the bathroom facilities.

3. 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:

There is now appropriate signage on all en-suite bathroom doors to ensure that the bathroom facilities are easily recognisable

Proposed Timescale: Implemented

Proposed Timescale: 19/06/2017

Outcome 07: 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:

Final exit fire doors were not secured in a way to ensure a resident cognitively impaired would not leave the centre unknown or unaccompanied simultaneously openable in the event of an emergency.

4. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All final fire exit doors will now be protected by the installation of electronically controlled gates at the side of the Nursing Home which covers all exits. These gates are electronically controlled to enable them to be easily released in the event of an emergency or for the entrance and exits of members of staff etc.

Proposed Timescale: 31/07/2017

Theme:

Safe care and support

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

Near miss events were not documented in the accident register. Therefore action to

prevent a near miss event becoming an incident was not undertaken or available to review to identify trends to inform learning.

5. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

We have introduced a register to record minor accidents and near misses. Data from this register will be collated to allow for trends to be identified, informing learning and prevention of more serious injuries occurring.

Proposed Timescale: Implemented

Proposed Timescale: 19/06/2017

Theme:

Safe care and support

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

An inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drills in between annual refresher fire safety training.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We undertake to carry out different forms of fire training and evacuation with members of staff on a monthly basis

Proposed Timescale: Implemented

Proposed Timescale: 19/06/2017

