

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Belmont House Nursing Home
Centre ID:	0014
Centre address:	Galloping Green Stillorgan, County Dublin
Telephone number:	(01) 2784393
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Email address:	info@belmontcare.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Belmont Care Ltd.
Person in charge:	Margaret Wafer
Date of inspection:	6 April 2011
Time inspection took place:	Start: 07:30 hrs Completion: 17:10 hrs
Lead inspector:	Valerie McLoughlin
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Belmont House Nursing Home is a residential centre providing 149 places for people over 18 years of age, including people with dementia. It opened in 1997 and is run by Belmont Care Ltd. The centre has seven levels that consist of 95 single en suite bedrooms and 17 twin en suite bedrooms, two three-bedded rooms, one four-bedded room and two five-bedded rooms.

On entering the centre at ground floor level, there is a spacious reception area staffed from 9.00 am until evening time. It has a large spacious dining room and three sitting/recreational rooms, one of which looks out onto a terraced area. The visitors' room is in the reception area and has access to a computer. Other amenities include a hairdressing salon, vending machines and a newly installed coffee shop. The person in charge, the provider and the nurse in charge of the first floor wing each have an office on this floor. The main kitchen, treatment room and staff facilities are also located on this floor.

The lower ground floor is a self-contained unit, designated as a high dependency unit. It provides accommodation for 32 residents in six twin rooms with en suites. All en suites in the building have a shower, wash-hand basin and toilet. There are also two three-bedded rooms with a shower-room in close proximity, one four-bedded room with an assisted bathroom nearby and two five-bedded rooms with two shower rooms next to these bedrooms. The unit has an open plan sitting room and dining room, which is partly partitioned into distinct sitting and dining areas and contains a kitchenette. There is a quiet room/visitors room and a sensory room for aromatherapy. The sluice room and the laundry are situated on the lower ground level. The nursing office overlooks the sitting room area. There is access to a second courtyard area and to a separate secure terraced patio area that is designated for smoking.

The remaining bedrooms are on the first, second, third, fourth, and fifth floors which are accessible by stairways and two lifts. The accommodation is as follows -

- the first floor is divided into two levels and it provides accommodation for residents with varied dependency. It has ten single en suite bedrooms, a dining/sitting room, kitchenette and a nurses' station. The first floor wing contains seven single en suite bedrooms and four twin en suite bedrooms. There is access to a secure garden to the front and rear at this level
- the second floor provides accommodation for residents with varied dependency. It has eleven single en suite bedrooms and one twin en suite bedroom
- the third floor provides accommodation for residents with varied dependency. It has seventeen single en suite bedrooms, six twin en suite bedrooms, a nursing office, and assisted bathroom

- the fourth floor provides accommodation for residents with low to medium dependency. It has twenty six single en suite bedrooms. It also contains a dining room, a kitchenette, a nursing office and a linen room
- the fifth floor provides accommodation for residents with varied dependency needs, including residents requiring convalescent care. It has twenty four single en suite bedrooms. It has a spacious sitting/dining room which overlooks the patio area and a sitting room with access to a rooftop garden. It has a kitchenette, a nursing office and a storage room
- all floors have a bedpan washer.

There is car parking available to the front of the centre. There is CCTV in public areas.

Location

The centre is located off the N11. It is close to Stillorgan shopping centre and Cornelscourt shopping centre in south Dublin. Nearby facilities include restaurants, libraries, community halls, and Cabinteely Park.

Date centre was first established:	1997
Number of residents on the date of inspection:	132 + 1 in hospital
Number of vacancies on the date of inspection:	16 places

Dependency level of current residents	Max	High	Medium	Low
Number of residents	37	30	33	32

Management structure

The Person in Charge, Margaret Wafer was on scheduled leave at the time of inspection. The Assistant Director of Nursing (ADON), Sanalia Ibrahim and the Clinical Nurse Manager 2 (CNM2) Almira Gerondias provided cover in her absence. They report directly to Albert Connaughton the Director of the company who is also one of the Providers. The staff nurses report to the Person in Charge. The senior carer and the care staff report to the staff nurse on duty. The housekeeping staff, laundry and kitchen staff report to the Housekeeping Supervisor who in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	6	25	3	8	1	8*

*The following staff were also available during the inspection:

The provider, the person in charge, the CNM2, 1 physiotherapist, 1 activities coordinator, 1 hairdresser, 1 coffee shop assistant and 1 maintenance person.

