

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bailey House Nursing Home
Centre ID:	OSV-0000196
Centre address:	Bailey St, Killenaule, Thurles, Tipperary.
Telephone number:	052 91 56 289
Email address:	lily.lawlor@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elizabeth Lawlor
Provider Nominee:	Elizabeth Lawlor
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	0

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 June 2016 09:30 To: 21 June 2016 19:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection, which took place following an application by the provider to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The inspector met with residents, relatives, the provider, person in charge and staff. Thirteen pre-inspection questionnaires were completed by nine relatives and four

residents. The inspector also spoke to residents and their relatives during the inspection. The collective feedback from residents and relatives was one of high satisfaction with the service and care provided. Many said the centre was 'The best in the country' and complimented the kindness and professionalism of the provider and staff.

The registered provider is actively involved in the centre. The provider, person in charge and staff knew the residents well. There was a happy and homely atmosphere in the centre. Providing a high standard of care and service for residents was important to the provider and this commitment was evident in the culture of the centre. There were sufficient resources to ensure the delivery of care was in accordance with the centre's Statement of Purpose and Function. There was a defined accountable and responsive management structure in place.

The premises were warm, comfortable, decorated in a traditional style and were visually clean. Fittings and equipment were also clean and well maintained.

Residents spoken with and comments made in pre-inspection questionnaires, confirmed that they felt safe and were safe in the centre. There was an adequate complement of nursing and care staff on each work shift to meet the needs of residents. Residents were facilitated and supported to practice their religious beliefs. A varied range of activities were facilitated which residents said they enjoyed.

Residents were highly complementary of the food and told the inspector they had a wide choice of dishes at each mealtime. Catering staff were very familiar with each resident's food likes and dislikes.

A total of 18 outcomes were inspected. Fourteen outcomes were found to be compliant with the regulations, of the remaining four outcomes, three were substantially compliant needing minor improvements to bring into compliance. The final outcome where the level with which residents' healthcare was met was found to require further work to ensure some residents' needs were addressed with a comprehensive care plan for each of their assessed needs.

The action plan at the end of this report identifies the areas where improvements must be made to meet the requirements of 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was recently reviewed and updated and contained all information as required by schedule 1 of the regulations. The updated version of this document was forwarded to HIQA

The information detailed in the statement of purpose was clearly reflected in practice in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in the centre that identified the lines of authority and accountability. Staff were clear on their roles and responsibilities. The

provider worked on a full-time basis alongside the person in charge and staff team on a day to day basis.

Management systems were in place to ensure the service provided for residents was of a good quality and was safe and effective. Monitoring of key service areas, including various aspects of clinical care was taking place. Results of environmental and clinical audits were reviewed with evidence of timely actions taken to address any deficits identified. The provider placed high importance on feedback from residents and their relatives regarding the service they received. The inspector found that the provider, person in charge and staff team were committed to providing a high standard of care to residents within a relaxed and homely environment.

There was adequate resources provided to meet residents assessed needs.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre's residents' guide was recently revised and provided an account of the service to residents in the centre. This document was made available to residents.

Each resident had a contract signed in agreement either by themselves or by their next of kin on their behalf. The contracts include details of the services to be provided and the fees to be charged including details regarding any additional fees charged.

An admission policy was in place including arrangements for management of emergency admissions. A policy was available informing management of temporary absence or discharge from the centre.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

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

the service.

Theme:

Governance, Leadership and Management

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

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 works full-time and was present in the centre on the day of inspection.

The person in charge demonstrated her engagement in the governance, operational management and administration of the centre on a regular and consistent basis. She demonstrated sufficient clinical knowledge and sufficient knowledge of the legislation and her statutory responsibilities. The inspector 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.

While there were some deficits identified in care planning documentation, there was evidence of a lot work done since the last inspection in March 2014. The person in charge took an active approach in the nursing care of residents. Residents and relatives spoken with by the inspector commented on her kindness, caring and gentle approach. The inspector was satisfied that the residents were in receipt of a good standard of person-centred nursing care that met their assessed needs.

