



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

Issued by the Chief Inspector

Name of designated centre:	Belmont House Private Nursing Home
Name of provider:	Belmont Care Limited
Address of centre:	Gallopig Green, Stillorgan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	01 July 2025
Centre ID:	OSV-0000014
Fieldwork ID:	MON-0047598

About the designated centre

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

Belmont House is a 156-bed centre providing residential, respite and short-stay convalescent care services to male and female residents over the age of 18 years. The centre was originally a Georgian country house and was owned by a religious order. The building has been extended and completely refurbished while retaining some of its older features. It is located on the Stillorgan dual carriageway, close to the village of Stillorgan, with access to local amenities, including shopping centres, restaurants, libraries, public parks and coffee shops and good access to public transport. Accommodation for residents is across seven floors. There are also areas for residents to socialise and relax, including activity rooms, a coffee dock and quiet areas. The majority of bedrooms are single rooms, and there are 25 twin rooms. There is 24-hour nursing care with access to both in-house and specialist healthcare as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	132
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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
Tuesday 1 July 2025	08:30hrs to 16:45hrs	Sharon Boyle	Lead
Tuesday 1 July 2025	08:30hrs to 16:45hrs	Aoife Byrne	Support
Tuesday 1 July 2025	08:30hrs to 16:45hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Throughout the day of inspection, inspectors observed interactions between residents and staff to be positive, kind and courteous. There was a calm and relaxed atmosphere in the centre and a respectful approach to care provided to residents. The inspectors spoke to seven residents who were complimentary about staff and the care they provided stating that they 'couldn't be happier' and 'couldn't ask for anything more'. However, one resident told the inspectors that while they were happy and staff are wonderful, the call bells can be noisy at times.

On arrival inspectors spent time walking through the centre, which provided inspectors with an opportunity to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff.

The inspectors met with nine visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. One family member said "the end of life care was exceptional". Another visitor said "I am always offered food and coffee when I arrive and nothing is a problem".

The reception area which had a coffee shop was the hub of the centre and was busy for most of the day, with residents either reading the newspaper or chatting with visitors. Residents had access to various communal spaces which included two quiet rooms, one with a piano and the other a fish tank and a cinema room with a large screen TV and comfortable armchairs.

The dementia unit was located on the lower ground floor which was accessible by keypad. There were plenty of activities taking place during the day such as a sing a long with a guitar player. There was photos displayed in the communal area of a residents day trips to Bray and an evening with Hillview choir that occurred in May and June respectively.

Inspectors observed lunch being served on the lower ground floor, ground floor and the Maple unit. Tables were laid out with table cloths, cutlery, condiments and flowers. Residents had a choice of turkey or meatball marinara on the day of inspection. Residents had access to safe supply of fresh drinking water at all times. There was plenty of snacks available in the kitchenettes on each unit including fruit, yoghurt, rice pudding, biscuits and bread. However, during lunch inspectors observed residents on the lower ground floor shivering with their arms crossed and

complaining of the cold, and staff did not recognise to turn off the air conditioning for the residents.

During the walk around inspectors observed various areas of the premises which required maintenance. Walls and doors on beech and maple unit were observed to have chipped paint and some walls which had recently been plastered had not been painted. However, senior management told inspectors that there was a four week schedule of repairs due to commence in the weeks following the inspection. Residents wheelchairs were observed to be stored in their en-suite bathrooms when not in use and mobility equipment batteries were seen charging in residents bedrooms. Inspectors observed one incident where a residents mobility aid was not left within their reach to ensure they could mobilise independently if they choose.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, there was a good management structure and arrangements in place to ensure that the centre was adequately resourced to ensure the provision of a safe and effective service. Notwithstanding the positive findings, further improvements were required in respect of the oversight systems in place and to ensure the service was consistent and effectively monitored.