Background

Belmont House Nursing Home was first inspected by the Health Information and Quality Authority (The Authority) on 1 and 2 December 2009 when a registration inspection was carried out. The centre was registered with the Health Services Executive (HSE) for 113 places. On that inspection the provider had requested to register an additional 36 places on the application which the Chief Inspector granted. The centre had been refurbished which included renovation of the current building and extensions to parts of the building. Some facilities at the centre were not fully operational such as the coffee shop, the patio, the secure courtyard and some sitting rooms, as the works were not fully completed at the time of that inspection.

During the inspection in December 2009 there was evidence that the residents were pleased with the care received and that the inter-disciplinary team provided good care. Healthcare needs were generally provided to a good standard, in particular access to peripatetic services.

The management team had a broad knowledge of the legislative requirement and worked well together in focusing on continuous quality improvement and positive outcomes for the residents.

While the provider had an adequate amount of staff on duty for the number of residents in the centre the inspectors had concerns about the level of supervision residents and staff received due to the impact of the size and the layout of the building. The provider supplied additional information within five days of that inspection as requested by inspectors, outlining arrangements for adequate supervision to maintain residents' safety in all areas of the centre on day and night duty and arrangements for the supervision of staff to ensure that they receive sufficient support, supervision and monitoring of their performance on each shift. The information received indicated that extra staff had been employed and a system of supervision of residents and staff had been implemented.

Other areas for improvement identified on the registration inspection were health and safety, risk management and infection control issues. The registration inspection report can be found at www.hiqa.ie.

Summary of findings from this inspection

This was an announced follow-up inspection for the purpose of reviewing the actions of the registration inspection of 1 and 2 December and to examine an application from the provider to vary registration conditions.

This additional inspection report outlines the findings of the follow up inspection of 6 April 2011. The inspection was announced and focused on the areas where improvements were required as highlighted in the action plan of the December 2009 report. The inspector also viewed the bedrooms and the proposed staffing arrangements that were in place to meet the needs of new residents. The inspector, spoke with the provider, the person in charge, reviewed documents and spoke with staff on duty. The inspector was satisfied that the provider could meet the needs of an additional twelve residents to be admitted on a phased basis.

The provider had fully completed six of the seven actions required in the report for the inspection of 1 and 2 December 2009 within the agreed timeframes. One action had been partially completed. Since the previous inspection the provider had:

- put in place additional safety measures to minimise the risk of injury to residents from a steep ramp on the link corridor on one floor
- revised the emergency contingency plans to evacuate residents in the event of a fire and provided staff training on fire evacuation
- provided the Chief Inspector with a copy of the fire safety certificate
- provided adequate staffing levels and skill-mix on day and night duty and provided adequate staff supervision
- installed a nurses' station on the third and fourth floor
- revised and reissued residents with new contracts which met the requirements of the Regulations
- provided additional hand washing facilities, sluicing facilities, safe storage of clinical waste and staff training in infection control and food hygiene
- provided a new register and ensured it was maintained
- provided additional storage space on the fifth floor.

Overall, residents and relatives were very complimentary about the care provided and about the premises. One relative expressed dissatisfaction about the choice available for residents to smoke. The inspector reviewed the smoking facilities and was satisfied with the arrangements the provider had in place to promote the safety of residents.

There were some areas for further improvement required as follows:

- two staff were unaware of the location of the break glass unit in the event of a fire
- the location and the size of the room which contained the bed pan washer on the third floor did not promote good hygiene practice
- cleaning materials were stored inappropriately on the third floor.

