

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Mountbellew Nursing Home
Centre ID:	0362
Centre address:	Mountbellew County Galway
Telephone number:	090 9679735
Fax number:	090 9679739
Email address:	phil_murphy@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Phil Murphy
Person in charge:	Helen Killilea
Date of inspection:	15 March 2011
Time inspection took place:	Start: 09:30 hrs Completion: 19:00 hrs
Lead inspector:	Nan Savage
Support inspector:	None
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Mountbellew nursing home is a purpose-built centre which opened in August 1997. It is registered to accommodate a maximum of 22 residents providing long-term convalescence, palliative and respite care to older people. There were 22 residents living there at the time of inspection. The provider has built an extension to the building and has applied for an increase in registered residential places.

The building was a domestic two-storey house to which the provider added a single-storey extension. Since the previous inspection the provider has added a two-storey extension to the existing centre. An entrance foyer is now located at the front of the building and there is a coded security system on the main entrance door.

Communal accommodation now consists of a day-room, sitting room, library, visitors' room, oratory, and a dining room. The kitchen is directly adjacent to the dining room. A designated smoking room is provided on ground floor. The laundry no longer doubles as the cleaners' storeroom and two separate cleaning rooms are now provided. The nurses' station has been relocated to the central area of the building and the person in charge's office is directly off the internal courtyard.

There are now 12 bedrooms in the original building, 11 single bedrooms and one twin bedroom. None of these rooms have en suite shower or toilet facilities, but all bedrooms have hand-washing sinks. The extension has increased the total number of bedrooms to 29. There are now 23 single bedrooms and six twin rooms. In the extension there are seven single and five two-bedded rooms with ensuite toilet, shower and hand-wash basin. There are also five single bedrooms with ensuite toilet and hand-washing sinks in the new extension. There are three assistive bathrooms with toilets, four additional toilets for residents' use and three visitors' toilets. Staff facilities are provided and include separate toilets and changing facilities for catering and non catering staff. A staff canteen is also located on the ground floor.

The building is wheelchair accessible. Car parking for relatives, staff and visitors is available to the front and rear.

Location

Mountbellew nursing home is located just off the main street in the town of Mountbellew, Co Galway. It is within walking distances of local amenities including the church and is approximately 48 kilometres from Galway City.

Date centre was first established:	1 August 1997
Number of residents on the dates of inspection:	22
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	11	5	0

Management structure

The Provider is Phil Murphy and the Person in Charge is Helen Killilea. The Person in Charge reports directly to the Provider and Judie Kelly, a Senior Staff Nurse deputises for the Person in Charge when required. All nurses report to the Person in Charge while the care assistants and household staff report directly to the nurses. The Chef reports to the Person in Charge and Provider. The maintenance person reports directly to the Provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	4	1	2	0	2*

*Maintenance person and activities coordinator

Background

Mountbellew nursing home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 21 and 22 January 2010. This inspection report is available on www.hiqa.ie.

On this first inspection, the provider and the person in charge demonstrated a strong commitment to developing and improving the service and the quality of life for the residents. The person in charge showed clear leadership to her staff and implemented a team approach to delivery of care. Inspectors highlighted some issues to the provider and person in charge during the inspection. These were dealt with promptly and fully resolved prior to completion of the inspection. Inspectors found the centre to be well-managed and organised. The provider, person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences.

However, during that inspection areas for significant improvement were identified in the design, size and layout of the premises. Significant improvements were also required in the delivery of fire safety training and risk management.

The inspector also visited the centre on 16 December 2010 to verify that the facilities in one part of the new the building were suitable for residents needs. The inspector found that this area had been completed to a safe and appropriate standard and eight residents were subsequently transferred to this area over a phased period agreed with the Authority.

Summary of findings from this inspection

This inspection was carried out on 15 March 2011 by the Authority and it was an announced inspection. The provider had applied to vary conditions of registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended). This inspection focussed on the application to increase the number of residential places in the centre and on the Action Plan from the previous inspection report.

