<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Bellvilla Community Nursing Unit</th>
</tr>
</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:geraldine.walsh1@hse.ie">geraldine.walsh1@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Catherine Dempsey</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Gearoid Harrahill</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>50</td>
</tr>
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</table>
**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 November 2017 12:00
To: 28 November 2017 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority of this designated centre in South Dublin following the renovation and extension of its premises. The building was vacant at the time of the inspection, with the residents temporarily living in another designated centre. The purpose of this inspection was to assess the compliance of the premises against the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016, and to make a judgement on the suitability of the residents returning to live in the refurbished centre and an appropriate continuity of their care being sustained.

While the building was suitable overall for use by the number and needs of residents, there were some outstanding issues identified which impacted on the suitability of the premises for residents to move in during the original planned timeframe of December 2017. In light of findings and observations made by inspectors during the visit, many of which the provider was aware of and had plans to address, and the discussion with the person in charge (PIC) and the provider, the provider agreed to submit a revised plan for when the work would be completed, the staff orientated to the new environment and trained in fire evacuation and a clear plan around the transfer of residents.
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 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
This outcome was reviewed for fire safety and precaution regulations which were related to the refurbished premises. Therefore, the issues relating to the actions for these regulations are referred to as part of Outcome 12: Safe and Suitable Premises.

**Judgment:**
Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the building overall was suitable for the number and needs of the residents, however at the time of inspection the building was not yet ready for residents to return to live there. The provider was aware of many of the issues found on the day of inspection and resolved to address them before transferring residents into the centre.

The building was bright, with open spaces in private and communal areas. The centre
consisted of single and twin bedrooms all on one storey, and large communal living, dining and activities areas. There was a section of the building intended for day care, which did not crossover into the living space of long term residents. Some rooms in the building had changed in purpose and function from their initial intention, and as a result some signage needed to be updated to reflect this.

There was a hairdressing salon, sensory lounge and oratory available, the latter of could be accessed from outside without visitors going through residents' living space. The main sitting and dining rooms were divided by a large partition wall which could be opened out to have a large are for events. Furniture included tables designed to be wheelchair-accessible and height-adjustable.

The residents' bedrooms were divided into three units, each of which was designated with a different colour theme. This colouring along with a picture frame beside each door which was intended to contain either a resident's photo or otherwise meaningful image can assist residents with identifying their own bedroom. Corridors had safe floor covering and were lined with handrails to navigate the unit without major obstruction. Directional signage was also used to assist navigation. Bedroom and bathroom doors were contrasted against the hallway walls. Each bedroom was of adequate size to accommodate one or two residents. Privacy curtains were present between bed spaces in twin rooms, and in single rooms the privacy curtain was around the door area rather than the bed space, to allow full use of the room when these curtains were drawn shut. There was suitable storage space in each bedroom for residents' clothes and belongings, including the option of lockable storage.

Bedrooms which did not have en-suite toilet or shower facilities were in relatively close proximity to a bathroom or toilet on the corridor. Toilet and shower rooms were equipped with sensor activated lights, non-slip flooring, colour contrasted grab rails, shower seats and bathroom ware which was suitable for use by residents with reduced mobility.

Each bedroom, bathroom and communal zone was equipped with call bell facilities. Monitors were available on the corridors to alert staff as to where a call bell had been triggered. However when inspectors tested call bell points, there was no sound, and the monitors displayed a code rather than the bedroom number or name of location of the call bell. These call bells needed to be configured to be clear to staff as to where the alert has been made.

All rooms had fire doors which were equipped with an electronic system to hold the door open and to automatically close in the event of a fire. In a number of rooms, inspectors tested these door closing mechanisms and found that the door did not fully close and caught the door frame, stopping ajar. Before it would be suitable for residents to safety live in the building, these doors would need to be addressed to ensure they could effectively contain smoke and flame in the event of a fire emergency. Emergency exits had been connected to the fire alarm system to trigger an alarm if opened, though at the time of inspection, the alarm system on these doors was not activated.

Each of the three units had linen storage, equipment storage, a cleaner's room, and secured sluice room with macerator units yet to be fully connected. Inspectors advised
the provider to ensure that staff are trained to properly use these new machines. As residents and staff were not yet returning to the building, at the time of inspection there was no resident equipment, kitchen supplies, clinical supplies or linens on the site, and some room had not yet been furnished. Not all beds, tables, kitchen The provider needed to ensure that the transfer of equipment and supplies allowed care practices to continue as soon after the transfer of residents as possible. There were some snagging issues identified which required completion to minimise the work still underway after residents have returned, such as hanging blind cords which were intended to be secured to the window frame, and completion of furnishing and decorating rooms and corridors. At the time of the inspection, there was still some construction presence on site including scaffolding and rubbish skips. This would need to be completely removed before the transition of residents to live in the building, particularly as this obscured signage for the centre from the road.

There was no room in the building designated for residents to receive visitors in private, or to give family members the option to stay in the centre for residents who were at end of life. While a private space to receive visitors was required, providers were advised that it would not be suitable to give a room such as the sensory lounge a dual purpose to achieve this, as this would deprive some residents of a room they wished to use.

There were multiple external courtyards which would be accessible to residents and were visible from communal areas to encourage their use. These had not yet been furnished, including the external area identified for residents to use for smoking, which required ashtrays, fire-safe furnishings, and other features such as aprons or call bells identified for residents to use the area safely and with supervision where assessed as being required. Some tidying of cables from the sluice facilities would be done when the machinery was installed. Plans to add features such as planter boxes were discussed to improve the attractiveness and stimulation of views from some residents’ bedrooms which would otherwise be facing concrete walls.

The management team were not fully familiar with the orientation of the new surroundings, this is required for the continuity of care of residents after the move. Staff needed to be trained in the evacuation procedures and routes in the new building. In addition, inspectors and providers discussed having an open day in the centre before the move to ease the transition and introduction of residents to their new home and bedroom, and help orient them and their families to the new building as a whole.

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

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Staff were not yet orientated to the building and trained in the fire safety and evacuation procedures related to the new environment.

1. **Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
All staff will be orientated to the building and trained in the following:
• Fire safety and evacuation procedures
• Location of fire alarm call points
• Fire fighting equipment
• Fire control techniques and the procedure to be followed in the event that the clothes of a resident catch fire
• Building lay out and escape routes
• First aid in the event of any incidents/injury to residents or staff as a result of a fire in the centre

Proposed Timescale: 15/01/2018

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some internal fire doors required adjustment to ensure that they could completely shut and effectively contain smoke and flame in the event of a fire.

At the time of inspection the alarm points at the final exits had not yet been activated.

2. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Internal fire doors have been adjusted by the contractor and this work is now complete (subject to Estates final inspection). This adjustment enabled the doors in the centre to shut completely thereby, ensuring effective containment of smoke and flame in the event of a fire. The fire alarm will be re commissioned by the 8/1/17 which will activate the alarm points at the final exits ensuring compliance with fire regulations.

Proposed Timescale: 08/01/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A number of issues were identified on inspection which needed to be addressed before residents returned to the premises. These included the following:
- Call bells required configuration to produce sound and to clearly identify the location of the point of call to staff.
- There was no separate private space designated for residents to receive family and other visitors.
- The furnishing of bedrooms and communal areas was not complete.
- The supply of equipment and stock to the kitchen, linen, cleaning and clinical rooms was due before the transfer to ensure continuity of resident care.
- The area designated for smoking required features to ensure residents were safe to use it.
- Installation of sluicing facilities was not complete.
- Some rooms required a change of signage to reflect their purpose and function.
- At the time of inspection, construction equipment was still onsite.
- Some snagging issues were outstanding including unfinished blind cord mounts and tidying of outdoor cables.

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:**
- Call bells have been configured to produce sound and to clearly identify the location of the point of call to allow staff identify the source of the call in the centre
- A separate private space will be designated for residents to receive family and other visitors in the centre
- Remaining furniture will be transferred from Mount Carmel prior to the transfer of residents back into the Belvilla centre from the Mount Carmel centre
- Supply of equipment and stock to the kitchen, linen rooms, cleaning and clinical room will be delivered prior to the transfer of residents
- It is proposed to use one of the courtyards as designated smoking area for residents, this will contain fire safe furnishings and will incorporate an area to distinguish and discard a used cigarette (i.e. an ash tray) A fire extinguisher will be in close proximity in the event of a fire and smoking aprons will be available for residents who smoke
- Installation of sluicing facilities will be completed before the residents move back from Mount Carmel to the Belvilla centre and staff will have received training in using these new machines
- Signage will be changed to reflect purpose and function of all rooms in the Belvilla centre
- All construction equipment will be removed from site prior to the residents moving back to the Belvilla centre
- All snagging issues will be completed by the maintenance staff before the residents move back to the Belvilla centre. This will include the mounting of blind cords and the tidying of outdoor cables

**Proposed Timescale:** 17/01/2018