



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Bellvilla Community Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	26 October 2023
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0040934

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is located in south Dublin city and registered for 49 beds, all accommodation is located on the ground floor of a single-storey premises. The building is divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service is operated on the site but does not require entering the long-term residence to access.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 October 2023	08:30hrs to 17:00hrs	Margo O'Neill	Lead
Thursday 26 October 2023	08:30hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors spent time observing and speaking with residents, visitors and staff throughout the course of the unannounced inspection. Residents spoke positively regarding the service and support they received. Residents said they felt safe in the centre and that staff were kind and helpful when providing support. Residents also told inspectors that they were happy with the care provided and that they never had to wait for help from staff, with one resident saying that staff were 'always passing by' and another resident who stated that staff were 'very good'.

Bellvilla Community Nursing Unit is a single storey purpose built centre comprising of 19 single bedrooms and 15 double bedrooms. The centre was found to be well maintained and all areas were clutter-free and decorated nicely.

All bedrooms were observed to be spacious and contained appropriate furniture and adequate storage for residents' personal belongings. The layout of multi-occupancy bedroom supported and enhanced residents' right to privacy and autonomy with storage for personal possession available within privacy curtain. The layout also ensured that residents could enter and leave their bedrooms and en-suite facilities without disturbing or having to enter the private space of the other resident occupying the room. Shared bathrooms and en-suites facilities viewed by inspectors were found to be maintained to a good standard and had adequate space to allow residents to undertake personal care activities independently or comfortably with assistance if required.

At the time of the inspection the small oratory at the front of the centre was being reconfigured and divided to provide a smaller oratory space, a kitchenette and additional storage. The family room located opposite the oratory was being used for storage, this was filled from the floor to the ceiling with large boxes of supplies. These areas remained unavailable to residents, in the same way as the last two inspections.

Residents had access to an enclosed patio area at the far rear of the centre. Appropriate seating areas with tables and chairs were available for residents and the area was found to be well maintained. Inspectors identified however that the designated smoking area which was located outdoors in the patio area was placed under the eaves of the centre's roof and contained a number of combustible items. This posed a fire safety risk. Once highlighted to management this area was cleared of combustible items.

Work on two new kitchenettes, store rooms and cleaner's room were under way at the time of the inspection. Inspectors noted that although not yet fully finished that the cleaner's room required further review to ensure that all required facilities such as hand wash sink and shelving were in place in the cleaners room to ensure

infection prevention and control standards could be implemented and supported fully.

At the time of inspection one activity staff member worked in the centre with one vacancy having recently occurred in the team. Recreational and occupational activities were facilitated Monday to Friday. Inspectors observed that there were a number of small group activities being held by the activity co-ordinator and other care staff during the course of the inspection. A Halloween party with lively piano music and a singer was also planned on that day. Residents, relatives and friends gathered together in the main dining and living room for the party and inspectors observed that some staff dressed in costume. There was party food and drinks provided to residents and their guests. Residents appeared to enjoy the music and festivities.

Inspector observed that mealtimes in the centre were a relaxed and enjoyable time. Improvements were noted in the Katie Barrett area where there was a calmer and less busy atmosphere on the day of inspection.

Residents who spoke with inspectors reported that the food on offer in the centre was satisfactory with one resident saying it was 'lovely'. Inspectors saw that the catering manager was well known to residents and carried out frequent walks around the unit to speak to residents for feedback on the food and choices in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that residents living in Bellvilla Community Nursing Unit received a good standard of care that met their assessed needs and residents were supported to live a good life. There was an established management structure and clear reporting system to provide lines of accountability.

The inspection was carried out to monitor compliance with the regulations and to follow up on actions identified on the last inspection in January 2023. While there were some improvements noted during the inspection, the governance and oversight systems remained inadequate resulting in repeated non-compliance under Regulation 17, Premises.

Inspectors found that there was sufficient staffing levels in the centre to meet residents' individual and collective needs. The management team responsible for the day-to-day operations within the centre was led by the person in charge, who was supported by an assistant directors of nursing. Seven clinical nurse managers and a catering manager also provided managerial support in the running of the centre. Six

nurses were available 07:30hrs to 20:30hrs and nine health carers were available 07:30hrs to 20:00hrs Monday to Sunday to provide support to residents and three nurses and three health care assistants worked at night with a night supervisor who was a clinical nurse manager. There was sufficient catering, household and maintenance staff also available to provide the service as detailed in the statement of purpose. Residents also had access to one full time and one half time physiotherapists. A full time social worker had also recently taken up post.