The provider had applied for an additional 13 residential places. The inspector found sufficient evidence across all domains to support the providers' application to vary the registration. The provider and person in charge had put in place comprehensive guidelines for the transfer of residents to the new extension and had plans in place for the phased admission of new residents. The centre was well governed and staffing levels met the needs of residents. The provider had closely monitored the transfer of eight residents in the first phase during December 2010. She also had plans to develop supervision arrangements and increase staffing levels as new residents were admitted.

Residents' health care needs were well met and residents had good access to GP services. Care plans were in place for residents which reflected their individual needs and detailed clear interventions that guided staff practices. Residents enjoyed a good quality of life and had access to planned activities which created interest and variety in their daily routine. Residents were well cared for in appearance and the person in charge and staff demonstrated a comprehensive knowledge of residents' needs.

The building was in substantial compliance with the Regulations and Standards. The provider had completed an extensive renovation programme since the previous inspection.

The inspector found that the provider had completed the majority of the actions identified in the previous inspection report. The provider was in the process of addressing the one remaining action that related to the suitability of the single bedrooms in the original part of the centre within the agreed timeframe of September 2011.

The inspectors found that the following key measures had been completed by the provider in response to the previous action plan:

- formal fire safety training and training in the moving and handling of residents had been provided to all staff
- medication management practices and procedures had been reviewed and were in compliance with requirements
- recognised assessment tools were used to carry out additional risk assessments
- significant improvements had been made in infection control practices and adequate sluicing facilities and equipment had been provided
- daily nursing notes were available for residents and contained sufficient details which reflected the residents' current condition
- adequate screening had been provided in shared bedrooms to support residents' privacy and dignity
- policies had been updated to inform practice
- documents required by the Regulations to be held in respect of staff working at the centre had been obtained
- extensive works had been undertaken to provide residents with facilities that were more suitable for their needs.

Issues covered on inspection

The inspector assessed the provider's application to vary conditions of registration under governance, quality of life and communication, health care, premises and staffing. The inspector also used the findings from the follow up inspection in considering the provider's application to vary registration conditions.

Governance

The provider and person in charge had put measures in place to facilitate the safe increase in resident occupancy levels including amended policies and the implementation of new systems and procedures. The provider and person in charge had completed a detailed operational plan for the transfer and admission of residents prior to the opening of the new extension. The provider reported that while there had been no dates set for the admission of new residents, they planned to admit a maximum of one resident daily unless the resident was being admitted with a partner and limit new admissions to a maximum of three residents each week.

The inspector reviewed key organisational documents and found that they met the requirements of the Regulations. The inspector viewed the directory of residents and found that the directory was maintained, up-to-date and included transfer details. A comprehensive emergency plan for the centre was in place and was updated to include newly installed services such as the lift. The insurance policy had been amended to provide sufficient cover for 35 residents.

Since the previous inspection the person in charge had put in place a formal system for the management of complaints. A comprehensive complaint form had been developed and was available. At the time of inspection the inspector was informed that no complaints had been received to date. The complaints procedure was prominently displayed in the foyer and some residents confirmed that they had no complaints. They identified the person in charge or provider as someone they could approach if they had a concern.

The provider had put adequate fire precautions in place. At the time of inspection the evacuation plan and fire register were being updated to include the new part of the centre. The inspector noted that fire fighting equipment had been installed in this area. Fire instructions had been prominently displayed in the event of a fire emergency. The provider had also submitted confirmation of compliance with fire and building control regulations from a competent person. The provider confirmed that she had also liaised with the local authority fire officer in relation to the new building.

The person in charge described her commitment to continuous improvement. She had developed a number of audit tools to effectively monitor and audit areas such as medication management, residents' records, incidents/accidents and food and nutrition. She had used these audits to provide feedback and learning to staff and enhance the quality of care for residents.

