



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:	30 January 2023
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0038981

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:	34
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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
Monday 30 January 2023	09:45hrs to 17:45hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The residents living in this centre expressed a high level of satisfaction with the service provided. The inspector found that the centre was well-run, where the rights of residents were actively promoted, and where residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was very complimentary of the service and the staff working in the centre. Residents felt that the staff knew them well.

All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed multiple group activities occurring on the day. Several residents told the inspector that they enjoyed the entertainment programme. Staff that facilitated the activities were seen to include all residents that were in attendance. On the day of inspection, the large communal sitting room was a hub of activity. The inspector observed a lively music session and sing along, Saint Bridget cross making and a group interactive session on the use of the Irish language. Staff facilitating the communal activities called each resident by name and encouraged everyone to participate. This resulted in residents singing and playing tambourines and hand held drums beating to the guitar and tin-whistle. The inspector observed that the residents enjoyed this session which is scheduled two days a week.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a residents' survey and the providers annual review of the service. Staff spoken with had excellent knowledge of the residents, including their likes and dislikes. Residents were happy with the length of time it took to have their call bells answered. The inspector observed that all residents who chose to remain in their bedrooms had a functioning call bell within easy reach.

On a tour of the premises, the inspector observed that the premises were clean. On the day of inspection, the communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents stated that their bedrooms are cleaned daily. One resident told the inspector that the staff are "always scrubbing and their bedroom is spotless".

The communal sitting room and the dining room are situated at opposite sides of a long corridor. The inspector observed that residents use this distance to get exercise between meals. The inspector observed that residents were actively encouraged to walk up and down for their meals. Throughout the day, the inspector observed the staff walking with residents, chatting in a free and easy manner about topics of interest to them. The inspector observed that the residents were not rushed.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in

relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents received a good standard of direct care that met their care needs. Findings from the regulations reviewed reflected a commitment from the provider to ongoing quality improvement that enhanced the daily lives of residents. 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.

This one day unannounced risk inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in February 2022. There were 34 residents accommodated in the centre on the day of the inspection and one vacancy.

Mountbellew Nursing Home Limited is the registered provider of the centre. The centre management was going through a transition of change with the appointment of a new registered provider representative. On the day of inspection, the inspector found that despite this significant change there was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach. The person in charge facilitated the inspection. The person in charge was supported in their role by an assistant director of nursing, and a full complement of staff including nursing and care staff, activity staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team was a visible presence in the centre and were well known to residents and staff.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. Following on from the last inspection, the staffing numbers on duty had been increased for day and night duty. This increase was maintained. The person in charge provided clinical supervision and support to all the staff. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training.

The provider had systems in place to monitor and review the quality of the service provided for residents. A range of audits had been completed which reviewed practices such as care planning, medication management and infection prevention

and control practices. Where areas for improvement were identified, action plans were developed and completed. The annual review of the quality of the service provided for 2022 was in draft format. The provider was awaiting outstanding completed feedback resident survey forms to ensure that the residents voice was included in the annual review. The forms which had been returned, and seen by the inspector, were very positive.

The incoming management team were in the process of completing a review of all known risk in the centre. The centre had a risk register which identified clinical risks and the controls required to mitigate those risks. Arrangements for the identification and recording of operational risks was under review by the new management team.

There was evidence that there was effective communication with staff in the centre. Minutes of meetings reviewed by the inspector showed that a range of topics were discussed such as infection prevention and control, staffing strategy and other relevant management issues.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

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. While there were minor gaps in the training, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The person in charge was organised and familiar with the systems in place to monitor the care. Care audits had been completed. Due to the significant changes in the management structure and a new registered provider representative the system in place to review operational risks were under review. In the main, information requested was provided in a timely manner in an easily understood format.

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 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received a high standard of direct care. The inspector found that the quality and safety of the services provided in this centre were of an appropriate standard.

A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The

inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs. Care plan reviews were carried out at regular intervals. Care plans were person-centred and guided the care. However, there was insufficient evidence that care plan reviews were completed in consultation with the resident concerned or where appropriate that residents family.

The centre had good access to a general practitioner and weekend cover through an external provider. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

Medicines management and practices were observed. Medicines were stored safely and were regularly reviewed by a medical practitioner. At the time of inspection, there were no medication errors reported in the centre. Regular medication management audits were completed. Training records evidenced that registered nurses completed online medication management training.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment, and in consultation with the multidisciplinary team and resident concerned.

The centre was visibly clean. There was sufficient staffing to ensure that the premises were cleaned daily. There was a colour-coded cloth and mop system in place that utilises one cloth per room to ensure that each area is cleaned with a new cloth/mop on every occasion. The inspector spoke with staff who were very clear on the policy, procedures and practices in place.

Fire safety precautions and procedures within the centre met with regulatory requirements. 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 all very 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 weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2022.

Residents had access to advocacy services and information regarding their rights. Residents were supported to engage in activities that aligned with their interests and capabilities. A small number of residents expressed a request to include more variety into the current activity schedule. This was discussed with the provider at the feedback meeting who committed to engage with the residents at the next resident meeting and explore new options.

Residents' safety was supported through staff awareness of what to do in the event they had suspicions of abuse or had abuse reported to them. Residents spoken with

were complimentary of the care provided by staff. This was supported by the observations of the inspector who observed a number of positive interactions between staff and residents. This was further supported by the positive comments from a number of visitors with whom the inspector spoke with. In addition, visitors confirmed that there were no restrictions in place with visiting their loved ones.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the residents General Practitioner (GP).

The centre had access to specialist palliative care services to provide further support to residents during their end of life.

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 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were seen in care documentation; this ensured that the most relevant information was provided in accordance with the residents current needs.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

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. Each resident had a completed personal emergency evacuation plan in place to guide staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of resident's medication kardex and medication administration records and observed that medication management practices complied with professional regulatory requirements, guidelines and the centres own policies.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. However, there was insufficient evidence that care plan reviews were completed in consultation with the resident concerned or where appropriate that residents family.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

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.

Residents had access to information, news and a selection of newspapers.

Independent advocacy services were available.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mountbellew Nursing Home OSV-0000362

Inspection ID: MON-0038981

Date of inspection: 30/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: It is now ensured that either the resident or their representative if appropriate, are consulted and involved with the development of their individualized care plan and also with the reviews of same.</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 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 the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/02/2023