



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

## Issued by the Chief Inspector

Name of designated centre:	Mountbellew Nursing Home
Name of provider:	Mountbellew Nursing Home Limited
Address of centre:	Mountbellew, Galway
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0035702

## About the designated centre

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

Mountbellew Nursing home is a purpose built two-storey facility which can accommodate up to 35 residents. It is located in the town of Mountbellew close to many amenities including the post office, shops and restaurants. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post operative care. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 23 single and six twin bedrooms. Sixteen bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day rooms, conservatory, smoking room, oratory and visitors rooms. Residents also have access to a secure enclosed garden area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	31
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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
Wednesday 2 February 2022	09:30hrs to 18:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents and staff welcomed the inspector into the centre. Residents spoke openly about how life was in the centre and the feedback was overwhelmingly positive. The centre had had a significant outbreak of COVID-19 in the centre and had been through a very difficult time. Residents openly praised staff describing them as "smashing". Residents spoken with were happy living in the centre. Despite the challenges faced by the centre through the outbreak every person who communicated with the inspector had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents. Residents commended the staff on their commitment and described how their positive outlook had been a source of strength.

On entering the building there is an open hallway which leads into the main communal day room. Situated alongside this room is a large open corridor area that was in constant use throughout the day. This area has an unobstructed view of the main road where multiple residents spent their day watching the outside activities of the community coming and going from the local shops. The communal area was busy with residents freely coming and going unrestricted depending on what their plan was for spending the day. Residents were seen stopping for a chat with other residents or just sitting and observing the coming and goings of other residents and staff.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The inspector observed that on the day of inspection the main communal sitting room was supervised by staff at all times. The activities coordinator was seen to encourage participation and stimulate conversation. Residents told the inspector that the activities were important to them and they enjoyed the company of each other. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Prior to the COVID-19 national pandemic, and the associated restrictions that have been in place, this centre had close links with the community. Residents missed this interaction. While residents accepted that restrictions were in place to support them and keep them safe, the inspector found there was a real sense that they now wanted the centre to open their doors once again and allow the local schools and volunteers to enter the premises. There was clear evidence that when restrictions had been eased the local school had come into the large enclosed courtyard and performed a Christmas concert. It was evident from the photographs that those who attended had enjoyed the entertainment. Residents were looking forward to the freedom of once again going out to the local shop for some items or go down to the local bar for a beverage. Residents were consulted about changes in the centre and were kept informed of changing visiting guidelines and restrictions relevant to the

COVID-19 pandemic. The person in charge was in constant contact with public health about timelines when this freedom of movement and easing of all visiting restrictions would be allowed.

Residents told the inspector that they were happy with the length of time it took to have their call bell answered when seeking assistance. The management team had completed a call bell audit in October 2021. The average response time was 29 seconds. Findings evidenced that staff were communicated with about the importance of answering bells in a timely manner.

There was an active resident forum in the centre and meetings held were minuted. Discussions were had on satisfaction levels with food and if any resident had any concerns. The inspector reviewed the minutes of the latest meeting held on 07th January 2022. All residents had attended and a detailed update on the COVID-19 outbreak status had been communicated to the residents.

Residents' laundry was managed on-site. The laundry facilities were managed appropriately to ensure residents' clothing was managed with care and minimised the risk of clothing becoming misplaced. The inspector observed that every item was clearly labelled, ironed and neatly folded. Residents were satisfied with the laundry service.

The environment was well maintained and visibly clean. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The bedrooms were homely and personalised. Many residents had pictures of their families framed in their rooms and displayed items of personal importance such as ornaments.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. Overall, the inspector found a high level of compliance with the regulations reviewed. Notwithstanding this, there is a need for clarity on the part of the registered provider regarding the allocation of staffing resources to the centre and the whole time equivalent numbers of registered nurses for the Statement of Purpose.

## Capacity and capability

The inspector found that residents received a good standard of care that met their assessed needs. The governance and management of the centre was well organised. As described by the residents, the centre had been through a very difficult time. Despite this, the inspector was assured the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistent high standard of quality care continued to be provided and that the safety of the residents was maintained. The provider was committed to quality improvement that would enhance and improve the daily lives of the

residents. The inspector found a high level of regulatory compliance.

Mountbellew Nursing Home Limited is the registered provider of Mountbellew Nursing home. The inspection was carried out following receipt of an application to renew the registration of the centre, and also to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre. During the outbreak 32 residents had tested positive for COVID-19. At the time of this inspection residents had completed their required period of isolation. Uptake on the vaccination programme was 100% in both the resident and staff populations.