The inspector noted that some improvements were required under governance to comply with the Regulations:

- the inspector viewed the statement of purpose and found that it did not comply with all the requirements of the Regulations. This document reflected the current services and facilities provided. However, the arrangements made for consultation with residents about the operation of the centre was not documented
- the health and safety statement and risk management policy were viewed and found to include risk assessments for hazards such as those associated with moving and handling and infection control. An environmental risk assessment had been undertaken for specific areas within the new building and the risk management policy was currently being updated to include these areas. However, the inspector found that the risk management policy did not include control measures for some of the risks required in the Regulations such as self-harm and assault
- the person in charge stated that a health and safety representative had been elected and documentation reviewed confirmed this appointment. The health and safety statement was updated on 8 March 2011 to include management responsibilities and responsibility monitoring sheets. However, some parts of the health and safety statement did not reflect practices. For example, the smoking arrangement outlined in the health safety statement stated that smoking was not allowed in the premises but yet a smoking room had been provided
- the inspector reviewed a sample of residents' contracts of care. The contracts were signed by all relevant parties but did not list additional fees charged to residents.

Quality of Life and Communication

Communication arrangements regarding the renovations and new extension were in place with residents and relatives. A transfer assessment had been completed before and after residents had moved into the new extension. Records maintained indicated that information such as resident's feelings about the possible move were discussed prior to the move and taken into consideration. Two residents had chosen not to change room and their wishes had been respected by the provider. The inspector had also spoken to some of these residents before and after the move and they confirmed that they were consulted at all times and were pleased with their new bedrooms.

A residents' committee had been established and minutes maintained confirmed that residents were consulted about the renovation project. For example, residents decided that they did not want net curtains on the day room windows as this would restrict their view during the day but would like the curtains closed at night and these suggestions had been accepted by the provider. The provider stated that there was on going communication with residents each day and that staff also used activities as an opportunity to chat with residents and listen to their views. The

provider also stated that she had planned to seek ideas and suggestions from residents regarding the development of the internal courtyard.

The provider had put in place an advocacy service for residents. A resident' advocate visited them on a daily basis and residents confirmed this. A volunteer also visited residents twice-weekly and was observed engaging with residents in a sensitive and appropriate manner.

The inspector joined residents who were taking part in activities in the day room. The activities coordinator knew the residents very well and was observed encouraging and supporting residents to become actively involved in the activities. Other staff were also observed engaging with residents, chatting and reminiscing with them. The activities coordinator had plans to develop the activities programme and told the inspector that she was in discussions with the provider about purchasing an interactive white board that could be used for interactive board games and other stimulating activities.

All new bedrooms had been fitted with phone points. The inspector spoke to a resident that had a telephone recently installed in her bedroom. This resident was very satisfied that she could contact family directly.

Healthcare

Residents' health care needs were being well met. Residents had access to peripatetic services. Nursing staff had completed initial seating assessments and no residents were identified as requiring an Occupational Therapist (OT) assessment. OT contact details were available if needed. Physiotherapy was provided to residents at an additional cost. The chiropodist attended residents at least every six weeks or more often if required. Residents also had access to a local dental practice and optician. Psychiatry for later life services were made available to residents and one resident was currently accessing these services.

Since the previous inspection the person in charge had updated the admissions policy to include the plan for admitting new residents to the centre based on the proposed increased occupancy levels. The documented plan indicated that a maximum of one resident would be admitted daily unless the resident was being admitted with a partner. The policy also stated that new admissions would be limited to three residents each week.

Pre-admission assessments were being completed for all new admissions. The inspector viewed a completed pre-admission assessment and noted that the provider had reviewed the resident to determine if the centre could accommodate the resident's specific needs.

The person in charge told inspectors that she had made arrangements with local GPs to provide services to residents and that an out-of-hours service was available. Since the previous inspection the provider had made provision for a treatment room where residents could have clinical examinations in private. The inspector read correspondence from local GPs which confirmed that they were happy to accept any new residents from this centre who requested the services of a local GP. The provider mentioned how the GPs had been very involved in the project and had

provided additional support. The person in charge had also reviewed the arrangements with the pharmacist in relation to the proposed increase in resident numbers.

The inspector viewed a sample of residents' care plans and found that they comprehensively identified residents' needs and outlined clear interventions which informed staff practice. Social, personal and health care needs of residents had been assessed and provided for including personal care, daily life/promotion of choice, safety and social participation. Additional risk assessments were also carried out on specific needs such as nutritional, moving and handling, falls risk, risk of developing pressure ulcers and wounds. The inspector noted that care plans were reviewed regularly and involved input from the resident/representative. The inspector found that other allied health professionals did not currently write into residents' care plans but the person in charge stated that they planned to introduce this interdisciplinary approach.

