



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:	21 September 2023
Centre ID:	OSV-0000362
Fieldwork ID:	MON-0041527

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:	35
------------------------------------------------	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 September 2023	09:30hrs to 16:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This was a well-run centre where the rights of residents were promoted and where residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was very positive. Residents felt that the staff knew them well. One resident stated, without hesitation, that the staff are "out on their own", followed with "I am blessed to be here". Residents were happy with the length of time it took to have their call bells answered. The staff in the centre were very familiar with the current residents and the inspector observed that this positively contributed to a sense of family and a homely environment for the residents.

There was a very high value placed on activities in the centre. All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed multiple group activities occurring on the day. For example, on the morning of the inspection, there were twenty-four residents in the main communal room taking part in a sing-song. The residents were observed to be enjoying the session. The staff were seen to encourage participation and stimulate conversation. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. Several residents told the inspector that they enjoyed the entertainment and activities in place, with one resident telling the inspector that the day passes very quickly.

On a tour of the premises, the inspector observed that the premises were clean. The residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main communal room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The communal rooms were furnished to a high standard. The communal sitting room was observed to be clean and free of clutter. A number of residents stated that their bedrooms are cleaned daily.

The inspector observed that every bedroom door had a red and green display unit glued to the door. The inspector was told that this new system was introduced as a result of learning from fire drills. The management had observed that staff were double checking the bedrooms in search for residents and this was an inefficient use of time and causing a delay in the safe evacuation of the residents. The new system introduced was that once the room was checked the display unit was put in the red position which meant that the room had been checked. Staff spoken with were knowledgeable on the new system.

Open visiting was in place, which was welcomed by the residents. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day. When asked about their satisfaction with the care provided to their relative, one visitor told the inspector that they have full confidence in the service and have never had any cause for concern.

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 findings of the inspection 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. The inspector found full compliance with the regulations reviewed, and was assured that the provider was consistently delivering appropriate care to residents.

This one day unannounced 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 also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in January 2023. There were 35 residents accommodated in the centre on the day of the inspection.

Mountbellew Nursing Home Limited is the registered provider of Mountbellew Nursing Home. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge facilitated the inspection. The person in charge was supported in their role by an assistant directors of nursing (ADON) and a full complement of staff including nursing and care staff, an activity coordinator, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team had a visible presence in the centre, which meant they were well known to residents and staff.

Staffing and skill mix were appropriate to meet the assessed needs of the current residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents. Staff, who spoke with the inspector, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

Staff files reviewed contained all the items listed in Schedule 2 of the regulations. An Garda Síochána (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. 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, incident management, health and safety, and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2022 which included input from residents.

There were policies and procedures available to guide and support staff in the safe delivery of care. The provider had ensured that a contract of insurance against injury to residents was in place. There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that 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.

The annual review of the quality and safety of the service had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of the services provided in this centre were of a high standard. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre. The inspector found that this meant that the provider's arrangements were promoting the health and wellbeing of residents living in this centre.

A sample of six residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded on a paper-based system. 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 developed 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. Daily progress notes summarised the daily status of each resident and identified any causes of concern that required additional monitoring. Care plan reviews between the resident and the registered nurse were carried out at regular intervals.

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. There was evidence that recommendations made by professionals had been implemented to ensure the best outcome for residents.

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 resident concerned. Residents living in the centre had appropriate access to and maintained control over their personal possessions and were provided with sufficient storage within their bedroom accommodation.

All residents who spoke with the inspector reported that they felt safe in the centre. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out. Minutes of recent resident forum meetings reviewed showed that relevant topics of interest to the residents were discussed. For example; the decision making capacity act. In addition, residents had been given attended an information session and update on the availability of advocacy services.

There was a variety of communal and private areas observed in use by residents on the day of inspection. Communal areas of the centre were spacious and had comfortable furnishings. The centre was visibly clean throughout. The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour-coded, mop and cloth systems was in operation. Cleaning agents were appropriate for healthcare settings and housekeeping staff demonstrated an understanding of the centres cleaning process. Staff were observed to use personal protective equipment appropriately.

The inspector spoke with multiple visitors who confirmed that there were no restrictions in place with visiting their loved ones.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Safety checks were in place to ensure means of escape were unobstructed. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be appropriate and well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this.

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.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

Judgment: 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 had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

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.

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. Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in 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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant