<table>
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<tr>
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<th>Bailey House Nursing Home</th>
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<tr>
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<td>ORG-0000196</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Killenaule, Thurles, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>052 91 56 289</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lily.lawlor@hotmail.com">lily.lawlor@hotmail.com</a></td>
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<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Elizabeth Lawlor</td>
</tr>
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<td>Provider Nominee:</td>
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<tr>
<td>Person in charge:</td>
<td>Shigy James</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
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<td>Support inspector(s):</td>
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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 judgements 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 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. 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 March 2014 10:55
To: 26 March 2014 19:00

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

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<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
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<tbody>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

The inspection was an unannounced inspection to monitor compliance and was triggered by a concern received by the Authority in relation to manual handling and wound care. These concerns were looked into throughout the inspection and the inspectors' findings are outlined in the body of the report.

This inspection was the seventh inspection of the centre by the Authority and took place over one day. As part of the monitoring inspection, inspectors met with residents, relatives, provider, person in charge and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall there was evidence of continuous improvement and corrective action taken by the provider as indicated in her response to the last action plan. While this inspection did identify areas for further improvement including health and safety, wound care and manual handling, the previous actions had been substantially addressed. The premises were visibly clean and maintained. The provider and the person in charge demonstrated their commitment to the residents and the regulatory process.

The required improvements are set out in detail in the action plan at the end of this
report and include:
- infection control procedures
- manual handling practices
- risk management of smoking
- medication management
- quality assurance
- improvements in the premises
- wound prevention and management
- review and update of care plans when a resident's condition changes.

**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 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a suitably qualified and experienced registered general nurse and had been employed in the centre since April 2007. She worked fulltime and was present in the centre four days per week from 08:00hrs to 20:00hrs.

Inspectors observed the person in charge in her practice and interacted with her throughout the inspection. The person in charge was actively involved in the delivery of health and social care to residents and was familiar with each resident's individual needs. The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people.

While deficits were identified, inspectors were satisfied that the residents were in receipt of a good standard of person-centred nursing care. The person in charge was described as "caring" and "kind" by residents and relatives. The inspectors observed that there was a good working relationship between the provider and the person in charge with the provider offering considerable support to the person in charge.
Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse. The policy viewed by the inspectors was comprehensive and included response that may be required in certain situations such as in the event of an allegation of abuse against the provider or person in charge and an abusive interaction between two residents. The records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents. Staff confirmed their understanding of the features of adult abuse, their reporting obligations and how they might deal with a suspected incident of abuse.

Inspectors observed the staff speaking and interacting with residents and visitors in a sensitive and considerate way. Residents with whom inspectors spoke confirmed that they felt safe and spoke positively about the care and consideration they received. Residents described the staff as being readily available to them if they had any concerns.

The centre promoted and facilitated the residents to be financially independent for as long as possible; residents had access to a secure storage space. The provider confirmed that all residents manage their own finances. Residents paid independently for services such as hairdressing and chiropody.

Outcome 07: Health and Safety and Risk Management

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

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily
Findings:
There was a general health and safety statement in place. The inspectors reviewed the comprehensive risk management policy and hazard register which included the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The statement and policy stated that a review was due in May 2013 but the inspectors noted that this review had not taken place. Controls were implemented for all risks specified in the regulations.

Inspectors observed that suitable fire equipment was provided and that there was an adequate means of escape. Fire exits were seen to be unobstructed. An upgraded fire exit had been installed on the first floor in June 2013. The procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that staff had received annual fire training. A personal emergency evacuation plans (PEEP) had been developed for each resident. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. Assistive devices for the evacuation of dependent residents (emergency rescue mats) were in place.

Staff demonstrated good knowledge on the procedure to follow in event of a fire and training records confirmed that all staff had received fire training in December 2013. The inspectors saw that fire alarms were serviced quarterly, most recently in February 2014. Fire safety equipment was serviced on an annual basis, most recently in February 2014. Emergency lighting had been serviced in March 2013. Records were in place to confirm that fire drills took place on a quarterly basis.

Training records indicated that the manual handling training of staff was within mandatory requirements and the hoist was serviced in line with manufacturer's guidelines, most recently in October 2013. The manual lever operated hoist had been replaced by an electric hoist. Inspectors noted that the hoist was stored on the first floor. However, the more dependent residents were accommodated on the ground floor and staff with whom the inspectors spoke outlined that it was not always possible to obtain the hoist from the first floor. Inspectors saw and were informed by staff that the manual handling plan was not followed at all times for residents which placed both staff and residents at risk. Inspectors also observed that a number of residents required assistance from staff to stand and transfer but staff did not use the contemporary assistive devices such as handling belts which were available to them.