Issues examined on inspection:

Physical Environment

The centre is currently registered for 149 residential care places for people over 18 years of age. The provider requested to register an additional 12 residential care places by converting 12 large single bedrooms to twin bedrooms as follows:

First floor:

- to convert three single bedrooms to twin bedrooms when they became vacant
- to convert two unoccupied single bedrooms to twin bedrooms

Third floor

- to convert four single bedrooms to twin bedrooms when they became vacant
- to convert one unoccupied single bedroom to a twin bedroom

Fourth floor

- to convert two unoccupied single bedrooms to twin bedrooms

This would result in maximum number of places rising from 149 residential care places to 161. At the time of inspection there were seven of these single bedrooms occupied and five were unoccupied. The provider committed to honour the single status contracts that were in place for seven residents who currently resided in the single bedrooms. These bedrooms would be converted to twin bedrooms as they were vacated.

Governance

The management structure had been strengthened by the recruitment of additional managerial staff as detailed in the Action Plan review. These additional posts and the re-configuration of the staffing resources will support the introduction of the new places and ensure that care is delivered in accordance with policies and procedures and that the quality of service remains good.

In addition to the issues arising from the action plans, the provider had provided training on risk management, audit and leadership skills for senior staff.

Clinical Issues

All nursing staff were trained in the management of subcutaneous pain management and two staff were scheduled to attend a three-day course on palliative care. The inspector found that key clinical issues such as challenging behaviour, falls management, wound care management and the prevention and detection of pressure ulcers and the management of malnutrition were well managed.

Allocation of Care

The person in charge had implemented a team based approach to care which supported person-centred care. There was a system in place to support and develop the nursing staff so that they could manage their own units safely. There was a consistent approach to staff supervision and staff development. The provider was also available each weekday in the centre.

Staffing

The inspector found that the staffing levels and skill-mix was appropriate for the assessed needs of residents and the size and lay out of the building. The inspector examined the rotas and met the day staff and the night staff and was satisfied that the staffing arrangements were adequate. The provider had recruited additional staff to meet the needs of new admissions. The inspectors saw records which indicated that the senior staff had undertaken pre admission assessments to determine if they had the required skill-mix, expertise and equipment to meet the residents' needs. The inspector was satisfied that staff were recruited in line with the policy and that the induction process, supervision and continued training of staff was good.

The provider had a plan in place to ensure that residents would be admitted to the centre on a phased basis. He told the inspector that he would ensure that extra staff would be employed on the three floors. The inspector was satisfied with the following staff – resident ratio proposals:

First Floor Wing: Current and proposed staffing and skill-mix

Shift times	Current nurses	Current care staff	Current ratio of nurses and carer staff to residents	Ratio of nurses and care staff to care for an additional 5 residents
08:00-14:00	1	2	1:5	1:5
14:00-20:00	1	2	1:5	1.7
20:00-23:00	1	2	1:5	1.7
23:00-08:00	1	1	1:7.5	1.10

Third Floor: Current and proposed staffing and skill-mix:

Shift times	Current nurses	Current care staff	Current ratio of nurses and carer staff to residents	Ratio of nurses and care staff to care for an additional 5 residents
08:00-14:00	1	4	1:6	1:6
14:00-20:00	1	3	1:7	1.7
20:00-23:00	1	2	1:10	1.11
23:00-08:00	1	1	1:14	1.10

Fourth Floor: Current and proposed staffing and skill mix:

Shift times	Current nurses	Current care staff	Current ratio of nurses and carer staff to residents	Ratio of nurses and care staff to care for an additional 2 residents
08:00-14:00	1	4	1:5	1:6
14:00-20:00	1	2	1:8	1.7
20:00- 08:00	1	1	1:13	1.14

Fire Safety

Whilst fire safety management was generally good, the inspector saw two fire safety issues that could result in poor outcomes for residents, visitors and staff. Two staff members did not know the location of the break glass unit on one of the floors and access to two fire extinguishers on the third was obstructed by a wheelchair, hoist and walking frame.

Infection Control

There was no cleaning room on the third floor. The inspector saw that an empty cleaning bucket, mop, vacuum cleaner wheelchairs were stored in an assisted bathroom. The staff told the inspector that the assisted bathroom is never used by the residents, as all residents have en suite facilities.

Actions reviewed on inspection:

1. Action required from previous inspection:

Devise and implement a health and safety policy relating to the health and safety of residents, staff and visitors.

