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:	Bellvilla Community Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	03 December 2024
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0044268

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is located in south Dublin city and registered for 49 beds, all accommodation is located on the ground floor of a single-storey premises. The building is divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service is operated on the site but does not require entering the long-term residence to access.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
Tuesday 3 December 2024	07:55hrs to 16:00hrs	Aoife Byrne	Lead
Tuesday 3 December 2024	07:55hrs to 16:00hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Residents spoken with expressed a good level of satisfaction with the care provided in Bellvilla Community Nursing Unit. The residents reported that the staff were very kind and that they treated them with patience and respect. Residents praised the staff, with one saying that staff were "fantastic" and another resident told inspectors they liked living in the centre, they were well looked after and that staff knew and accommodated their preferences.

On arrival the inspectors walked around the centre and observed the centre had a friendly and relaxed atmosphere. The premises included a nice variety of communal spaces including a sitting room, activity room, sensory room, family room and oratory. A courtyard to the back of the centre had a designated smoking shed and it contained nearby fire-fighting equipment however, inspectors observed a large bag of compost and some gardening items stored in the smoking shed which posed a fire safety risk. This was a repeat finding from the previous inspection. The location of the designated smoking shed had not been changed to new location as described by the provider in their previous compliance plan. Inspectors also observed a large amount of items such as waste paper bins, plastic bottles, and boxes of broken equipment being stored in the occupational therapy room, these are discussed further in the report.

The centre was nicely decorated with tasteful artwork on the walls and bright clean corridors and communal spaces. Residents spoken with expressed satisfaction with their bedrooms and they were seen to be personalised, nicely decorated, clean and well maintained. Inspectors observed three residents' bedrooms that did not contain an en-suite and had a sink in their bedroom, this was a clinical hand wash sink which had a sticker above it indicating it was for staff use only. This is further discussed under the regulation.

Staff were observed caring for residents and based on the observations of the inspectors it was clear that the staff providing direct care were committed to providing person-centred care to residents. The staff's familiarity with each resident's individual needs and preferences was evident, and they assisted the residents in a patient and unhurried manner.

Inspectors observed the resident's dining experience and saw that there were adequate staff available to assist residents with their nutritional care needs. Some residents chose to have their meals in their bedrooms and staff were observed delivering their meals to their bedrooms. The inspectors saw that residents were offered a choice of main courses and desserts, and meals appeared wholesome and appetising. Overall the meal times were well-organised, creating a social occasion for many residents who enjoyed dining and chatting.

There was an increase in activity staff members from two to three which now covered activities over seven days per week. A live music session was held on the

afternoon of the inspection. The activity was attended by a large gathering of residents. Residents in attendance were observed to be enjoying the event and were seen singing along to the music. A visitor spoken with told inspectors the music events were very popular and their loved one very much enjoyed attending.

There was a festive feel in the centre with staff decorating the centre for Christmas. Christmas hampers were on display in the centre and residents were encouraged to get involved with the Christmas fund raising raffle and the shoe box appeal for charity. Residents were observed going out to a social activity by taxi on the day of inspection. Some residents told inspectors they enjoyed their engagement with the local community and that there was always something going on in the centre.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection undertaken to monitor ongoing compliance with the regulations. Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. However, some areas for improvement were identified as further described in the report.

The Health Services Executive (HSE) is the registered provider of Bellvilla Community Unit. The general manager for Community Healthcare Organisation 7 (CHO7) is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge was supported in their role by three clinical nurse managers, staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals. The person in charge was responsive to updates required on the day of inspection and showed commitment to addressing areas for improvement.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. Residents meetings had an action log available and clearly identified issues raised. Residents were clearly involved in the running of the centre, for example to raise funds for further activities it was suggested that a booklet with residents lived experiences will be compiled and sold. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included call bells, cctv, medication management and care plans. Quality improvement plans were devised from the issues identified.

An annual report on the quality of the service was completed for 2023. It was done in consultation with residents or their families. The report provided a quality improvement plan for 2024.

Inspectors reviewed the record of staff training in the centre which indicated a training schedule was in place for staff. A training needs analysis report was completed monthly to identify staff needs. Fire, basic life support and manual handling training was completed in November.