The inspector 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. The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A copy of the staffing roster was provided to inspectors and reflected that there is a registered nurse on duty in the centre at all times.</p> <p>Not all policies adequately informed practice as required by Regulation 4 (1) Schedule 5. A communication policy was not in place.</p> <p>All records required by Schedules 2, 3 and 4 of the regulations were completed as required with the exception of the directory of residents which was missing the addresses of residents' next of kin and their GPs.</p> <p>The centre was insured against risk of injury to residents and others and loss or damage to residents' property.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were suitable arrangements for the management of the centre in the absence of the person in charge and is documented in the centre's statement of purpose document. This arrangement was put in place for a period of absence of the person in charge for greater than 28 days in 2015.</p>
<p>Judgment: Compliant</p>

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were measures in place to ensure residents were safeguarded and protected from abuse. The provider and person in charge discussed how they monitored the systems in place in practice to ensure residents were protected. The provider, person in charge and all staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse involving any residents in the centre. There was a comprehensive policy document available informing protection of residents in the centre. Training records provided to the inspector referenced attendance by all staff at education and training on the protection of vulnerable residents. Staff spoken with demonstrated their understanding of abuse, their responsibility to report and the management procedures in place.

There was a policy and procedures in place for managing behaviours and psychological symptoms related to dementia or other conditions. There were some minor incidents of responsive behaviours that were well managed with positive outcomes for residents concerned. Staff were very knowledgeable regarding antecedents to any incidents and the effective de-escalation techniques in each case. There was minimal use of restraint with a small number of bedrail restraints used while residents were in bed. All residents got up and were supported to participate in life in the centre during the day.

Assessment of need for bedrail restraint was done but some improvement was necessary to ensure the safety of use of bedrail for the relevant residents when need was determined. Chemical restraint was not used for any residents at the time of inspection. If used, a procedure advised by protocols for use would be enacted.

Staff-resident interactions were observed by the inspector on the day of inspection and were found to be respectful, kind and supportive. Residents with whom the inspector spoke confirmed that they felt safe and spoke positively about the provider, person in charge and staff caring for them.

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.

Judgment:

Substantially Compliant

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):

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

Findings:

There were systems in place to promote and protect the health and safety of residents, staff and visitors. A safety statement for 2016 was in place. The inspector reviewed the risk management policy and risk 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 risk management policy documentation also included the measures and actions in place to control risk of abuse, unexplained absence of a resident, self harm and although no incidents had occurred, controls to manage aggression and violence were not included in this documentation as required by the regulations. There were no incidents of resident falls recorded in 2016, which was confirmed by the provider and person in charge. Although residents used a side entrance to enter and exit the premises, the risk posed by steps up to the front door was not identified and risk assessed with implementation of concomitant controls was not referenced in the risk management documentation. Although told by the provider that no incidents ever occurred, the inspector also observed that an area at the top of the main stairs posed a risk of trip from the stair-lift. This also required identification and assessment with controls in the risk documentation.

Inspectors observed that suitable fire equipment was provided and that there was an adequate means of escape. Fire exits were seen to be unobstructed. A fire exit to an external stairway from the first floor had been installed to enhance emergency exit if required. The procedure for safe evacuation of residents and staff in the event of fire were displayed at various points throughout the centre. Staff training records confirmed that staff had received annual fire training. Each resident had their needs in the event of an emergency assessed and documented in a personal emergency evacuation plan (PEEP). This record 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 during the night and day. Assistive devices for the evacuation of dependent residents (emergency rescue mats and an evac-chair) were in place. No residents in the centre engaged in smoking.

Staff spoken with demonstrated good knowledge on the procedure to follow in event of a fire. The records confirmed that fire alarms and emergency lighting were serviced quarterly. Fire safety equipment was serviced on an annual basis. Records were in place to confirm that fire drills were simulated on a frequent basis.

Staff training records confirmed that staff had attended instruction in safe moving and handling procedures. Hoists were serviced on an annual basis. A hoist was available on both floors. All manual handling procedures observed by the inspector were in line with best practice.

There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff had received infection control training. Staff had access to personal protective equipment as necessary. Hand hygiene procedures were completed by staff and all hand gel dispensers were in working order. Procedures were implemented and carried out by staff regarding management and decontamination of nebuliser attachments since the last inspection.

The procedure for transportation of items of clothing in the laundry from soiled to a clean area and back to residents was revised to ensure there was no risk of clean linen becoming contaminated since the last inspection. Alginate bags were provided for infected linen.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Residents were protected by safe medication management policies and practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive and centre-specific. Administration of medications to residents was observed by the inspector and found to be in line with professional practice 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 stated on the sample of prescription records reviewed. 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) and the date of transcription was recorded. The prescriber's signature was completed when a medication was discontinued. The

time of administration for medications was 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.

A procedure was in place for return of unused or out of date medications to the pharmacy and a written record was maintained. These medications were appropriately segregated for return to the pharmacy as outlined in the centre-specific policy. A refrigerator was available for storage of medications requiring a controlled environment and the temperature was monitored by staff on a daily basis.

Judgment:
Compliant

Outcome 10: 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

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

Findings:
A record of all accidents and incidents were maintained in the centre. Notifications as required by the legislation were forwarded to HIQA as required.

Judgment:
Compliant

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:
Effective care and support

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

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

Findings:

Residents' health care needs were met to a good standard. There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that residents had a choice of GP with many able to continue to be cared for by the GP they attended prior to their admission. An "out of hours" GP service was available to residents if required. The records confirmed that residents' good health was optimised 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 good access to allied healthcare professionals including optical, dental, chiropody, physiotherapy, occupational therapy, speech and language therapy and dietetics.

The person in charge completed pre-admission assessments to ensure the service provided met residents' needs. A care plan was completed for each resident within 48 hours of their admission. Residents needs were assessed using a range of evidence based assessment tools including falls risk assessment, moving and handling assessment, risk of pressure related skin injury, mobility and assessment of mental and physical wellbeing. However, some care plans were not documented for residents' assessed needs and documentation of interventions to be completed in some care plans were not clear. While there was evidence that residents and/or their relatives were involved in care plan development and although the person in charge confirmed their involvement in reviews completed four-monthly or more often, the documentation in place this not support this. Recommendations made by allied health professionals were documented in care plans.

The inspector reviewed management of residents' wounds and observed 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. There was no evidence of pressure sores occurring in the centre and preventative management procedures were implemented for residents assessed as being at risk of pressure related skin injury.

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:

Effective care and support

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

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

Findings:

Bailey House Nursing Home is a two-storey period premises that originally served as a parochial house for clergy and is located within a short distance of 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 are accommodated on both the ground and first floors and movement between floors is by means of a wide stairs and a stair-lift. The stair-lift was serviced in 2016. Residents are assisted and supervised by staff to use the stair-lift on all occasions. Accommodation is provided for four residents in two twin bedrooms on the ground floor, one of which has an en suite toilet and wash-hand basin. Accommodation for the other 11 residents was provided on the first floor and consisted of a single bedroom, two twin bedrooms and two three=bedded rooms. Each bedroom had a wash-hand basin. Two toilets and an assisted shower were provided for the use of the residents on each floor. The provider advised that she was undertaking work to ensure residents' privacy in communal toilet and shower areas. Toilet facilities were conveniently located to residents' bedrooms, dining and communal sitting areas. The shared bedrooms provided each resident with adequate space and facilities to meet their needs and optimise their comfort, privacy and dignity. Adequate bed-screening was provided in bedrooms accommodating more than one resident. There was ample personal storage in all bedrooms for residents' belongings and residents also had access to locked storage in their bedrooms. Storage of residents' equipment was satisfactory.

Communal space available to residents was satisfactory offering residents a choice of two sitting areas. An area was available for residents to meet with visitors in private if they wished.

The premises was observed to be visibly clean, well maintained and in good decorative order. The internal premises were safe with no significant risks identified; handrails and grab-rails were in place; the stairwell was of sufficient width to safely and comfortably accommodate both the stair-lift and residents who wished to walk. The premises was wheelchair/stretchers accessible via the side entrance.

The kitchen was spacious, adequately equipped, clean, tidy and well-organised. The most recent inspection reports issued by the Environmental Health Officer and provided to the inspector referenced that there were no contraventions of the relevant food safety regulations. A contract was in place for the provision of pest control services and equipment servicing records were up to date.

The external grounds were secured by fencing and vehicular access was controlled in

the area immediately in front of the premises with visitor car-parking in an area adjacent to the centre. The site landscaped by mature shrubbery, flowers and trees creating a peaceful and colourful environment for residents. External garden seating was available to residents in addition to a safe walkway to the adjacent church which was upgraded by the provider to ensure residents' safe access.

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 to advise on its use.

Judgment:
Compliant

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

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

Findings:

There was a centre-specific complaints policy which had been reviewed 19 April 2016. The policy identified the nominated complaints officer and also included an independent appeals process as required by the 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 welcomed any feedback on the service provided. From feedback received and an absence of complaints she felt that assured that residents were satisfied with the service they received.

