



**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:	Mountbellew Nursing Home
Name of provider:	Mountbellew Nursing Home Limited
Address of centre:	Mountbellew, Galway
Type of inspection:	Announced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0037182

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:	33
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How we inspect

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 6 February 2025	09:15hrs to 16:00hrs	Una Fitzgerald	Lead
Thursday 6 February 2025	09:15hrs to 16:00hrs	Ruta Graham	Support

What residents told us and what inspectors observed

The feedback about life in the centre from residents and visitors was overwhelmingly positive. Residents told the inspectors that they were happy, content and safe. Visitors said that they felt grateful that their loved ones were looked after so well 'in a home from home'. One resident stated that the centre was "the best nursing home in the West of Ireland". Residents were highly complementary of the staff as individuals and as a group. Staff were described as "outstanding". It was evident that the residents were at the centre of all decisions made in the centre and that their choices and requests were respected.

Following an introductory meeting, the inspectors walked through the centre and spent time talking to residents and staff, and observing the care environment. There was a calm ambiance in the centre throughout the day. Staff were busy attending to residents' needs, but maintained an unrushed and positive atmosphere, even at busy times. Residents who chose to walk from the sitting room down to the dining room for their meals were supported by staff in an unhurried manner. Staff were overheard telling residents to take their time and viewed the time as an opportunity to have some exercise and also to chat about topics of interest to the residents.

Throughout the day, staff were observed to respond to residents' requests for assistance promptly. Staff told the inspectors that they coordinated their tasks to ensure that they had time to engage with residents' socially. All residents who spoke with the inspectors were happy with their bedrooms. Rooms had adequate space for storage of personal items and clothing. All areas of the centre both internally and externally were observed to be well-maintained. Residents could access the large secure garden from the ground floor. Visitors said that they were always encouraged to bring residents out, and some residents told the inspectors that they regularly went down to the local pub for a beverage of their choice. There was a strong focus on promoting and maintaining family connections. Visitors were welcomed into the centre and were observed coming and going throughout the day.

The inspectors observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who were observed happily chatting amongst each other and with staff. The food served on the day of the inspection was wholesome and nutritious. When asked about the food, residents gave high praise, describing the food as 'tasty'. Staff were available to provide discreet assistance and support to residents.

The weekly social activities calendar in the centre was important to the residents and they said that they were always aware what activities were planned. Residents said they particularly enjoyed the music sessions, and the visits from the local Transition Year students who sang, played instruments, played bingo and spent time with residents. One resident told inspectors that the visits from the local school were always enjoyable. On the day of inspection there was a lively sing-song held in the communal sitting room. The atmosphere in the room was welcoming and filled with

laughter. The students interacted with the residents and it was obvious that they knew the residents. Residents were observed having a thoroughly enjoyable time. It was clear that staff understood the importance of respecting each residents individual wishes. Staff were in attendance supervising the day room at all times and were very quick to react to residents needs.

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 those arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a service that provided person-centred, positive outcomes for residents in an inclusive environment. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life. The inspectors found that the centre was in compliance with all regulations reviewed.

The registered provider was Mountbellew Nursing Home Ltd. This was an announced inspection, carried out to assess ongoing compliance with the regulations. The inspection was carried out over one day. The centre was registered for 35 beds and there were 33 residents residing in the centre on the day of inspection, with two vacancies. There was a clearly-defined organisational structure in place, with identified lines of responsibility and accountability at individual and team level. The clinical management team consisted of a person in charge, an assistant director of nursing and a senior care manager, all of whom were well known to residents. There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The person in charge demonstrated a very good understanding of their role and responsibility. The management team was actively involved in the day-to-day management of the centre. They were a visible presence and provided effective leadership to all staff.

The provider ensured that sufficient resources were in place to ensure that the service provided to residents supported their healthcare needs, rights and wellbeing. There were well-established systems in place to monitor and review the quality of the service provided for the residents. Clinical and environmental audits were regularly completed by the management team, and there was a strong focus on ensuring that residents were satisfied with the service received.

