

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Bellvilla Community Unit
Centre ID:	ORG-0000438
Centre address:	129 South Circular Road, Dublin 8.
Telephone number:	01 454 8033
Email address:	geraldine.walsh1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kevin Barry
Person in charge:	Geraldine Walsh
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 June 2014 08:25	26 June 2014 16:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The management had completed the self-assessment tool and had judged that the centre was in minor non compliance in relation to both outcomes. These improvements had not been fully implemented. However significant recent improvements were noted.

While areas of non compliance were identified under both outcomes, overall the inspector found a level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents requiring end of live care received a high quality and person-centred service at this stage of life. However improvements were required in care planning and the documentation of residents wishes. The inspector noted many examples of good practice in this area and staff were trained to provide palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones. Residents also expressed satisfaction with how other residents were cared for.

The nutritional needs of residents were met to a good standard. However, some

improvement was required regarding gaps in the maintenance of documentation and the care plans did not fully direct the care to be delivered. Assistance at meal times also required improvement. Residents were provided with food which was varied and nutritious and respected their preferences. Residents provided feedback to the inspector, regarding food and nutrition, which was very positive.

These matters are discussed further in the report and in the Action Plan at the end of the report

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. Areas of non-compliances are detailed under Outcome 14 and 15.

The inspector noted that while there were some activities for residents on the morning of the inspection, some of the residents attended the day care facilities or had their hair cut and enjoyed the chat on the corridors. However, there was limited access to any activation for many of the residents particularly for those with a cognitive impairment. While two activity staff members were allocated, they were both on leave on the day of the inspection. Residents told the inspector that their main source of stimulation in the sitting rooms were the televisions, which were on in the background, while this was on in one of the day rooms it was not on in the other room where other residents sat with nothing to do. While some of the residents had call alarm bracelets, some of the residents who were unsupervised did not have access to call bells in the day rooms to alert staff.

Other aspects relating to this outcome were not reviewed during this inspection.

Judgement:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall residents received a high standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the assessment and care planning.

There was a policy on end-of-life care which was centre specific, while it had been reviewed since submission of the self assessment it did not provide detailed guidance to staff on the new process of eliciting residents end of life wishes. The person in charge had identified this as an area for improvement within the self assessment. The person in charge had developed a template to be used to communicate with the acute hospital post death.

There was currently no system to review the care delivered to residents following death, however the management team had developed a post death review of the end of life practices and planned to use this going forward.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. There were no residents receiving active end-of-life care at the time of inspection. The inspector found that while care was provided to a resident who had been deceased, the care plan was not updated as the residents condition deteriorated. A new end of life pathway had been developed and was yet to be rolled out. All residents were reviewed by the multi disciplinary team on a three monthly basis.

The inspector found that overall care plans required improvement. While some information on residents wishes regarding their preferences and choices at their end of life had been discussed with them or their family. This information was either incomplete and was not comprehensive. The nurses told the inspector this was a work in progress. There was evidence that a resident was facilitated to transfer home on a trial basis as per the residents wishes.

Some information regarding resident's spiritual needs was documented but was not consistently comprehensive. The residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported. Mass services took place weekly in the oratory, prayers were held daily and communion was also offered

throughout the week. Residents expressed their satisfaction with this service. Access to other religious representatives from other faiths was available if requested. Family had access to the oratory if that was the resident's wishes. Last rites were provided and documented. Respect for the remains of the deceased was not documented but family were consulted throughout the whole process.

The decisions concerning future health care needs for some of the residents had been discussed with the GP and family. This was documented; however, staff were not clear on the directives by the GP. Residents did not have a care plan to guide the staff. This was not supported by the policy.

There was some evidence of resident and family involvement in decision making and care of residents, while staff said this was taking place when the resident's condition deteriorated, it was written in the progress notes and difficult to find and therefore may not guide care.

Staff were trained to administer pain relief to residents as their condition deteriorated, and they had support from the local palliative care team when required. One of the nurse managers had completed a MSc in palliative care and also provided support and training to staff. Residents also accessed psychiatry of later life as required. Staff members were knowledgeable about how to initiate contact with the service. This was documented in resident's files.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. All of the questionnaires issued had been returned to the Authority. This information showed that all respondents were very satisfied with the care which had been provided at the time of death. Residents said they did not fear their end of life as they had witnessed how well the staff looked after other residents at this time. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them.

There were overnight facilities provided, which relatives could use to be with the resident when they were dying.

Resident's right to refuse treatment was documented and reflected in the progress notes as it arose.

The procedure for the management of resident's personal possessions required improvement. Personal possessions lists were not signed by the staff and there was not always two signatures maintained in the management of finances.

There were appropriate bags available to handover personal possessions.

Records showed that staff had received training in end-of-life care in 2014 and further training was planned.

Residents and visitors were informed sensitively when there was a death in the centre. Residents spoke of paying their respects to their friends who had died in the centre. A notice was placed at reception to alert all staff, residents and visitors when a resident

was at end of life. Residents said they were supported when a resident dies in the centre, through one to one discussions with the staff.

The inspector found that while there was information available for distributing to families following the death of a loved one. This was not specific to the centre.

The staff told the inspectors of the guard of honour that was performed as the resident left the centre for the funeral mass. Many of the staff attend the funeral. Refreshments were provided in the centre for relatives and residents.

Judgement:

Non Compliant - Minor

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of the care plans. Assistance at meal times required improvement as does the fortification of meals.