A review of the arrangements in place for management of residents personal possessions found it was not in line with the centres residents' accounts policy. For example, some residents had chosen to place their personal belongings and finances in the centre's safe and while audits were seen to take place to ensure oversight of these arrangements this was not always carried out by two members of staff and at times was being completed by one staff member. Assurance that a new procedure has been implemented to ensure this now takes place was received from the provider following the inspection.

A review of the incident log identified that staff were reporting all incidents appropriately with actions taken documented in good detail and managed appropriately. On one occasion it was identified that a resident who was observed to have scratch marks to their arm was not investigated in great detail to identify the cause of the scratch marks.As the review had not been undertaken it was not clear whether a notification of alleged abuse would be appropriate.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Training records evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed additional training such as restrictive practice, syringe driver and infection prevention and control. This all supports the provision of safe and person-centred care to residents.

Judgment: Compliant

Regulation 21: Records

Resident records were not stored securely and safely and in line with the regulations as follows:

- Storage cupboards with current residents' files were open and easily accessible in the nurses' stations which was observed unattended at times.

Inspectors followed up on the compliance plan from the last inspection in relation to the retention of residents records in the centre for the required period of time and sourcing additional storage, however this target was not met. Inspectors were informed that the plan is to digitalise residents record for ease of access and the target date for completion is June 2025.

Inspectors reviewed the fire evacuation drills and improvements were recorded with adequate detail of the fire drill and included actions taken and learning identified from these scenarios. For example it was identified that further fire doors were required in two of the units to reduce the size of the compartments and reduce speed of evacuations and these fire doors are now in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

It was evident that governance and management systems had improved and ensured that safe and appropriate care and services were being delivered to the residents. The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. The person in charge and wider management team were aware of their lines of authority and accountability. They supported each other through an established and maintained system of communication.

An application to remove the restricted condition 4 to ensure that the person in charge is adequately supported by a suitable management team has been accepted.

Management systems in place required strengthening to ensure the oversight arrangements in place were sufficient. For example;

- There were policies and procedures in place relating to the management of residents finances, however this was not always being implemented in practice. A review of the record keeping for residents petty cash found that the audit document for money and items stored in the safe was not always signed by two staff members thus not providing assurance of adequate oversight of the system.
- In their previous compliance plan from October 2023 the registered provider had given assurance that a new designated smoking shed would be located away from the building. This had not been completed within the time frame given.

- There was inappropriate storage of combustible material in the centre's designated smoking area which was located against an outer wall of the centre and under the eave the centre's roof. This was a repeat finding.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year, and this updated copy was available to staff, residents and relatives. It contained all the information outlined in Schedule 1 such as a description of the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place and up to date in line with the requirements of Schedule 5 of the regulation. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. Residents' care plans were person centred, reviewed on an ongoing basis and there was regular consultation between the provider which ensured that resident's voices were being heard in the centre. Nonetheless, some action was required under the following regulations, Regulation 17: Premises and Regulation 8: Protection.

The premises was clean and well maintained, it was laid out appropriately to the needs of residents. Notwithstanding, storage arrangements and the allocation of sinks in residents' bedrooms required further review as discussed under the regulation.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. A review of end of life care plans found that they were detailed with the residents preferences made known to staff and evidenced family involvement when residents were unable to participate fully in the care planning process.

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively, for example by using communication boards and books.

A comprehensive residents guide contained all of the required information and was available for residents and seen on display throughout the centre.

Residents were supported to maintain control of their clothing. Residents had adequate storage space in their bedrooms and there were adequate arrangements for the return of personal laundry to residents.

The rights of residents were upheld in the centre. Residents had access to social outings, hairdresser, religious services, exercises, external and internal musicians and personal and family celebrations among others. Activities in general were meaningful and suitable. Residents' voting rights were respected and facilitated. Access to media such as newspapers and television were available throughout the

centre and there was a choice provided to resident in how they would like to spend their day.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for those residents who needed support with communication.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to have access to and retain control over their personal property, possessions and finances. Residents had adequate space to store their clothing and other personal possessions.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements. For example;

- There were a large number of items inappropriately stored in the occupational therapy room.

