

# eDeposit Ireland

## Áras Deirbhle Community Nursing Unit, Belmullet Community Hospital, Belmullet, Ballina, Mayo.

Item Type	report
Authors	Warren, Jackie
Citation	Jackie Warren, 'Áras Deirbhle Community Nursing Unit, Belmullet Community Hospital, Belmullet, Ballina, Mayo.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2014-10
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-20 04:39:50
Link to Item	<a href="https://hdl.handle.net/20.500.14765/71908">https://hdl.handle.net/20.500.14765/71908</a>

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Áras Deirbhle Community Nursing Unit
<b>Centre ID:</b>	OSV-0000644
<b>Centre address:</b>	Belmullet Community Hospital, Belmullet, Ballina, Mayo.
<b>Telephone number:</b>	097 81301
<b>Email address:</b>	michael.fahey@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Martin Greaney
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

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

**The inspection took place over the following dates and times**

From: 26 August 2014 12:30 To: 26 August 2014 20:00

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

Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, end-of-life care and food and nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed questionnaires which relatives had submitted to the Authority prior to the inspection. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of both food and nutrition and end of life care. As part of the inspection the inspector met with the nurse in charge, residents and other staff members. The inspector observed practices and reviewed documentation such as care plans, medical records and staff training records.

Residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. The majority of relatives indicated in feedback questionnaires that they were satisfied with the end of life care that their loved ones had received.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious and appropriate assistance was offered to residents. Some improvements were required in this outcome including nutritional care planning, increased dessert choices and recording of modified consistency requirements

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

This outcome was not fully reviewed on this inspection. However, some risk related issues were noted which the provider was requested to take immediate action to address. These issues related to fire safety and potential injury to residents.

The fire exit door in the ladies' corridor was defect and could not be opened from within the building. As a result of this there was no emergency evacuation route from this compartment of the building. In addition, fire doors in many bedrooms were kept open while residents were inside. This presented a risk that suitable fire safety measures could not be implemented in the event of an emergency.

Some low-level windows in residents' bedrooms and other parts of the ground floor had unrestricted openings and were accessible to residents, including those with dementia, which presented a risk of injury. There was a raised lip at the exit door between the new corridor and the enclosed garden, which was a potential trip hazard to residents, staff and visitors.

**Judgment:**

Non Compliant - Major

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector viewed the processes in place for the assessment and management of nutritional care. Other aspects of health care were not reviewed at this inspection.

While there was a good standard of nutritional assessment and review noted as discussed in outcome 15 of this report, the inspector found that some of the nutritional care plans viewed had not been suitably updated to provide guidance to staff and care interventions were not consistently implemented. For example, in a sample of care plans viewed, recommendations of the speech and language therapist had not been incorporated into a resident's care plan, there was no evidence that the dietician's weight monitoring recommendations had been implemented and some care plans did not include sufficient detail to guide staff.

**Judgment:**

Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):****Findings:**

All aspects of the physical environment were not reviewed on this inspection, although the inspector noted some areas of the building where improvement was required.

The building was spacious, comfortable and clean with a variety of communal space available to residents. Bedroom accommodation was separated into two wings, one for male and one for female residents. Residential accommodation consisted of single, two-bedded and three-bedded rooms, with suitable privacy screening provided in shared rooms.

Some sanitary facilities were not being suitably maintained and repaired as necessary. There was one bathroom in the centre which contained a bath. At the time of inspection the bath was defective and was out of use. Consequently none of the residents had the

option of having a bath if they wanted one.

There was no form of ventilation being maintained in the residents' toilet in the 'new corridor'. The window in this area was not openable.

The smoking room, which was situated in the male corridor, was not appropriately furnished and decorated. This room was clinical in appearance with white tiled walls and a grey tiled floor. The only furnishing in the room was an industrial type metal ashtray in the center of the floor and two chairs located close to it. The area was totally devoid of any decorative features such as pictures, ornaments or plants and the walls were bare. This room did not constitute suitable or comfortable communal accommodation for residents to occupy.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided. However, improvement was required in assessment and recording of end of life wishes.

The person in charge sent questionnaires to some relatives asking their opinions regarding the end of life care that their relative had received. The inspector reviewed the completed questionnaires and the relatives' responses generally indicated a high level of satisfaction with the care that had been provided before, during and after the death of their loved ones. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents' wishes, with regard to their place of death were respected. However, the writer of one questionnaire was not satisfied with privacy arrangements.

Family and friends were facilitated to be with the resident approaching end of life. There were ample communal and private areas and overnight facilities were made available within the centre for families who wished spend the night there. Refreshments were available for relatives. Staff explained that whenever possible a resident at end of life would be moved to a single room if there was one available. Otherwise, temporary transfer was discussed with other residents so that the person at end of life could have

sole occupancy of a room.

Residents' spiritual needs were well met at all times, including at end of life. The sacrament of the sick was administered monthly or as required. Religious ministers were freely available to support residents at end of life and their families. Arrangements could be made for residents to repose in the centre, where residents and members of the local community could come to pay their respects. At the time of inspection, Roman Catholicism was the only religion being practiced in the centre but arrangements were in place to support the spiritual needs of residents of other denominations as required.

The inspector viewed a sample of records, including some for deceased residents. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. There was evidence that residents were regularly reviewed by their GPs and with increased frequency as they approached end of life. However, the inspector found that suitable assessment of residents' end of life wishes had not been undertaken and that specific care plans had not been developed to guide end of life care. In the sample of files viewed end of life care assessments had been commenced by staff for all residents but the information gathered in the assessments was not sufficiently detailed to guide care.