Premises

The provider informed the inspector that in conjunction with her architect they had used the Standards to design the new extension. The inspector found that the layout and design of the new extension was suitable for its intended purpose. The provider declared in the statement of purpose that the nursing home had undergone a major redevelopment and extension to enhance the facilities available to residents.

Specific features had been included in the design of residents' bedrooms to promote independence and safety. All new bedrooms were fitted with a central radio system that could be independently controlled from the bedroom and a lockable space had been provided for residents to store personal belongings. Sensor lighting and non-slip flooring were installed in the ensuite shower and toilets.

Since the previous inspection a variety of additional communal space had been provided for residents' use and the inspector found that it was sufficient. Additional rooms included an oratory, library, and a visitors' room for residents to meet their visitors in private, if required.

Adequate sluicing and laundry facilities and equipment were provided. Two cleaning rooms had also been provided for the separate storage of cleaning chemicals and equipment. Instruction manuals were available for new equipment.

The inspector identified some improvements under premises:

- ten of the single bedrooms did not meet the requirements of the Standards. The provider had changed the layout in one of the existing single bedrooms and submitted measurements which confirmed that the new arrangements of this room now complied with the Standards. She confirmed that the remaining bedrooms would be completed by the agreed timeframe of September 2011 as specified in the previous action plan
- the ground surface between the double doors leading from the day room to the courtyard was uneven and posed a potential trip hazard

- some unoccupied bedrooms in the new extension had not been finished to a safe standard. Grab rails were not fitted beside residents' toilets and showers in some ensuite bedrooms.

Staff

The inspector discussed proposed staffing levels with the provider and person in charge. The provider stated that staffing levels would be increased based on the increase in resident numbers, their assessed needs and the layout of the centre. The person in charge outlined the current process for assessing staffing levels and skill-mix. She stated that this was primarily based on their own experience and also on residents' assessed dependency levels. The provider stated that she had spent additional time in the centre to personally oversee the transfer of residents to new bedrooms. The provider and person in charge also stated that they planned to use this approach for new admissions. The inspector noted that this was documented in the admission policy. The provider also reported that she had no plans at present to employ new staff as existing part-time staff had requested increased hours. The person in charge also confirmed that she would be spending more time on her operational and management duties. The inspector found that staffing levels met the needs of the current residents. Since the previous inspection the provider had extended the care assistant evening shift from 8.30 pm to 10.00 pm.

Formal recruitment procedures were in place and all new staff participated in an induction programme. The inspector viewed the induction records for a nurse and care assistant who had been employed since the previous inspection. Records included information on general orientation. Competency frameworks had also been implemented for new staff to assess the staff member's understanding in key areas relevant to their role. Clinical skills frameworks were also introduced for nursing staff and covered skills such as monitoring blood pressure, blood glucose and urine testing. Staff rosters viewed also confirmed that new staff were additional for one week to the staff on duty and were supervised by a senior member of staff.

All staff had completed mandatory training in formal fire safety and moving and handling of residents. Refresher training in elder abuse detection and prevention had also been carried out on 1 March 2011.

The provider had allocated additional resources for staff training and education. The inspector reviewed staff training records and found that staff, including the person in charge had completed a variety of courses since the previous inspection in key areas relevant to their duties. The provider had supported care assistants to complete Further Education and Training Award Council (FETAC) Level 5 training in care of the older person. The majority of care assistants had completed FETAC Level 5 in care of the older person and two care assistants were currently undertaking this course. The two remaining care assistants had been enrolled on a course in September 2011. Other staff training included prevention and control of infection in December 2010, training on managing neurological conditions in April 2010 and a course on wound management and stroke care in July 2010. Different grades of staff had also attended training on dementia and Alzheimer's disease in March 2010. The inspector viewed the draft training plan that had been developed for 2011 and noted that training needs had been identified in areas such as medication management.