There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff spoken with had received infection control training. There were adequate supplies of latex gloves and disposable plastic aprons. Inspectors observed staff using alcohol hand gels which were available throughout the centre but the inspectors noted that alcohol gel was not dispensing from alcohol gel dispensers. The cleaning processes outlined by staff to the inspectors were in keeping with best practice. However, staff did not have adequate knowledge of the management and decontamination of nebuliser attachments.
The design of the laundry facilities did not allow for correct flow of items from the soiled to clean area and the area for hanging laundry was not appropriate. The laundry management policy displayed in the laundry stated that contaminated/infected linen shall be placed in a red alginate bag and sealed and placed in the red laundry bag. However, the person in charge told the inspectors that no red alginate bags were provided for this purpose.

The person in charge confirmed that smoking was not permitted inside the building and that residents who smoke do so in a designated area outside the centre. Inspectors found there were inadequate controls in place to protect residents who smoked outside as there was no fire blanket or fire fighting equipment available. There was not a nurse call system in place, the system of resident supervision when smoking was not sufficiently robust and a review of the location would be required to ensure that all fire precautions are in place.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive, centre-specific and had been updated in May 2013 to include the administration of medication in an altered format (crushed). Inspectors observed the administration of medications to residents and were satisfied that practice was in line with regulatory body guidance.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was not stated on the prescription. PRN medications were not administered on a regular or routine basis.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse and the pharmacist; each record was signed and dated by the relevant general practitioner (GP). The date of transcription was recorded.
Medication prescription sheets were current and contained many of the required elements. However, the date of the prescription was not entered for each medication prescribed. A prescriber's signature was not present when a medication was discontinued. The time of administration for medications was not always specified.

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

There was evidence that each resident's medication regimen was reviewed monthly by the pharmacist and/or the relevant GP.

Unused or out of date medications were returned to the pharmacy and a written record was maintained. However, inspectors observed out of date medication was not segregated for return to the pharmacy as outlined in the centre-specific policy.

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**Outcome 09: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:** Safe Care and Support

**Judgement:** Non Compliant - Major

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

No actions were required from the previous inspection.

**Findings:**

Comprehensive records were maintained of accidents and incidents. Inspectors noted that incidents as described in the regulations had not been reported in accordance with the requirements of the legislation. The person in charge demonstrated a commitment to ensure that all notifiable events are reported to the Authority.

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**Outcome 10: Reviewing and improving the quality and safety of care**

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:** Effective Care and Support

**Judgement:** Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was evidence of consultation and informal systems of review. The service is compact with a maximum number of 15 residents accommodated. The provider and person in charge were present in the centre on a full time basis. Inspectors observed the provider and person in charge to be actively engaged with residents and relatives and in the delivery of care and services.

Minutes of the residents' forum meetings were made available to the inspectors. The meetings were attended by the provider, person in charge, member of staff, residents and residents' representatives. Meetings were held every six months, and the last meeting was held in January 2014. Issues discussed included the Christmas party, visits by groups from the local community and menu choices. There was evidence that suggestions raised at the meetings were acted upon by the person in charge and the provider.

The person in charge had completed audits on the physical environment, care planning and infection control practices. However, the completed audits reviewed by the inspectors did not demonstrate a sound understanding of the purpose or the completion of audits. The audits completed did not include an analysis of the information collected, identify deficiencies in practice and areas requiring improvement.

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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:
Effective Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
There were a number of centre-specific policies in relation to the care and welfare of
residents, including wound care and falls management. The policy on prevention and management of falls was reviewed in April 2012 and outlined an assessment tool that was not used in this centre.

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were currently attending to the need of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, monthly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including optical, dental, chiropody, physiotherapy and dietetics. A psychologist attended once a week and also acted as an advocate.

Inspectors reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, cognition, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and pain management. Inspectors noted that residents and relatives were actively involved in the development of care plans. Inspectors saw that a number of the care plans were generic, not individualised to the resident and did not identify all areas where assistance and intervention was required.

The inspectors noted that care plans were reviewed no less frequently than at three-monthly intervals, in consultation with residents or their representatives. However, there was evidence that care plans were not reviewed as required by the resident's changing needs or circumstances, for example on return from hospital.