This action had been completed.

The inspector reviewed the health and safety statement and found it to be comprehensive. Since the previous inspection in December 2009 the provider had updated the policy in consultation with safety contractors and the fire officer. It included environmental risk assessment of the new extension to the premises in 2009 to ensure that the environment was safe for residents. Since the previous inspection in December 2009 the provider had put additional safety measures in place to minimise the risk of injury to residents from a steep ramp on a link corridor on one floor. Inspectors saw that the gradient had been reduced and the provider had installed a key pad lock door to prevent residents from inadvertently walking up or down the link corridor.

The person in charge told inspectors that they had recently set up a risk management committee to monitor risk and to share learning. They had plans in place to commence a formal review of identified risks in each department, such as the laundry, catering, and nursing department. A number of staff were trained in risk assessment and additional staff were scheduled to attend training.

2. Action required from previous inspection:

Make adequate arrangements for the evacuation, in the event of a fire, of all persons in the designated centre and safe placement of residents.

Submit the Fire Safety Certificate on completion of the works.

This action had been completed.

Staff interviewed told the inspector about the emergency contingency plans that were in place to evacuate residents in the event of a fire. The emergency plan contained a record of the arrangements that were in place for residents should it not be possible to re-enter the building following evacuation. The inspector reviewed the fire safety policy and saw that that all staff had signed to say that they understood the fire safety policy. The inspector reviewed the fire training records and saw records which indicated that staff had attended training in fire evacuation. Staff interviewed could tell the inspector the arrangements that were in place to evacuate residents. Two new staff were scheduled to attend training on 7 April 2011. The provider submitted the fire safety certificate to the Authority on 13 May 2010 following completion of the building works.

3. Action required from previous inspection:

Put in place at all times the number of staff and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.

Supervise all staff members pertinent to their role.

This action had been completed.

The inspector found that staffing levels were adequate for the assessed needs of the residents and the size and lay out of the building. Staff showed the inspector the validated dependency tool they used to assess the dependency needs of residents each month. Since the previous inspection, the person in charge told the inspector that she had also reviewed the work allocation to ensure that staff were deployed effectively to meet the residents' needs on a consistent basis. There was a nurse on duty on each floor on every shift. The person in charge had implemented a team based approach to providing person-centred care. The inspector saw that this was reflected on the rota. Residents and relatives told the inspector that there was enough staff on duty at all times and that the residents needs were met. Staff interviewed told the inspector that they were satisfied with their work assignment.

Staff told the inspector that they were assigned to specific floors to care for residents and that this meant they could get to know the residents' likes dislikes and routines well. The inspector saw a carer returning promptly to assist one resident back to her room after she had spent some time in the garden. The resident knew the staff by name and she was very complimentary about the care and attention she received. She told the inspector, "The staff are very good and they are always there when you need them". A relative told the inspector that her brother had made great progress since his admission she said, "The attention he receives is wonderful, he is so well cared for, the staff are great".

The inspector found that staff were adequately supervised and supported. Since the previous inspection the provider had recruited additional nursing and care staff as the number of admissions increased. He had also recruited a CNM2 to support the ADON and the person in charge in managing the units. The inspector saw the ADON and the CNM2 communicating with staff and residents during the day. The nursing staff in charge of each unit provided direction and support to the care staff during the day. The provider had also developed a carer to the role of Senior Carer to provide additional support to new care staff during their induction period. The care staff told inspectors that the nursing staff and the senior carer were available to advice and assist them as required. The inspector saw that there were regular handover periods which promoted continuity of care. The inspector reviewed residents' files and found good practice in falls prevention and management, wound management, challenging behaviour, nutrition and supervision of residents at mealtime and throughout the day.

Nursing staff interviewed told the inspector that they supervised staff both informally and formally. They explained that take charge of their assigned units and that they carry out appraisals for the care staff on their team. They said that this provided them with an opportunity to identify training needs and to assist their team with their professional development. The care staff told the inspector that they were happy with their assignment, their workload and the training opportunities available to them.