A formalised staff appraisal and performance management system was in place. The inspector viewed a sample of completed appraisals and noted that the process involved input from the staff member appraised. Where necessary, training needs were identified and plans put in place to address these needs.

Regular staff meetings took place and the inspector reviewed minutes of recent meetings that had been attended by both the person in charge and provider. Discussions had taken place on topics such as the transfer of residents to their new bedrooms, learning from recent audits and plans for the upcoming St. Patrick's Day parade. Staff informed the inspector that they had been asked for their input into the recently completed development project and were encouraged to bring forward suggestions.

Previous action plan

1. Action required from previous inspection:

Make arrangements for all staff to receive suitable training in fire prevention.

This action was completed.

The provider arranged for all staff to complete formal fire safety training on 23 February 2010 and 10 August 2010. The inspector viewed training records that confirmed this training had been delivered. The provider also stated that the fire officer had advised on fire training and the maintenance of the fire register.

2. Action required from previous inspection:

Ensure all staff receive mandatory training. Ensure the remaining three staff are trained in the moving and handling of residents.

This action was completed.

The inspector viewed training records and certificates of staff members identified on the previous inspection that had not completed training in moving and handling of residents and confirmed that they had received this training in April 2010. The inspector also noted that recently employed staff had completed this training on 8 March 2011. The inspector observed staff using appropriate moving and handling techniques and equipment during this inspection.

3. Action required from previous inspection:

Ensure that precautions are in place to control specified risks identified including accidental injury to residents.

This action was completed.

During this inspection, residents were observed being safely transferred by staff in wheelchairs with footplates attached. Staff took time to assist residents in placing their feet on the footplates. One resident was observed using her feet to self propel while seated in the wheelchair. This resident told the inspector that she used the wheelchair to move independently around the centre. The inspector noted that the person in charge had carried out a risk assessment on this practice. The resident's request for the removal of the foot plates was also documented and maintained on the resident's file.

4. Action required from previous inspection:

Put in place suitable arrangements, appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the ordering, administration, checking of MDAs and disposal of medication.

Implement the medication policy and procedures and ensure that they inform and guide staff practice. Ensure staff are fully aware of all practices and procedures within the medication policy.

The action was completed.

The inspector accompanied a nurse during the medication administration round and viewed medication records. The following specific issues identified in the previous action plan had been addressed:

- discontinued medications were now signed by the resident's GP on medication prescribing sheets. This practice was now in accordance with the medication management policy
- controlled drugs were now checked and signed at the change of each shift by two nurses
- nurses spoken with were now aware of the procedures for ordering and returning medications. The inspector viewed records which confirmed that the person in charge had held a meeting in February 2010 with nursing staff to discuss the arrangements for ordering and disposal of medications. The inspector noted that the medication policy had been updated and specific policies had been developed for these procedures. All nurses had signed that they had read and understood the content of the updated medication policy
- medication review forms were in place for each resident and maintained up-to-date. The inspector found that residents' GPs carried out medical reviews including a review of the resident's medications every three months, or more often if required.

5. Action required from previous inspection:

Ensure a comprehensive written risk management policy is in place and that it is implemented throughout the centre which accurately identifies and assesses risks and put in place necessary precautions to control risks identified.

Ensure all reasonable measures are taken to prevent accidents to any person in the designated centre.

The specific items identified in the previous action plan had been addressed but the risk management policy and health and safety statement had not been fully updated to include all parts of the new extension.

Thermostatically controlled valves had been fitted to the hot water supply provided to the hand-wash basins in the residents' assistive bathrooms. This meant that the temperature of the water was now regulated and the inspector found that the water was heated to a safe temperature. The inspector also noted that caution signs were erected in the immediate vicinity during floor washing, which alerted residents and visitors to potential slippery floor surfaces.

The provider had also put in place specific risk management policies outlined in the Regulations. A policy for 'resident absent without leave' had now been implemented. This policy was centre-specific and outlined the procedures for staff to follow in the event of a resident going missing. However, policies were not in place for all risks identified in the Regulations such as self-harm and assault. At the time of inspection the risk management policy and health and safety statement were under review.