Belmont Care Limited is the registered provider of Belmont Private Nursing Home. Although this centre did not feature in the RTE investigates programme, the centre is one of the 25 nursing homes that are part of the Emeis Group. The person in charge is supported by assistant directors of nursing, clinical nurse managers, registered nurses, care assistants, an activities coordinator, housekeeping, catering, laundry, administrative and maintenance staff. Additional support was provided by management from the wider Emeis group such as regional directors.

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions taken by the provider following findings of the previous inspection of February 2025.

The inspectors reviewed minutes of meetings such as clinical governance meetings and staff meetings. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service; audits included care plans, infection prevention and control and hand hygiene. However these audits did not

coincide with the findings on the day of inspection which will be further detailed under the various regulations.

Due to the high number of falls in the centre, the person in charge had focused on putting systems in place to review falls appropriately. A monthly falls risk reduction group commenced in January and updated falls training for all staff was provided in March 2025.

Staff had access to appropriate training, some of which was facilitated online and other training was attended in person. However, the processes in place to monitor and determine if staff implemented appropriate manual handling practices were inadequate. This is further discussed under Regulation 16: Training and staff development.

Inspectors reviewed solicited information submitted to the Chief Inspector as part of this inspection. The chief inspector had previously engaged with the registered provider in respect of excessive and unnecessary reporting of incidents that did not meet the regulatory criteria and the findings of this inspection are that this issue had been addressed. The person in charge demonstrated a clear understanding of the expectations and regulatory requirements concerning the criteria for submitting information to the Chief Inspector, including the changes to these requirements brought on by the changes to the regulations in March 2025.

The Inspectors found that the centre had an adequate number of housekeeping staff to ensure that the centre was cleaned to the required standard. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene. A housekeeping supervisor oversees the cleanliness of the centre, records of daily cleaning and deep cleaning were readily available.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Notwithstanding that all staff had received manual handling training, inspectors observed that staff were not appropriately supervised to ensure principles of training were implemented into practice. For example; One resident was observed to be handled using a drag lift method which is unsafe and not best practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the positive findings of this inspection, a number of actions that the registered provider had committed to achieve following the previous inspection in respect of care planning, and fire precautions remained outstanding. For example:

- Monthly audits of care planning, which had been committed to in the compliance plan following the last inspection, did not identify that some care plans were not reflective of residents current assessed needs and so could not effectively guide staff in the delivery of care.
- While inspectors received assurances that fire precautions would be actioned, such as identifying an alternative location for charging equipment to reduce the risk to a means of escape, the alternative location identified to charge the the equipment in the residents bedrooms potentially posed an even greater risk of fire to the residents.
- Hand hygiene audits had a compliance level of 99%, however this high level of compliance did not reflect what the inspectors observed on the day of inspection and is discussed under Regulation 27: Infection control.
- Storage of residents mobility equipment required further oversight to ensure that residents had access to their equipment or facilities as they choose. for example; one resident had their mobility aid stored out of reach when not in use and another resident had their wheelchair stored in their en suite when not in use.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required notifications as per Schedule 4 were submitted appropriately and in a timely manner.

Judgment: Compliant

Quality and safety

Although it was evident that care was delivered to a good standard, gaps were identified in the documentation of individual assessments and care plans. Inspectors reviewed a sample of care plans on each floor, focusing particularly on safeguarding, falls, pressure area care and responsive behaviours. Staff spoken with were knowledgeable about the residents they cared for and used validated assessment tools to guide them. However, a number of care plans were pre-populated and did not guide the care for residents. This will be discussed further under Regulation 5: Individual assessment and care plan.

Clinical hand wash basins that met the required specifications were available along the corridors for staff to wash their hands as needed. However, improvements in relation to good hand hygiene practices were required and this is discussed under Regulation 27: Infection control.

Residents told the inspectors that they felt safe living in the centre and that staff treated them with dignity and respect. Residents were also provided with access to daily newspapers, television and radio.

Residents had access to a good range of meaningful activities that were suited to their individual preferences and capacities. On the day of inspection, residents could choose to participate in activities including yoga, sing along, mass and art and crafts. An activity schedule was available for each unit. Residents told the inspectors that they were encouraged to participate in the activities that were scheduled daily and they had various communal spaces should they choose to spend their time away from their bedroom. Other residents told inspectors that they preferred to spend some quiet time in their rooms and that staff respected their wishes.

Following an increase in the number of complaints received by the registered provider regarding missing residents personal laundry, a new process was put in place to ensure all clothes were returned to the correct resident. Residents who spoke to the inspectors said that while there was a problem with clothes going missing in the past this has not been an issue in recent times.

Regulation 27: Infection control

The provider generally met the requirements of *Regulation 27: Infection control and the National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. This was evidenced by the following;

- Hand hygiene practices were not in line with evidenced based guidelines. For example, despite the fact that all staff had personal sanitiser toggles, staff did

not consistently sanitise their hands between episodes of care. This can lead to the spread of a healthcare associated infection.

- The handling of used linen was not managed in a way to reduce the spread of infection. For example, linen skips were not brought to the residents' rooms when required. The inspectors observed staff carrying used linen in their arms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the registered provider had taken significant measures to improve the fire safety in the centre with regard to the containment of fire, fire drills and training, further action was required to ensure adequate precautions were taken against the risk of fire which was identified in the previous inspection. For example; Hoists and batteries for powered wheelchairs were seen charging beside residents beds and in their bedrooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While all residents had care plans in place that were initiated within 48 hours from admission and reviewed at regular intervals, from a review of a sample of residents' records, inspectors found that further action was required in relation to individual assessment and care planning. This was evidenced by the following;

- The safeguarding care plans were generic and did not reflect the individual needs of the resident. For example, where a safeguarding incident had occurred, there was no safeguarding care plan in place for a resident who was involved in a safeguarding incident.
- Each resident had a care plan in place for residents rights, infectious processes and psychological well being . However these were all pre-populated and generic and contained the same information.
- A care plan for a resident who displayed behaviours that challenge did not clearly describe the types of behaviours , behavioural triggers and de-escalation techniques.
- Contenance assessment for one resident was completed and detailed the type and size of continence wear required for the resident. However on further review the elimination care plan informed inspectors the resident was continent and did not require continence wear. This was also confirmed by staff.

This is a repeat finding from the previous two inspections
Judgment: Not compliant
Regulation 6: Health care
There were good standards of evidence based health care provided in this centre. GP's attended the centre regularly to support the residents' needs. There was evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, tissue viability nurse and dietetic services. A physiotherapist provided regular reviews of resident's mobility needs.
Judgment: Compliant
Regulation 8: Protection
The registered provider had ensured that all measures were taken to protect residents from the risk of abuse. There was a safeguarding policy in place to guide staff on measures to take to protect residents from abuse and staff received training in safeguarding vulnerable adults.
Judgment: Compliant
Regulation 9: Residents' rights
Residents had access to a variety of communal spaces and to participate in activities in accordance with their interests. Residents' were afforded choice and were able to consult and participate in the organisation of the centre.
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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Belmont House Private Nursing Home OSV-0000014

Inspection ID: MON-0047598

Date of inspection: 01/07/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Since June 2025, every resident has been reviewed by the physiotherapy team to ensure their needs are correctly assessed and documented- complete • Daily supervision and monitoring of practices by both the physiotherapist and physiotherapy assistant provides safer practices in manual handling & people moving tasks. These documented reports are reviewed daily with the management team to ensure corrective actions have been put in place. This has been ongoing since 11.06.25. The supervision periods will be extended to include late evening supervision sessions twice a week commencing on 18.08.25 to 15.09.25 • All incidents, accidents & complaints relating to manual handling practices will be closely monitored, reviewed and learning outcomes shared with the teams at daily handovers and if required escalated to the Quality Team for sharing companywide via a Risk Alert communication document. Commenced on 18.08.25. This will be ongoing and discussed at monthly governance meetings 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A schedule of works commenced on 05.08.25. Painting and decorating of walls and doors on Beech and Maple unit is now underway. This is scheduled for completion by 30.09.25 	