There was a food and nutrition policy in place which was centre specific, however it did not provide detailed guidance to staff. The policy had been reviewed following submission of the self assessment to the Authority, however it did not include any guidance regarding religious or cultural practices. The person in charge had identified the policy as an area for improvement in the self assessment document that was submitted to the Authority.

The inspector observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms or in the dining room. Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. breakfast was provided from 9am to 10.30.

The inspector also observed the main meal and found that it was hot and attractively presented. There were two sittings. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of

food at the main meal.

Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive manner. However this required improvement. The inspector observed that appropriate assistance was not provided to all residents and brought this to the attention of the nurses. One resident was in a semi reclined position which placed the resident at risk. This was addressed. While the meal time in the dining room provided opportunity for social interaction between staff, residents and relatives. Some of the residents spent time in their beds due to their condition, the inspector observed staff standing at the residents beds assisting them with a meal while the bedrails were in place. This may not be an enjoyable experience for residents.

While tea was offered at set times during the day and fresh water was provided in the residents bedrooms, fluids were not freely available to residents at other times during the day. In addition, staff provided drinks to residents in plastic cups if they requested this. This would not be suitable for some residents to hold.

Residents who required specialised diets and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. The inspector saw that advice from the speech and language therapist (SALT) was implemented for individual residents where documented. However staff could not identify how the decision was made for some of the residents who required a modified diet. Staff said a resident may require a specialised diet due to the absence of dentures or a swallowing difficulty but a referral to the SALT or dentist had not been made. The service had recently been provided with an external SALT service as required. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets.

The inspector found that assessments required improvement. While residents had oral care assessments, these were not consistently completed in line with residents needs. Nurses were not fully familiar with the instrument used to assess the risk of malnutrition and the screening tool was incorrectly completed for two residents.

Fortification of foods also required improvement. There was a lack of clarity as to who was responsible for fortifying meals and the inspector noted that milk and butter was added to the food in the kitchen and again at unit level when this was not always required.

There was monthly monitoring of residents nutritional and hydration needs and residents at risk were reviewed by the dietician. However, staff showed the inspector how referrals were made to the dietician, however this service may be delayed. Residents were reviewed at the multi disciplinary meeting and had good access to the general practitioner (GP).

Overall there were care plans for nutrition and hydration in place However, they needed to be improved. Care plans for residents who had lost weight recently did not fully direct the care to be delivered and were not always updated when the residents condition deteriorated.

The person in charge had implemented a system of review of residents needs based on the information collected on a monthly basis. A full review of the catering service had recently taken place and the management were working through the findings. Improvements had been made such as supervision and timing of meals. The quality and safety committee continued to meet to review the service.

The inspector spoke to the chef and catering manager who was knowledgeable about modified consistency diets. There was a four weekly menu plan in place, which was recently reviewed, however this was not externally audited by the dietician in order to ensure that it was nutritionally balanced. The inspector noted that while there was a modified consistency diet provided at meal times, records showed that many of the residents ate rice each evening, which may not be suitably varied and could be monotonous for some residents.

The inspector spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. However the snacks available to residents on a modified consistency diet were limited to yogurt and rice.

There was a kitchenettes for relatives to make their own refreshments should they chose too.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting. These meetings were attended by the catering staff. The minutes showed overall satisfaction with the meals.

Staff had received training in the area of nutrition and further training was planned.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The two previous environmental health reports were viewed and the inspector was informed that the actions were addressed.

The complaints for 2014 were reviewed and they did not relate to food or end of life.

Judgement:

Non Compliant - Moderate

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Findings:

The system to manage residents finances required improvement, see outcome 14.

Judgement:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bellvilla Community Unit
Centre ID:	ORG-0000438
Date of inspection:	26/06/2014
Date of response:	24/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Appropriate opportunities for all residents to participate in activities were not provided.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:

The activities co-ordinator will undertake a review of the activities programme to ensure activities are tailored to reflect resident's interests and capacities.

we will ensure that in the event of any unplanned absence of the activities coordinator that other staff will be in a position to carry out activities. To Commence Immediately to be completed 14/09/2014

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 14/09/2014

Theme:

Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents care plans were not consistently updated when the residents condition changed and they did not guide practice.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:

The PIC in consultation with managers will review the current arrangements for dealing with resident's care plan. Residents care plans will be reviewed to ensure they guide practice and updated as required. Formal reviews of care plans will take place at intervals not exceeding 3 months. Ward managers will monitor compliance and feedback actions/outcomes to the PIC on a weekly basis

Proposed Timescale: 31/10/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff were not adhering to the policy on nutrition.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

Please state the actions you have taken or are planning to take:

The Nutritional policy will be reviewed to include guidance in religious/cultural practices. A comprehensive review of resident's nutritional intake including those on modified diets will take place in consultation with the MDT, Speech and Language Therapist and Dietician. Outcomes of reviews will be documented in the care plans. Training in nutrition had already been arranged prior to inspection and will continue to be rolled out. A review of the catering arrangements/dining experience is ongoing in order to meet the dietary needs of each resident based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Proposed Timescale: 30/09/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Appropriate assistance was not provided to all residents.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:

A review of the current system for assisting residents who require assistance with eating and drinking will take place. Immediate to be completed 30/07/2014

Proposed Timescale: 30/07/2014

Outcome 17: Residents clothing and personal property and possessions**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The records of residents personal property and finances required improvement.

Action Required:

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:

The procedure for the management of personal possessions will be reviewed to ensure records are maintained and up to date. All financial transactions will be supported by two signatures.

Proposed Timescale: 30/09/2014