Throughout the COVID-19 outbreak the Chief Inspector had received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Measures taken to manage the outbreak and minimise the negative impact included:

- Staffing numbers on duty were increased to ensure that there was two registered nurses on duty monitoring the health status of each resident. This increase ensured that the direct care needs of residents were met.
- Managers and staff in the designated centre received daily support and guidance from community public health teams.
- There were sufficient supplies of PPE (personal protective equipment), medicines and food.
- Introduction of a new cleaning system had occurred prior to the outbreak. This new system was in place at the time of inspection and the centre was found to be visibly clean.
- Residents had a COVID-19 care plan in place guiding person centered care.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, infection control, hand hygiene, end of life care, use of restraint and medication management. Audits completed were analysed and were used to drive and sustain quality improvements. The registered provider had completed the annual review for 2020. The 2021 annual review was in draft as the management had given priority to the daily management of the COVID-19 outbreak. The resident feedback and satisfaction surveys had been sent out and many had been returned. From the ones returned , the inspector noted that the overall satisfaction was very high in both the resident and family surveys.

The inspector found that staff displayed good knowledge of the national infection prevention and Health Protection and Surveillance Centre (HPSC) guidance. The provider had a COVID-19 folder that contained all up-to- date guidance documents on the management of a COVID-19 outbreak. Staff had all received training in standard precautions, including hand hygiene, transmission-based precautions, the appropriate use of personal protective equipment (PPE) and breaking the chain of infection. During a discussion about the strategies in place to manage the COVID-19 outbreak the inspector was informed that the visitors room had been temporarily used as a resident bedroom so that residents in double rooms could be separated out. On the day of inspection the room was not in use by any resident as a bedroom. The inspector highlighted that the visitors' rooms are not registered as appropriate bedrooms and that if this measure is part of a long term strategy then

an application to Vary Condition 1 would be required.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under regulation 34. At the time of inspection there were no open complaints.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

There was a registered nurse on duty 24 hours a day. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care. The centre is a large building and residents are accommodated over two floors. On the day of inspection there was nine residents assessed as maximum dependency, 18 as high dependency, one with medium dependency and three with low dependency care needs. In discussion with the person in charge it was acknowledged that one nurse on duty to attend the care needs of 35 residents was insufficient. In addition, a review of the night time staff numbers was required as a total of three staff on night duty is insufficient. The inspector acknowledges that throughout the COVID-19 outbreak the registered provider had put a second registered nurse on duty 24 hours. The person in charge committed to review the staffing numbers and will address this in the compliance plan response.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE.

Judgment: Compliant



## Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met. Gaps found on the day were addressed.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. The person in charge that interacted with the inspector throughout the day was organised and familiar with the systems in place that monitor the care. Care audits had been completed. Although the provider representative was not available on the day of inspection it was evident from meeting records, resident surveys and resident conversations that the provider representative has a strong presence in the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The Statement of Purpose required review and updating to ensure it accurately reflected the service provided and the layout of the centre. For example:

- Room numbers on floor plans submitted did not match the room numbers on the doors in the centre.
- The WTE (whole time equivalent) staffing compliment in the statement of purpose submitted was not reflective of the staffing numbers required for thirty five residents. The current WTE when calculated was insufficient to have a registered nurse on duty 24 hours a day.
- Clarity on the purpose and function of the two visitors' rooms in the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the

office of the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints were minimal and at the time of inspection there were no open complaints. The inspector reviewed the complaints log. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. There was an independent appeals process in place. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

### Quality and safety

Residents' lives had been significantly impacted by the COVID-19 outbreak in the centre and the restrictions in place as a result. Despite these challenges, the inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Some areas for improvement were identified and where possible these were addressed on the day of inspection. For example; some of the hand hygiene gel dispensers when opened were not clean which was a risk. The use of bins with lids that were not pedal operated was also a risk. The person in charge committed to remove the lids while awaiting pedal operated bins.

The inspector found that the needs of residents were known to the staff. In the main, resident care plans were person centered and guided care. Comprehensive clinical assessments of need were completed on admission, individual risks assessments were completed and this information was then used to inform the development of the care plan. The records evidenced consultations with a variety of community professional services. General practitioners had completed on-site medical reviews throughout the outbreak.

Staff knew who to report too and many stated to the inspector that they felt supported by the management. Staff who engaged with the inspector had very good knowledge of the systems in place that monitor the service. Information requested was made available in a timely manner and in the main presented in an easily understood format. Daily monitoring such as baseline temperatures, bowel activity

and frequency of showers were all recorded. Daily progress notes were recorded on each resident. The detail recorded in the progress notes required review. This was discussed with the person in charge who gave a commitment to review the detail recorded and discuss this with the nursing team. This will ensure that the notes outline a residents overall status for when their general health goes below their baseline and extra support or monitoring is required.

The person in charge was actively promoting a restraint free environment. There was a small number of bed rails in use in the centre. Residents had access to a large enclosed courtyard area. The doors were open and access was unrestricted. In addition, the code to exit the building was displayed at the main entrance for residents that wished to go out the front door.