The statement of purpose had been submitted to the Chief Inspector as part of the application process for the registration renewal of the centre. This document set out the services and facilities provided in the centre and contained the information

required by Schedule 1 of the regulations.

Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Staff had access to appropriate training. Staff had the required skills, competencies and experience to fulfil their roles. Staff were familiar with the systems in place and were confident that the allocation of daily tasks ensured that there was a streamlined and coordinated approach to the delivery of care. Staff demonstrated excellent understanding of important topics such as safeguarding and human rights. The person in charge provided clinical supervision and support to all the staff.

Volunteers working in the centre had their roles and responsibilities set out in writing and were appropriately supervised.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. The registered provider had ensured that the Directory of Residents was maintained in line with regulation requirements.

The provider had ensured that a contract of insurance against injury to residents was in place.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.
Judgment: Compliant
Regulation 22: Insurance
Residents and their property was appropriately insured in the centre, in line with regulatory requirements.
Judgment: Compliant
Regulation 23: Governance and management
Inspectors found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had management systems in place to ensure the quality of the service was effectively monitored.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained the information set out in Schedule 1 of the regulations and was reviewed at intervals not less than one year.
Judgment: Compliant
Regulation 30: Volunteers

Volunteers working in the centre had their roles and responsibilities set out in writing. Supervision was in place.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies required by Schedule 5 of the regulations were in place, available to staff and updated, in line with regulatory requirements.
Judgment: Compliant
Quality and safety
Inspectors found that the centre promoted a human rights-based approach to care and support for residents living in Mountbellew Nursing Home. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Inspectors observed that the standard of care which was provided to residents was of a very good quality. Residents' rights and choices were upheld and their independence was promoted. Staff were respectful and courteous with residents. Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. A sample of residents' documentation was reviewed by the inspectors. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Residents' care plans were developed within 48 hours following admission to the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans

were maintained under regular review and updated as required. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well-documented and known to the staff. Appropriate referral pathways were made to ensure residents assessed as being at risk of malnutrition were referred for further assessment by an appropriate health professional.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed. The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts were made to support residents to communicate their views and needs directly.

Residents received a good standard of evidence-based nursing care and there was appropriate oversight of residents clinical care. Residents had access to medical assessments and treatment by their general practitioners. Management and staff were proactive in referring residents to a range of allied health professionals. From the sample of files reviewed, it was evidenced that recommendations from allied health professionals were implemented to improve residents' health and well being.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. For example, residents could retire to bed and get up when they chose.

Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised, as evidenced by the minutes of resident meetings.

There was a risk register in place which identified risks in the centre, and controls required to mitigate those risks. For example, due to the recent storm the centre telephone land lines were not operational. The provider had made contact with all residents family members to provide assurances that the storm had not effected any resident and each family were provided with a mobile phone number to enable them

contact the centre at all times.

A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Annual fire training had taken place.

The premises was designed and laid out to meet the needs of residents. The centre was visibly clean on inspection. There were effective quality assurances processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

Regulation 10: Communication difficulties

The provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives, to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed discharge documentation. The inspectors found that residents' had been transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 28: Fire precautions
The centre had an appropriate fire detection and alarm system. The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. 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
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Residents were provided with timely access to a medical practitioner and health and social care professional services, in line with their assessed needs.
Judgment: Compliant
Regulation 8: Protection
The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to their role in how to keep residents safe, and could clearly describe the reporting mechanisms should a

potential safeguarding concern arise.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspectors reviewed. Inspectors found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents. The residents had access to local newspapers, radios, internet access, telephones and television.

Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents.

Residents were facilitated to exercise their civil rights such as voting. For example, one resident told inspectors that they had requested to return home to cast their vote in the recent elections and that the management team supported them with their request.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant