<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bailey House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-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>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Elizabeth Lawlor</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Elizabeth Lawlor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>14</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 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**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>05 September 2014 08:05</td>
<td>05 September 2014 14:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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</table>

**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 attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection, the inspector met with the provider, the person in charge, residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents' meetings. The person in charge had completed the self-assessment tool, noted some areas for improvement and devised an action plan to address these.

The inspector observed good practices in relation to planning for end of life care. Residents' wishes for care at end of life had been ascertained in a sensitive manner and recorded in the each resident's care plan. The inspector found that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met at end of life. Family and friends were facilitated to be residents at end of life and were kept suitably informed.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. A choice was offered to residents at each mealtime in respect to menu options and dining location. Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts and confectionery. When the inspector enquired about
a favourite meal, bacon and cabbage was the unanimous choice amongst residents. The food and fluids provided met the assessed dietary needs of the individual residents. Snacks and fresh drinking water were available at all times. Independence was promoted but, if required, assistance was provided in a discreet and respectful manner.

The inspector found substantial 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, in the area of food and nutrition and in end of life care. Improvements were identified in care planning practices relating to food and nutrition and end of life to enhance good practice. The required improvements are set out in detail in the action plan at the end of this report.
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 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):**
No actions were required from the previous inspection.

**Findings:**
Only the component in relation to care planning processes around food and nutrition and end of life care were considered as part of this thematic inspection.

As stated under outcome 14, the inspector observed and the person in charge confirmed that care plans in relation to end of life were formally reviewed only when a resident’s condition deteriorates. Care plans in relation to end of life had not been formally reviewed in the previous four months.

As stated under outcome 15, the inspector noted that care plans did not guide practice in relation to nutrition. The care plans had improved since the previous inspection but some still contained generic elements. The care plans did not identify residents' individual needs such as how often the resident should be weighed or how the Malnutrition Universal Screening Tool (MUST) should be calculated.

**Judgment:**
Non Compliant - Moderate

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The centre-specific policy on end of life care was made available to the inspector and had been reviewed in May 2014. The inspector noted that the policy was comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. The inspector noted that policy informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified a number of actions to ensure compliance, including review of the end of life policy. The inspector noted that these actions had been completed.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents. The response rate was 100%. All responses received reflected a high level of satisfaction with the care provided.

The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. A church service was broadcast in one of the day rooms each morning. The inspector spoke with a member of the local clergy who confirmed that he was facilitated to visit on a regular basis. Residents with whom the inspector spoke reported that they were supported to attend Mass in the church next door every day, an opportunity they very much enjoyed. Staff with whom the inspector spoke confirmed that ministers from a range of religious denominations were also facilitated to visit. The inspector saw that reference materials were available in the nurses' office to guide in the facilitating and engaging of cultural practices at end of life.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

Of the sample of files reviewed by the inspectors, the wishes of the resident with regard to end of life had been identified and documented, including place of death. All residents who had died in the centre over the past two years had been provided with the choice of a single room if they were not already in one as they reached their end of life. The person in charge reported that some residents had expressed a wish to remain in a shared bedroom; this was confirmed in relatives' questionnaires. The centre-specific policy stated and the person in charge confirmed that, if possible, the option to go home for end of life care was facilitated.

Residents and relatives with whom the inspector spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspector that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The inspector saw that this information was recorded in the resident's care plan. However, the inspector noted that care plans in relation to end of life had not been formally reviewed in the previous four months and this is covered in outcome 11.
Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person. The removal of remains and funeral arrangements were in accordance with resident’s wishes and in consultation with the family. Staff with whom the inspector spoke confirmed that staff members and residents were all informed sensitively and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident. Deceased residents were remembered at residents’ meetings.

The person in charge confirmed that family members were given practical verbal information with regard to registering a death. The end of life policy stated that personal possessions were returned in a sensitive manner and the inspector was shown the handover bag used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had been facilitate to complete training on dying, death and bereavement throughout 2014. The inspector saw evidence that care at end of life was discussed at staff meetings.

Judgment:
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed in April 2014. Records were made available to the inspector that confirmed that staff had read and understood these policies. The inspector noted that policies informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified actions to ensure compliance including a review of dental services. The inspector saw that the actions had been implemented.
The report from an environmental health inspection in May 2014 was made available to the inspector. The minutes of residents’ meetings were made available to the inspector and reflected satisfaction with the quality of food and beverage. There were no complaints concerning food quality.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The kitchen facilities were adequate, visibly clean and organised. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents’ meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents’ preferences and dietary needs.

There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. The menu for the day was displayed in the dining room. The inspector observed staff explaining the options for each meal in detail to the residents. Some residents changed their mind about their dessert choice at the last minute and the staff were seen to be accommodating.

The prescription chart of the resident receiving a nutritional supplement was reviewed by the inspector. The nutritional supplement was prescribed and administered appropriately. The catering staff reported and the person in charge confirmed that none of the residents required fluids or diet of a modified consistency.

Breakfast was served to residents between the hours of 07:00 hrs to 08:30 hrs.Residents had a choice for breakfast; hot/cold cereals, yoghurt, cooked eggs, breads, toast and beverages. The inspector observed residents having the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing.

Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. Residents had the choice to dine in the dining room, sitting room or at their bedside. Dining tables in the dining room were attractively and invitingly set with place mats, napkins and condiments. The inspector saw that residents had a choice of cod, lasagne or an egg dish for main course accompanied by potatoes and vegetables. The selection of desserts included jelly and ice cream, apple tart and trifle. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The evening meal was served at 16:30 hrs with a further light bedtime snack served at 20:00 hrs. In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Staff demonstrated awareness of residents’ preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector observed that assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Independence was promoted and residents were encouraged to add their own seasoning and choose
biscuits to have with their hot beverage after lunch. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining room for lunch and evening meal.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts and confectionery. When the inspector enquired about a favourite meal, bacon and cabbage was the unanimous choice amongst residents.

On reviewing the staff roster and from observation on inspection, the inspector noted that there was sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, care plans reflected assessment of nutritional needs on admission. Residents’ weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well and nursing staff understood the relevance of weight loss when computing the MUST. Inspectors saw that the advice of occupational therapist, dentist, dietitian and speech and language therapist was accessed promptly, documented, communicated and observed. However, the inspector noted that care plans did not guide practice in relation to nutrition and this is covered in outcome 11.

The training matrix made available to the inspector confirmed that staff had received training throughout 2014 in the area of food and nutrition, including dysphagia. The minutes of staff meetings confirmed that food and nutrition were discussed. Results of audits relating to food hygiene and nutrition completed in 2014 were made available to the inspector. Actions identified were seen to be implemented.

**Judgment:**
Compliant

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**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bailey House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000196</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/09/2014</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 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 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans in relation to end of life had not been formally reviewed in the previous four months

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
Planned to review the End of Life care plan every three months.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 31/10/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some care plans relating to nutrition were generic, did not identify residents’ needs and the care to be given.

**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:**
Planned to change all the nutritional care plans in generic nature and more personalised.

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