Inspectors saw that evidence-based wound management documentation had been completed, including anatomical charts, wound assessment and wound progress notes. Inspectors noted that recommendations from the specialist tissue viability nurse were incorporated into residents' care plans. However, no staging of the wound was documented and staff did not demonstrate adequate knowledge of wound classification.

Inspectors reviewed the centre-specific policy on restraint which had been updated in April 2012 and included an assessment tool. The person in charge and the provider confirmed that they promoted a restraint-free environment and no forms of restraint were in use.

Inspectors reviewed the activities program and the activities log which recorded the resident's attendance at activities. There was a range of activities offered including bingo, gentle exercise, skittles and live music. Residents and relatives with whom the inspectors spoke with described how birthdays were always celebrated and the opportunity to attend Mass in the local church during the Summer. Residents had access to a number of televisions and radios, listened to the news and live broadcasts of religious services and were very conversant in current affairs.
### 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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Bailey House Nursing Home was originally a domestic dwelling. It is a two-storey period premises that originally served as a parochial house for clergy and is located directly adjacent to the parish church. However, inspectors were satisfied that its location, design and layout were suited for its stated purpose and adequately met resident’s individual and collective needs.

Residents’ accommodation is provided on both floors and movement between floors is by means of the main stairwell and a stairs chair lift. The stairs chair lift was last serviced in July 2013. On the morning of the inspection, the stairs chair lift was not operational but inspectors saw that the provider had taken immediate action and repairs were completed.

Four residents were accommodated on the ground floor in two twin-bedded rooms. One of these rooms had an en suite toilet and wash-hand basin. Eleven residents were accommodated on the first floor in two three-bedded rooms, two twin-bedded rooms and one single bedroom. None of these bedrooms offer en suite sanitary facilities but each has a wash-hand basin. Two toilets and an assisted shower were provided for the use of the residents on each floor. Facilities were conveniently located to resident’s bedrooms, dining and communal areas. Inspectors noted that the shower facilities did not have adequate screening to ensure privacy and dignity for residents.

Bedrooms, though shared, provided each resident with adequate space and facilities to meet their needs and optimise the comfort, privacy and dignity afforded to them in shared accommodation. Bed spaces were adequately screened.

The overall communal/space available to residents was adequate offering residents a choice of two sitting rooms. An area had been provided for residents to meet with visitors in private.

The premises was visibly clean, well maintained and in good decorative order. The premises was safe and secure with no obvious significant risks identified; handrails and
grab-rails were in place; the stairwell was of sufficient width to safely and comfortably accommodate both the stairs chair-lift and mobile persons. The premises was wheelchair/stretcher accessible via the rear entrance.

The kitchen was spacious, adequately equipped, clean, tidy and organised. The most recent inspection reports issued by the Environmental Health Officer stated that no contraventions of the relevant food safety regulations were noted.

A contract was in place for the provision of pest control services.

The external grounds were peaceful and pleasant with mature landscaping; these and ancillary buildings were well maintained. Seating was available to residents as was a safe walkway to the adjacent church. The grounds were suitable for residents but safe for some residents only in the company of staff; staff spoken with confirmed that given the age profile of residents they invariably required the assistance of staff to utilise the external grounds.

There was ample personal storage in all bedrooms for residents' belongings and residents also had access to locked storage.

A certificate was in place stating that equipment and assistive devices provided to residents such as wheelchairs, beds and pressure relieving mattresses were serviced in October 2013. However, the inspectors noted that residents' bedrooms were used to store equipment.

CCTV was seen to be in operation for security purposes only, signs informed residents and visitors of the operation of such cameras and a policy was in place on its use.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Inspectors noted that there was a centre-specific complaints policy which had been reviewed in April 2013. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was also provided in the statement of purpose and the Residents Guide. The complaints officer stated that she dealt with any complaints as
soon as possible and felt that residents were happy with the service they received.

Residents to whom inspectors spoke with confirmed that any complaints they might have were dealt with satisfactorily. Inspectors reviewed the complaints log but no complaints were recorded. The provider confirmed that no complaints had been received. The minutes of the residents' forum reflected satisfaction with the care and services provided. Residents had access to an advocate.

**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a planned roster in place. Based on their observations, a review of the roster and these inspection findings inspectors were satisfied that the staff numbers and skill mix were appropriate to meeting the assessed needs of the residents and the effective operational management of the service. There was a registered nurse on duty at all times.