Since the previous inspection the provider had created a nurses' station on the third and fourth floor. The inspector saw that the night staff used the nurses' station on each floor to provide the day staff with an update on the residents' progress. This meant that staff were available on each floor should the residents require assistance. The inspector saw that staff were available to assist residents and the staff answered call bells promptly. Residents told the inspector that staff were readily available.

4. Action required from previous inspection:

Implement contracts that include details of services to be provided for residents and the fee to be charged.

This action had been completed.

Since the previous inspection the provider had revised and reissued residents with new contracts. The inspector saw that the contracts included details of the services to be provided and the fee to charged.

5. Action required from previous inspection:

Provide sufficient number of hand-washing facilities in the premises.

Provide the necessary sluicing arrangements.

Provide safe storage for clinical waste.

Implement and monitor staff adherence to infection control principals in the main kitchen area.

This action had been partially completed.

Since the previous inspection, the inspector saw that the provider had installed additional wash-hand basins in the following areas:

- the cleaning room
- the sluice rooms
- the kitchenette on the fifth floor

However, the replacement wash basins were ceramic, not stainless steel, as required by the Standards, to minimise the risk of infection.

The inspector noted that staff washed their hands and used the sanitising gels appropriately.

Since the previous inspection the provider had installed a bedpan washer on the first, third and fifth floor. This meant that the risk of infection had been reduced as the staff did not have to take used bedpans to another floor to be sterilised. However, the location and the size of the room which contained the bedpan washer on the third floor did not promote good hygiene practice. Since the previous inspection the provider had installed a bedpan washer in the back of an assisted bathroom. Staff had to walk through the assisted bathroom to use the sluice room. This increased the risk of infection.

Since the previous inspection the provider had ensured the safe storage for clinical waste. The inspector saw that the clinical waste bin was locked and stored securely.

The inspector saw that staff used hand sanitising gels appropriately and they wore aprons when they entered the main kitchen. Staff told the inspectors that they had attended training on infection control and food safety. The inspector reviewed training records and saw that all staff were trained in infection control and food hygiene.

6. Action required from previous inspection:

Maintain the directory of residents to include the cause of death as outlined in Schedule 3 of the Regulations.

This action had been completed.

Since the previous inspection in December 2009 the provider had a new bound register in place. The register was examined by the inspector and it contained all of the information required in Schedule 3 of the Regulations, including a record of the cause of death.

7. Action required from previous inspection:

There was not adequate storage space identified for equipment on the fifth floor.

Provide suitable storage facilities for equipment throughout the building.

This action had been completed.

The inspector saw that the provider had installed a large linen cupboard and a new spacious sluice room on the fifth floor since the previous inspection in December 2009. The sluice room met the requirements of the Regulations.

Report compiled by:

Valerie McLoughlin

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
1 and 2 December 2009	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Belmont House
Centre ID:	0014
Date of inspection:	6 April 2011
Date of response:	22 April 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Two fire extinguishers were obstructed by a wheelchair, hoist and walking frame on the third floor.

Two staff members did not know the location of the break-glass unit.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Action required:	
Make adequate arrangements for detecting, containing and extinguishing fires.	
Reference:	
Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
As the two fire extinguishers are at the end of the corridor it is likely that this will be a recurring problem. We propose to move the two extinguishers to a more suitable place nearby.	Immediate
A list of all of the fire extinguishers and break-glass unit locations has been circulated to all staff and will be incorporated into all future fire training sessions.	Immediate

2. The provider has failed to comply with a regulatory requirement in the following respect:	
The location and size of the room which contained the bed pan washer did not promote good hygiene practice.	
Action required:	
Provide necessary sluicing facilities.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
As the assisted bath on this floor is never used we propose to remove the bath and to make this room a sluice room with separate lockable storage for cleaning materials.	1 month

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 25: Physical Environment	Provide a separate cleaning room which is ventilated to the external air, provides a sluice sink, wash-hand basin, and lockable safe storage for cleaning materials.
	Ensure that all new/replacement sluice sinks are of stainless steel to reduce the risk of risk of infection.
	Provider's response: As the assisted bath on this floor is never used we propose to remove the bath and to make this room a sluice room with separate lockable storage for cleaning materials.

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Albert Connaughton

Date: 22 April 2011