- Residents in some rooms did not have access to sinks in their bedrooms as they had stickers above them stating they were for staff use only.
- There was inappropriate storage of combustible material in the centre's designated smoking area. This was a repeat finding

Judgment: Substantially compliant

Regulation 20: Information for residents

The resident information guide contained the details required by the regulations including the arrangements for complaints and advocacy services in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider took reasonable measures to protect and safeguard residents from the risk of abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding recognition and responding to abuse. All staff had attended up-to-date safeguarding training.

A sample of care plans were reviewed in relation to residents that were involved in an allegation, suspected or confirmed of abuse and there were person centred safeguarding care plans for these residents, however it was identified that all residents had generic safeguarding care plans in place which can shift the focus away from the importance of these care plans.

On one occasion it was identified that an assessment had not been completed in line with the safeguarding policy to identify the cause of scratch marks observed on a residents arm. As the review had not been undertaken it was not clear whether a notification of alleged abuse would be appropriate.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that residents right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their

interests. Regular residents meetings took place in the centre, where residents could voice their opinions on the running 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 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bellvilla Community Unit OSV-0000438

Inspection ID: MON-0044268

Date of inspection: 03/12/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Review governance oversight of the management and security of residents file within the designated centre in the relevant regulations. This has generated the following action plan • Introduction of file storage check into daily walk about checklist of nursing admin to ensure storage cupboards with current residents' files are kept closed in the nurses' stations when unattended- Complete 31/01/25 • Review of current residents' files to ensure they are maintained onsite in physical format for immediate access and use- Complete 31/01/25 Digitalise resident records to enhance ease of access for files onsite for the required regulatory period for review as required – Complete 30/6/25	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Review existing management systems within the designated centre generating the following action plan to strengthen the governace oversight arrangements: • Policies and procedures in place relating to the management of residents finances, reviewed to ensure all elements are implemented in practice Complete 3/12/24 • Record keeping document for residents' money and items stored in the designated centre safe review and monthly audit done to ensure co-signed by two staff members to provide required assurance of adequate oversight of the system Complete 3/12/24 with ongoing review • Provider to review with the HSE Fire Officer the designated centre's existing smoking	

shed based on the number of residents requiring this support to assess the requirement for additional similar infrastruture. Based on this service review an action plan will be generated. Complete 31/10/25
• Inappropriate storage of combustible material identifed in the designated smoking area were removed on the day of inspection. Complete 3/12/24
• A notice has been displayed at the smoking shed, clearly advising that no items are to be stored within the shed. This measure aims to maintain safety and minimize fire risks. Regular spot checks carried out nursing admin. Complete 3/12/2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Items identified inappropriately stored in the occupational therapy room on the day of inspection removed- Complete 5/12/24.
• Inappropriate storage of combustible material identifed in the designated smoking area were removed on the day of inspection. Complete 3/12/24
• Staff Use Only" stickers identified on day of inspection on sinks in residents' rooms removed. This change ensures that residents have unrestricted access to these facilities, fostering greater independence and convenience. Complete 3/12/24

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Removal of generic safeguarding care plans for all residents in the designated centre – Complete 5/12/24
• Incident-specific safeguarding care plans implemented across the designated centre to ensure a more focused and tailored approach to addressing individual safeguarding needs Complete 5/12/24
• Nurse management team in consultaton with the designated centre medical officer reviewed all skin integrity inicidents in line with the safeguarding policy. This generated the following outcomes to enhance management oversight process of skin integrity related incidents
i. Identified skin-integrity incident cause was recorded in the narrative notes-Complete 5/12/24
ii. Designated centre nurse management team developed and implemented additional checklist for the management skin integrity related incident forms, based on the protocol established by the Dublin South Kildare West Wicklow Skin Committee Team- Complete 5/12/24.
iii. Staff informed through team briefings of the requirements to implement skin integrity

incident checklist to ensure adherence to the proper procedures and provides clear guidance for all staff, including agency staff, to follow the established guidelines- Completed 5/12/24 with ongoing review
iv. New template and protocol discussed at the designated centre Quality, Safety, and Service Improvement meeting on the January 21, 2025- Complete 21/1/25
New Skin Integrity Incident Checklist and protocol implemented across all the designated centre's wards- Completed on 22/1/25

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/12/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	03/12/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/05/2025
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/10/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	22/01/2025