Inspectors found that not all documentation was retained in the centre as outlined in the regulations for the required time frames. This required review. Further detail is provided under Regulation 21, Records.

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 47 residents living in Bellvilla Community Nursing Unit at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 21: Records

Records were not retained in the centre for the required period of time as stipulated by the regulations. Inspectors were informed that resident records were transferred to an external archive facility after a two year period. This was not in accordance with regulations which required that all records were maintained on site and available for review for a period of four to seven years.

Furthermore simulated fire evacuation drill records were found to be insufficient. Records of the scenario that had been practised, recommendations and learning identified were found to be inadequate in detail, generic and did not inform quality improvement.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence of insurance to protect residents against injury and against other risks was provided to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements in the centre had not ensured improvements had been made in relation to the premises. While it is acknowledged that work was underway to add additional storage, the oratory and the family room remained unavailable for residents' use. This is the third inspection where these issues had been identified. Management systems required strengthening to ensure that actions were taken to address identified issues with adequate measures.

Furthermore inspectors identified the following risk during the inspection, that had not been identified by the provider: there was inappropriate storage of combustible material in the centre's designated smoking area which was located against an outer wall of the centre and under the eave the centre's roof. Staff addressed this risk before the end of the inspection, when highlighted.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy in place that set out the process for making complaints in the centre. There was information available in the three units about how to make a complaint. Residents who spoke with inspectors were clear of the process.

Recent complaints were seen to have been responded to in line with the policy, for both written and verbal complaints. The records showed that the outcome had been shared with the complainant, and whether they were satisfied with the response.

Judgment: Compliant

Quality and safety

Overall residents were seen to be choosing their preferred routines in the centre, and taking part in different social activities when it suited them. While improvements had been made to meal times and the activities program, Inspectors identified repeat findings under Regulation 17, Premises. Action was required to ensure that all communal spaces outlined in the statement of purpose were available for residents use and that inappropriate storage was addressed.

Residents were seen to be making use of the different parts of the centre. Some residents were in the communal lounge, or activities room. Others stayed in the gathering area in their unit, or stayed in their bedroom. There was access to a courtyard at the back of the centre and residents were seen accessing independently, or with support if required, throughout the inspection. Residents were also seen to be joining in with a range of activities during the day, or spending time in their rooms if that was their preference.

Inspectors observed an improvement in the dining experience for residents. Some residents took breakfast and lunch in the dining room, others in the lounge areas and some in their bedrooms. Inspectors observed the lunchtime experience and noted in the dining room and lounge areas there was a calm environment and catering equipment was kept separate from the residents, which addressed a finding from a previous inspection. Residents said they enjoyed the meals, and inspectors noted only small amounts of food being returned to the kitchen.

A review had been carried out by the catering manager, and they were engaging with residents about their preferences. This had resulted in a wider range of choices being available for meals and snacks. Breakfast included cereals, porridge, toast and eggs. The catering manager advised a hot breakfast was available on a Friday. Lunch had two hot options and also a salad and sandwiches. On the day of the inspection, there was a Halloween party. Tables had been set up with food and drinks, including a bar. The range of snacks available covered a range of diets, for example diabetic diet.

There was a full activities program displayed on the wall in the main corridor, and activities on the day were seen to match those advertised. Through the inspection, residents were seen to be engaged in a range of activities, either on their own, or in groups. Staff had dressed up for Halloween, which residents were commenting on and enjoying. Posters for upcoming events were also seen around the centre. For example for an upcoming Tea Dance at the National Concert Hall, with residents and their families booking spots to attend. A therapy dog was visiting on the day of the inspection and residents reported they really enjoyed this visit.

There were safe processes in place for the prescribing, administration and handling of medicines, including controlled drugs. These were completed in accordance with current professional guidelines and legislation.

An information guide for residents in respect to the centre had been prepared and provided to inspectors. Minor amendments were required to ensure that the guide included all details required under the regulation.

Regulation 11: Visits

There was a policy of open visiting in the centre and residents were observed receiving visitors throughout the course of the inspection.

Some visitors sat with their relative or friend in the communal areas, or outside, and others chose to sit in a quiet room, or in the residents bedroom. Visitors also joined the residents for the Halloween party, which was seen to be an enjoyable event for those attending.

Judgment: Compliant

Regulation 17: Premises

Storage arrangements in the centre were not adequate. This issue remains outstanding from previous inspections

Inspectors found that two rooms, the oratory and the family room remained unavailable to residents to use as they were being used for storage. This reduced the communal space available to residents in the centre.