A sample of staff files was reviewed and these were compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There was evidence of effective recruitment procedures including the verification of references.

Persons providing services to residents were vetted appropriate to their role and level of involvement in the centre. A service agreement was in place setting out roles, responsibilities and supervisory arrangements.

The person in charge was directly involved in the delivery and supervision of care and services to residents but there was also evidence of more formalised systems of staff supervision. Newly recruited staff completed induction training.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. All staff employed had attended fire training, manual
Handling and elder abuse training. Further education and training completed by staff included gerontology, end of life, medication management, wound care, infection prevention and control, nutrition and dysphagia.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>26/03/2014</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 07: 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:
A number of the risk management policies had not been reviewed.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
Risk management policies have been reviewed and are now in place.

Proposed Timescale: 22/04/2014

---

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The design of the laundry facilities did not allow for correct flow of items from the soiled to clean area and the area for hanging laundry was not appropriate.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
New route has been put in place and is being used.

**Proposed Timescale:** 22/04/2014

---

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The person in charge told inspectors that red alginate bags were not provided.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
Person in charge does not enter laundry therefore didn’t know area where red alginate bags were stored on shelf in laundry room. Two and a half packets of same were present on the day of inspection.

**Proposed Timescale:** 22/04/2014

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**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Individualised risk assessments were not completed for residents who smoke.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
Individualised risk assessment for two residents who smoke has been put in place.
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inadequate precautions and controls were in place in the designated smoking area.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
Fire blanket put in smoking area.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not adhere to manual handling plans.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
All staff spoken to and must adhere to the manual handling policies and procedures.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not have adequate knowledge of the management and decontamination of nebuliser attachments.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
All nursing staff know how to decontaminate the Nebuliser attachments and a
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Alcohol gel dispensers were seen not to dispense alcohol gel.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>On the day of inspection one gel dispenser was air locked. All hand gel had been refilled previous day and were in working order.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 22/04/2014</th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome 08: Medication Management</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 27/03/2014</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
</tbody>
</table>
### Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

### Proposed Timescale: 22/04/2014  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The date of the prescription was not entered for each medication prescribed.

### Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

### Proposed Timescale: 22/04/2014  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A prescriber's signature was not present when a medication was discontinued.

### Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

### Proposed Timescale: 22/04/2014  
**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The time of administration for medications was not always specified.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

**Proposed Timescale:** 22/04/2014

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Care and Support

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

Incidents had not been reported to the Authority.

**Action Required:**
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

**Please state the actions you have taken or are planning to take:**
Grade 2 pressure sore reported to HIQA on the 27/03/2014 by filling NF03 form.

**Proposed Timescale:** 27/03/2014

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**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:** Effective Care and Support

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

The audits completed did not include an analysis of the information collected, identify deficiencies in practice and areas requiring improvement.

**Action Required:**
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Please state the actions you have taken or are planning to take:**
Will be in place by the 30/06/2014.
**Proposed Timescale:** 30/06/2014

<table>
<thead>
<tr>
<th><strong>Outcome 11: Health and Social Care Needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>No staging of the wound was documented and staff did not demonstrate adequate knowledge of wound classification.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Wound health nurse explained to the staff different stages of wound management and grading with the help of visual aids.</td>
</tr>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The policy on prevention and management of falls outlined an assessment tool that was not used in this centre.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>In place.</td>
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<tr>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Care plans were not reviewed as required by the resident's changing needs or circumstances, for example on return from hospital.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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<tr>
<td>In place.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 22/04/2014  
**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
A number of care plans were generic, not individualised to the resident and did not identify all areas were assistance and intervention was required.

**Action Required:**  
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**  
Asked all the nursing staff to rewrite all the care plans which are not individualised and will be completed by the 31/05/2014.

**Proposed Timescale:** 31/05/2014

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**Outcome 12: Safe and Suitable Premises**  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Residents’ bedrooms were used to store equipment.

**Action Required:**  
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

**Please state the actions you have taken or are planning to take:**  
Hoist removed from same.

**Proposed Timescale:** 22/04/2014  
**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The shower facilities did not have adequate screening to ensure privacy and dignity for residents.

**Action Required:**  
Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.
Please state the actions you have taken or are planning to take:
Screen was in place on the day of inspection but needed to be altered by the carpenter. This has been done and is now in working order and being used.

**Proposed Timescale:** 22/04/2014