Residents' rights were promoted in the centre and residents were encouraged to maximise their independence with support from staff. Residents were observed to be engaged in activities throughout the day. Residents were familiar with the activity schedule on display and could choose what activity they wanted to attend or could choose to remain in their bedroom and watch T.V or chat with staff. Residents had access to religious services and could access mass daily via video link.

The centre is a large building with resident bedrooms accommodated over two floors with a lift for resident use. The standard of decoration throughout was generally good. There were communal rooms where residents could sit during the day and open areas where residents could spend time quietly if they did not wish to engage with others. Residents told the inspector that they enjoyed being able to move around and not have to stay in the same place all day. There was plenty of natural light throughout. Hallways were wide and unobstructed. There was an oratory that residents used for prayer and quiet time. The inspector saw that there was a call bell system in bedrooms and residents had their call bells left near them so they could use them expediently if needed. The inspector found the centre was well equipped with a range of hoists, specialist chairs and wheelchairs. All residents had their own slings for use with the hoist that had been assessed as appropriate for them.

## Regulation 11: Visits

The centre was closed to all visits on the day of inspection. This decision was in place as it had been instructed by the public health team. The person in charge was in contact with public health and had requested a review of the visiting restrictions as it was recognised that, on the day of inspection, all residents in the centre that had tested positive had recovered. The remaining positive case had been in the staffing numbers and so was not a risk to residents.

From a review of the resident meetings and management meetings and the COVID-19 folder it was evident that visiting and restrictions were kept under constant review. In instances where the centre were operating outside of the COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term

residential care facilities, it was as a result of local case numbers and community transmission.

Judgment: Compliant

### Regulation 17: Premises

The inspector was satisfied that the premises were designed and laid out to meet the needs of the current residents.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy in place that addressed the requirements of the regulation. A risk register was maintained as part of the centres risk management strategy. The centre had a COVID-19 specific risk assessment. The biggest risk found on the day of inspection was in the staffing complement on duty which is actioned under Regulation 15 Staffing.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found the centre was visibly clean. Staff confirmed they had training in infection control and that this was updated regularly. Infection prevention and control audits were completed and actions arising from same were followed up and communicate to staff. Staff had access to the guidance published by the Health Protection Surveillance Centre and the Health Information and Quality Authority (HIQA). There were actions taken to ensure that staff followed good infection control practices and regular reminders were relayed at handovers about not coming on duty if any COVID-19 like symptoms were evident. Temperature checks for staff were completed twice daily. As previously stated non compliance found was rectified on the day.

Judgment: Compliant

### Regulation 28: Fire precautions

The management of fire safety precautions was kept under review. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place and was attended by all staff. All newly recruited staff had been inducted in fire safety procedures.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. In the main, care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the resident in relation to care plans.

Judgment: Compliant

### Regulation 6: Health care

Residents had a choice of general practitioners (GP). On site reviews and consultations when needed had been completed throughout the pandemic.

Visiting by health care professionals had resumed but as a result of the outbreak were temporarily suspended. At the time of inspection, services such as occupational therapy, speech and language therapy and dietetics were available remotely if required.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure best outcome for residents as per their medical status.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used these were implemented following robust risk assessments and alternatives were trialled prior to use.

Judgment: Compliant

## Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. The atmosphere in the centre was calm, relaxed and welcoming. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were empowered to live a fulfilling life within the limitations imposed by national guidelines.

Residents spoken with said they understood the reasons for restrictions. They all commended the staff for supporting them throughout the outbreak, and ensuring that they could maintain regular contact with their families. Residents had access to internet services and video messaging to facilitate them to stay in contact with their families and keep up to date on the news. As previously stated, residents were looking forward to the lifting of restrictions to allow them go shopping, have in house open visiting and when desired go to the local for a beverage.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mountbellew Nursing Home OSV-0000362

Inspection ID: MON-0035702

Date of inspection: 02/02/2022

## 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.

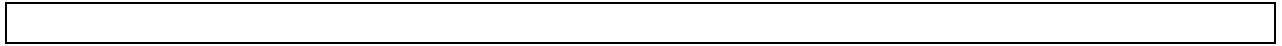


**Section 1**

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Since our inspection, we have introduced an extra Healthcare Assistant for our Night Duty shift increasing our night staffing levels to three healthcare assistants and one staff nurse.</p> <p>We have also introduced an additional staff nurse for the 08.00 to the 14.00 hours shift daily.</p> <p>We will keep our staffing levels under constant review appropriate to the needs and dependency levels of our Residents.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            The Statement of Purpose has been reviewed and updated so that the room numbers in the Statement of Purpose match the room numbers in the center.</p> <p>The WTE staffing compliment have also been adequately updated.</p> <p>The visitor’s rooms have been reverted back to their former purpose as visitors rooms.</p>	



## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	21/02/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/02/2022