6. Action required from previous inspection:

Put in place written policies and suitable practices in infection control in accordance with current regulations and best practice guidelines.

This action was completed.

The care assistants that changed from the role of delivering personal care to laundry duties demonstrated a clear understanding of the correct procedures for laundering. Staff were able to state the correct temperatures for laundering soiled linen and managing the risk of infection. Staff were familiar with the laundry policy that had been developed following the previous inspection.

The provider had installed a hand-wash basin in the laundry which enabled staff to hygienically wash their hands between different tasks. Mop heads were now dried inside a ventilated container located outside. Procedures had been put in place for the hygienic washing of tea towels and staff were familiar with these procedures.

Separate changing facilities had been provided for catering staff. This meant that the chef no longer changed into her uniform in the catering staff toilet which had posed an infection control risk.

Since the previous inspection catering staff had received Hazard Analysis Critical Control Point (HACCP) training on 9 April 2010.

7. Action required from previous inspection:

The size of the bedrooms occupied and used by residents were not suitable for their needs.

The provider had carried out substantial works to address this action but the inspector found that some of the bedrooms in the existing centre still did not meet the Standards. The provider had changed the layout in one existing single bedroom which resulted in more usable floor space and had plans to complete the work within the agreed timeframe of September 2011.

Seventeen additional bedrooms had been provided in the new extension. At the time of inspection five of these bedrooms were occupied and met the needs of these residents. The inspector spoke to some of the residents who had moved from the existing part of the centre to the new bedrooms in the extension. Residents spoken with were very pleased with their new bedrooms and commented on the additional space and how the bedrooms were finished to a high standard. These residents confirmed that they had been consulted in advance of the move and had chosen their new bedrooms.

8. Action required from previous inspection:

Provide adequate sluicing and bed pan washing facilities.

This action was completed.

Adequate sluicing facilities had been made available. Two sluice rooms had been provided, one on each floor. At the time of inspection relevant staff were receiving training on how to use the bed pan washers that had been recently installed in both sluice rooms.

9. Action required from previous inspection:

A suitable private area for residents to meet visitors, which is separate from the residents own bedroom, must be provided.

This action was completed.

Separate private space had been made available for residents to meet with their visitors, if they wished. There were a number of areas where residents could meet their visitors in private including a visitors' room.

10. Action required from previous inspection:

Ensure validated risk assessment tools are used to determine resident needs and that staff are trained in assessing and writing care plans.

This action was completed.

The person in charge had provided training to nursing staff on the completion of residents' care plans. The inspector viewed a sample of residents' files and found that recognised assessment tools were used to determine individual resident's needs.

11. Action required from previous inspection:

Maintain an adequate daily nursing record of the person's health and condition and treatment given.

This action was completed.

The person in charge had introduced a more comprehensive system for recording residents' daily nursing notes. The inspector found that they reflected clinical needs, resident's diet, any activities residents were involved in, daily events, sleep patterns, and their mood.

12. Action required from previous inspection:

Ensure residents are provided with privacy, insofar as is reasonably practicable, to undertake personal activities in private.

This action was completed.

The provider had fitted adequate screening in shared bedrooms which afforded residents privacy when receiving personal care.

13. Action required from previous inspection:

Ensure residents are provided with a varied and nutritious diet.

This action was completed.

The seven-day rolling menu had been increased to a two-week menu cycle. The inspector viewed this menu and noted that residents were now offered greater variety and choice. Dietary assessment had been completed for each resident and included residents' food preferences, likes, dislikes and dietary requirements. The inspector read that this assessment was reviewed every three months and had informed menu planning. Residents told the inspector that there was a choice at mealtimes everyday and were very satisfied with the food on offer.

14. Action required from previous inspection:

Provide external grounds which are suitable for, and safe for use, by residents.

This action was completed.

An internal courtyard had been provided for residents' use and could be accessed from different locations of the centre including the day room. Some residents told inspectors that they were delighted with the changes that had been made to the centre and that they looked forward to using the courtyard during the fine weather.

15. Action required from previous inspection:

Provide residents opportunities to participate in activities appropriate to his or her interests.

This action was completed.

The activity coordinator and care assistants provided meaningful stimulation and planned social activities for residents each day. A record of these activities were maintained and confirmed that they were based on residents' interests. The inspector viewed training records that confirmed the activities coordinator had attended a Sonas activity workshop on 23 April and 28 May 2010. The Sonas programme promotes engagement and communication, particularly with residents who are cognitively impaired. The inspector found that she had a good knowledge of residents' histories and preferences. During the planned activities residents were seen actively responding and enjoying the activity. Some residents told the inspector that they really enjoyed the activities such as exercises, music sessions, sing songs and card playing.

All residents had a social participation assessment which informed a care plan. Residents were assessed by the nursing staff to determine their daily preferences, interests and hobbies. This information had been used to inform the social activities and events available to residents. Residents were aware of what was planned for the day and the daily activities were also displayed on a notice board in the main day room.

16. Action required from previous inspection:

Establish and maintain a system for auditing and monitoring of incidents and accidents to ensure learning and improvements in practice take place.

This action was completed.

The person in charge had implemented a programme of auditing and a system for reviewing and improving the quality and safety of care provided to residents. Audits were completed on incidents, accidents and near misses, maintenance of residents' records, medication management, food and nutrition. The inspector viewed a sample of audits carried out and found that improvements had been identified and informed learning. The inspector noted that the findings of these audits were also discussed during staff meetings. The person in charge had enrolled on a training programme in quality and audit to develop her knowledge in this area.

17. Action required from previous inspection:

Update and implement the written policies and procedures for the recruitment, selection and vetting of staff were not in place.

Maintain staff personnel files to include all the documentation required as set out in Schedule 2 of the Regulations.

This action was completed.

The inspector viewed the recruitment, selection and vetting policy and noted that the policy had been updated and met the requirements set down in the Regulations. The policy also informed practice. For example, it was stated that all staff would receive written job descriptions prior to commencing their post and this was now happening in practice.

The inspector viewed a sample of staff files and found that they contained all the required documentation as set out in Schedule 2 of the Regulations, including evidence that staff are physically and mentally fit.

Report compiled by:

Nan Savage

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

15 March 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
21 and 22 January 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Application to vary registration conditions <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Mountbellew Nursing Home
Centre ID:	0362
Date of inspection:	15 March 2011
Date of response:	16 May 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy did not cover all parts of the building.

Some parts of the health and safety statement did not reflect practices. For example, the smoking arrangement stated that smoking was not allowed in the premises but yet a smoking room had been provided.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our risk management policy has been updated to identify and access the risks throughout the centre and precautions have been put in place to control the risks identified. Our smoking policy has also been modified.	Completed

2. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose did not comply with all the requirements of the Regulations. Some required information was absent such as the arrangements made for consultation with residents about the operation of the centre and the telephone number of the centre.	
Action required: Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our statement of purpose has been updated and includes the arrangements made for consultation with residents about the operation of the centre. It also includes the telephone number of the centre.	Completed

3. The provider has failed to comply with a regulatory requirement in the following respect:

The contracts of care did not list additional fees charged to residents.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 7: Contract/Statement of Terms and Conditions

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

Timescale:

Provider's response:

Our contract of care has been modified to include details of services provided at additional fees.

Completed

4. The provider has failed to comply with a regulatory requirement in the following respect:

Grab rails were not fitted beside residents' toilets and showers in some unoccupied en suite bedrooms.

The ground surface at the double doors leading from the day room to the courtyard was uneven and posed a potential tripping hazard.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

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

Timescale:

Provider's response: Grab rails are now fitted in all toilets and showers in en-suite bedrooms. The saddle board at the double doors leading from the day room to the courtyard has been replaced to prevent accidents in the centre.	Completed
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Any comments the provider may wish to make:

Provider's response:

Phil Murphy and Helen Killilea wish to thank the inspector for the professional and courteous manner in which the inspections were conducted. We are pleased to comply with and improve standards to ensure delivery of quality care to our residents at all times. We look forward to continued communication and interaction with our Inspector.

Provider's name: Phil Murphy

Date: 16 May 2011