There was inappropriate storage of commodes in communal bathrooms, which may impact the accessibility of those areas for residents. Other equipment, such as blood pressure machines were seen to be stored along corridor areas There was also inappropriate and unsafe storage of combustible items in the centre's designated smoking area.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to a range of drinks, that were brought around the unit through the day. Water was available in the communal areas, and those in their bedrooms had a water jug with them.

Meals and snacks were served through the day. Inspectors observed a range of options for breakfast, and three choices for lunch. Residents reported the food was tasty, and they had sufficient portions.

Judgment: Compliant

Regulation 20: Information for residents

The resident guide provided to inspectors did not contain information regarding the terms and conditions relating to residence in the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that there were safe systems in place for the management of medicines. Medicines were stored securely and controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centre's policy on medication management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were seen to be in place for residents, and reflected the care and support needs of each resident . The care plans were written in a way that set out the residents preferences, and included individuals like and dislikes. Care plans were seen to be reviewed at least every four months or more frequently if required.

Where residents needs changed, and there were recommendations from allied health professionals, care plans were updated. For example where a dietician had reviewed a resident dietary needs, and recommended a change to the approach to manage weight loss. This was clearly reflected in the care plan.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy in place, and staff spoken with were aware of the steps to take if they suspected, observed or had an allegation of abuse reported to them.

Where safeguarding incidents had been reported, a preliminary screening had been undertaken, and where identified as required an investigation had been carried out. Where safeguarding reviews had taken place, inspectors were able to see that safeguarding plans were in place for residents, for example in relation to managing behaviours and psychological symptoms of dementia.

The provider was a pension agent for some residents. This was managed centrally, with records held by the administration team in the centre. Some monies were held for residents in the safe, and a check of the records and balances showed that these were well managed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be moving freely around the centre, and chose where to spend their time. One area where residents were not able to exercise full choice was in relation to accessing money that was held in the centre on their behalf. At the time of the inspection, this money could only be accessed Monday to Friday between 9 and 5. Also, where the provider was a pension agent, a regular letter setting out their balance was sent to the centre, but was not passed on to the resident or their representative.

Where residents shared bedrooms, well positioned privacy screening meant residents could undertake activities in private.

There were televisions in the communal rooms and bedrooms, also access to radio, CDs, and a range of DVDs. Some residents had newspapers and magazines if it interested them. There was information available in the centre, including a notice board. This included information about how to contact advocacy services.

Residents meetings were being held in the centre, and at a previous meeting a representative from Patient Advocacy Service (PAS) attended

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bellvilla Community Unit OSV-0000438

Inspection ID: MON-0040934

Date of inspection: 26/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Develop and implement a plan to enhancement the current storage practice of records retained in the centre for the required period of time as stipulated by the regulations. A particular focus on sourcing additional storage to accommodate additional filing requirements – target for completion 31/11/24</p> <p>Review and enhancement of fire evacuation drill records with a particular focus on recording of the scenario that had been practised, recommendations and learning identified to inform quality improvement practices - complete.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Review and strengthening of existing management systems relating to premise to address additional storage, the oratory and family room access to residents - complete</p> <p>The unit evaluates its compliance with relevant standards and regulations and implements a structured quality improvement programme to address any deficiencies - complete</p> <p>The family room is now accessible for resident and family use, the Oratory is ready for use and storeroom is available for use in RHW and each ward now have access to their separate kitchenettes - complete.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Enhancement of management oversight to ensure that the designated centred is safe, appropriate, consistent and effectively maintained particularly in relation to storage—complete</p> <p>Designated store rooms now available in each wards within the designated centre to address inadequate issues- complete A Metal shed sourced in the front courtyard to address storage challenges in the designated centre - complete. The oratory and the family room restored to residents to use and no longer used for storage - complere. Commodes removed from communal bathrooms to restore accessibility of this space to residents - complete Equipment, such as blood pressure machines are removed from corridor areas and stored in the Clinical rooms -complete. Removal of inappropriate and unsafe storage of combustible items from the smoking shed - complete A new designated Smoking Shed located away from the building and accessible to residents on wheelchair - complete.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident information guide has been reviewed and updated to contain information regarding the terms and conditions relating to residence in the designated centre - completed.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Money will be kept in the safe in the PIC's office where the staff in charge over the weekend can provide money when needed by the residents. Enabling residents to exercise full choice in relation to accessing their funds held in the centre over the weekend or weekends- complete.

The provision of an inventory log for money removed and reconciliation of the remaining balance in the centre will be recorded. This information will be passed on to the resident or representative. Mandatory requirement for two signatories at any point that the safe is accessed - complete.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the	Substantially Compliant	Yellow	30/11/2023

	designated centre concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	26/10/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2023