- A review of the storage facilities for charging wheelchair batteries during the night has been completed with alternative facilities now in place- complete
- On 02.07.25, wheelchairs were removed from bathrooms and stored in the resident's bedroom. Residents' access to mobility aids and equipment is now discussed at the handover periods and safety pause meetings to ensure staff are aware of same. The monitoring of mobility aids and hoist storage is now included in the manager's walkabout report and any issues identified actioned without delay.
- A schedule of care plan training is due to commence in September 2025 for all nursing staff. This is due for completion by 31.10.25
- All residents' care plans are currently under review to ensure that the information guides staff and is accurate and reflective of the most recent assessments and needs of each resident. Scheduled for completion 31st October 2025.
- A sample of care plans will be audited weekly by the PIC and ADONs and monthly audits will be reviewed by PIC and Regional Director to ensure compliance. Findings will be discussed at the Monthly Governance meetings to determine compliance and actions required. This will commence on 31.08.25.
- Hand hygiene protocols & skills demonstration has been facilitated for all staff by the lead IPC Link Practitioner commencing 03.07.25. Ongoing review of compliance will be monitored by the management team during daily walkabouts and night supernumerary senior nurses. Adherence to IPC protocols is discussed at daily safety pause meetings.
- Hand Hygiene skills demonstrations will be completed monthly by CNMs on all floors and findings discussed at governance meetings to identify actions required and learnings. Commenced 15.08.25 and will be completed by 31.10.25

Regulation 27: Infection control	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 27: Infection control:
- Hand hygiene protocols & skills demonstration has been facilitated for all staff by the lead IPC Link Practitioner and commenced on 3.07.25. Ongoing review of compliance will be monitored by the management team during daily walkabouts and night supernumerary senior nurses. Adherence to IPC protocols is discussed at daily safety pause meetings.
 - Hand Hygiene skills demonstrations will be completed monthly by CNMs on all floors

and findings discussed at governance meetings to identify actions required and learnings. Commenced 15.08.25 and will be completed by 31.10.25

- Correct protocols for storing used laundry is now discussed at Safety Pause meetings to remind staff of correct IPC measures in laundry practices. During manager's walkabouts staff are supervised in managing used laundry and correct use of skips. Any non-compliances observed are addressed at that time. Actioned since 15.08.25 and ongoing

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A review of the storage facilities for charging wheelchair batteries during the night has been completed with alternative facilities now in place outside of bedrooms- complete
- Wheelchairs have been removed from bathrooms and stored in the resident's bedroom. Hoists are not stored in residents' bedrooms and alternative storage areas have been identified. The monitoring of storage is now included in the manager's walkabout report daytime and nighttime and discussed at all safety pause meetings daily. Any issues identified are actioned without delay. Actioned and completed on 02.07.25
- Unannounced PIC nighttime inspections which includes monitoring of hoists, batteries and equipment continue monthly with the most recent completed on 08.08.25

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A schedule of care plan training is due to commence in September 2025 for all nursing staff. This is due for completion by 31.10.25
- All residents' care plans are currently under review to ensure that the information contained within is accurate, guides staff and is reflective of the most recent assessments, including any incidents, accidents, safeguarding incidents, responsive behaviors episodes and changing needs of the resident. Scheduled for completion by 30.09.25
- A sample of care plans will be audited weekly by the PIC and ADONs and monthly audits will be reviewed by PIC and Regional Director to ensure compliance. Findings will be discussed at the monthly governance meetings to determine compliance and actions

required, including learning needs, performance management and/or disciplinary action.
31.08.25 and ongoing

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2025
Regulation 27(b)	The registered provider shall	Substantially Compliant	Yellow	31/10/2025

	ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/10/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	31/10/2025

	the resident concerned and where appropriate that resident's family.			
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