There was an up to date end of life policy, which provided guidance to staff on various aspects of end of life care. The policy, however, did not provide sufficient guidance on how privacy and dignity of both the resident at end of life and his/her neighbour would be promoted when a shared room was in use.

One member of staff had training in use of syringe drivers and she mentored other staff as required. All the nursing staff had received training in basic life support and some multitask attendants had also received this training. Staff stated that the centre maintained strong links with the local palliative care team, which provided support to families and guidance to staff.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that residents were provided with food and drinks adequate for their needs, which was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were offered choices at mealtimes. However, some improvement to the documentation of nutritional records was required and this is discussed in outcome 11 of this report. In addition, the variety of desserts offered to residents required some improvement.

The chef had devised a three-week menu plan which was interesting and varied and offered two main meal choices each day as well as hot and cold evening tea options. Alternatives could be arranged for residents who wanted something else to eat. Staff members talked with all residents each day each day to establish their meal preferences for the following day.

The chef knew the residents well and told the inspector of their likes, dislikes and dietary needs. Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals would be served to residents. Some residents required special diets or a modified consistency diet and this was provided for them. The inspector noted that they had the same choices as other residents and the food was suitably presented. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked goods. However, there was some improvement required to the choices and variety of desserts. On most days the desserts for all residents consisted of milk puddings such as rice pudding or semolina, which were served unsweetened for residents on diabetic diets.

The inspector observed the service of evening tea and supper. There was a comfortable and spacious dining room adjoining the kitchen where most residents dined. There were sufficient staff present to support residents while dining and staff and residents chatted together during meals. The inspector noticed that residents who required support while dining were being assisted appropriately.

**Judgment:**

Non Compliant - Moderate

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

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

### ***Report Compiled by:***

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Áras Deirbhle Community Nursing Unit
<b>Centre ID:</b>	OSV-0000644
<b>Date of inspection:</b>	26/08/2014
<b>Date of response:</b>	18/09/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

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

Some low-level windows in residents' bedrooms and other parts of the ground floor had unrestricted openings and were accessible to residents, including residents with dementia, which presented a risk of injury.

There was a raised lip at the exit door between the new corridor and the enclosed garden, which was a potential trip hazard to residents, staff and visitors.

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

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All low-level windows in residents' bedrooms and other parts of the ground floor have had child restrictions in place but some will need replacing. Some remedial work has already been done with remaining to be completed in next two weeks.

A raised lip at the exit door between the new corridor and the enclosed garden, which was a potential trip hazard to residents, staff and visitors is now locked. This door is to be replaced and entrance made level.

**Proposed Timescale:** 06/10/2014

**Theme:**

Safe care and support

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

The fire exit door in the ladies' corridor was defective and could not be opened from within the building. As a result of this there was no emergency evacuation route from this compartment of the building.

**Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

This door has been replaced 16th September, 2014.

**Proposed Timescale:** 16/09/2014

**Theme:**

Safe care and support

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

Fire doors in many bedrooms were kept open while residents were in their rooms, which presented a risk that suitable fire safety measures could not be implemented in the event of an emergency.

**Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

This issue has been referred to our Health and Safety Fire Officer for immediate attention and advice.

**Proposed Timescale:** 19/09/2014

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Person-centred care and support

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

Some nutritional care plans had not been suitably updated to provide guidance to staff. Recommendations of the speech and language therapist had not been incorporated into a residents' care plans. There was no evidence that the dietician's weight monitoring recommendations had been implemented and some care plans did not include sufficient detail to guide staff.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Recommendations of the speech and language therapist and dietician will be incorporated into the care plans to guide staff and also these recommendations will be implemented. Documentation audits to be carried out.

**Proposed Timescale:** 31/12/2014

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Person-centred care and support

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

Some sanitary facilities were not being suitably maintained and repaired as necessary.

There was no form of ventilation being maintained in the toilet/shower room in the 'new' corridor.

The smoking room was not suitably decorated communal space for residents to occupy.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All issues referred to maintenance dept for attention and scheduled for completion 31st Oct, 2014.

**Proposed Timescale:** 31/10/2014

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Suitable assessment of residents' end of life wishes had not been undertaken and specific care plans had not been developed to guide end of life care.

The end of life policy did not provide sufficient guidance on how privacy and dignity of both the resident at end of life and his/her neighbour would be promoted when a shared room was in use.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Residents to have end of life assessment undertaken and person centred care plans will be developed to guide staff in the specific end of life care and wishes of residents.

The end of life policy will be updated to provide guidance on how privacy and dignity of both the resident at end of life and his/her neighbour could be promoted when a shared room was in use because a single room not available at the time.

**Proposed Timescale:** 06/10/2014

**Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

There was some improvement required to the choices and variety of desserts. On most days the desserts for all residents consisted of milk puddings such as rice pudding or semolina, which were served unsweetened for residents on diabetic diets.

The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food

consistencies which presented a risk of food being inappropriately prepared in the event of a staffing change.

**Action Required:**

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

An improved variety and choices of desserts to be made available to residents.

Terminology used by the speech and language therapists and catering staff to describe food consistencies to be same to avoid risk of food being inappropriately prepared in the event of staff change. Clear communication between nursing staff and catering staff.

**Proposed Timescale:** 31/10/2014