Residents with whom the inspector spoke confirmed they could make a complaint if they wished and felt they would be listened to. Residents knew who to make a complaint to and expressed their satisfaction with the service provided to them. Arrangements were in place for recording and investigating complaints including communication of outcomes to complainants and referral to a designated appeals process if satisfaction with outcomes of investigation was not achieved. Residents had access to an advocate if required to assist them in making a complaint.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

Arrangements were in place to ensure residents received 'end of life' care in a manner that met their assessed needs and expressed wishes. A policy document was in place that advised staff on 'end of life' care procedures in the centre. This policy also included a sub-policy on resuscitation management updated in April 2016. There were no residents in receipt of 'end of life' care on the day of inspection in the centre.

A single bedroom was available for accommodating residents at this stage of their lives. Residents' 'end of life' wishes were documented but required some improvement to ensure they were person-centred and were reviewed to capture any changes in wishes expressed. Residents' families were facilitated to stay with them overnight with refreshments as their health deteriorated.

Palliative care services and the resident's GP supported staff in caring for residents at the end of their lives including symptom management. Arrangements were in place for management of residents' pain however, assessment procedures required improvement by implementation of an evidence-based pain assessment tool.

Residents had good access and support from clerics from different religions as they wished.

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 was a policy document available to support staff in all aspects of residents' nutritional and hydration care. Residents' weights were monitored monthly to ensure residents did not experience unintentional weight loss. No residents had any evidence of unintentional weight loss on this inspection. There were arrangements in place for management of resident with unintentional weight loss including recording of intake and referral to a dietician for review. The inspector spoke with the chef on the day of inspection who was also the provider. She was aware of and accommodated residents with specific nutritional support needs, support plans and preferences. She had copies of the recommendations made by the dietician and speech and language therapy services for relevant residents. Food provided was wholesome and nutritious. Residents were given a wide choice of menu.

Care plans were in place to inform care of residents with nutrition and hydration needs which were satisfactorily linked to monitoring and treatment plans and were evaluated in daily progress notes. Recommendations made by dietetic services were documented.

There was satisfactory evidence that residents were provided with adequate fluid and dietary intake to meet their needs. Staff were observed to engage in monitoring and encouraging residents to take fluids. Water and flavoured drinks were available in communal areas and staff were observed to encourage residents to drink. The inspector observed the lunchtime meal on the day of this inspection and found that each resident was provided with a nutritious and varied diet that provided them with choice of hot dish. Residents and relatives spoken with expressed their satisfaction with the meals and snacks provided. The inspectors observed that residents who required assistance received same in a dignified and discrete way by staff. Residents were seated around two large dining tables for their meals. The dining room was spacious. Many residents were observed chatting with each other.

The menu was displayed for residents' information. However, the chef and the staff discussed the menu options available and if they wanted an alternative on the day with residents to ensure they made an informed choice of menu.

Staff had completed training on nutritional care of residents.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the organisation of the centre. They were supported to make choices and to be as independent as possible. Residents in the main led purposeful lives, they decided how to spend their day and there were opportunities to participate in activities that suited their interests.

A culture of person centred care was evident and staff worked to ensure that each resident received care in a dignified way that respected their rights. Residents got up and went to bed when they wanted. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well, including their backgrounds and personal histories.

All residents got up during the day and engaged in the daily life of the centre. They could go outside if they wished and were generally supported by staff due to their healthcare needs to sit on the garden seating provided or visit the church within close proximity to the centre. Residents also went on outings from the centre and in the weeks previous to this inspection had spent a day in Tramore by the seaside.

Residents' meetings were held at regular intervals and were well attended by residents and relatives where appropriate. The minutes viewed showed that issues raised were followed up by management.

Residents were facilitated to exercise their civil, political and religious rights. Residents were assisted by staff to attend Sunday Mass. Mass was also held in the centre one other day each week. Clergy were available to residents of other denominations. Residents confirmed that their rights were upheld. On each interaction, staff were observed to seek the permission of the resident before undertaking any care task and they were consulted about how they wished to spend their day and care issues. Residents' rights to refuse treatments were respected.

Residents' privacy needs were respected at all times, staff knocked on doors, closed toilet doors and bed-screens in bedrooms accommodating more than one resident were closed while personal care was taking place.

There were no restrictions on visitors and numerous visitors called to see residents on the day of inspection. Staff told the inspector that most residents were from the locality and knew each other's families who were now visiting the centre prior to admission. Relatives spoken with said they would chat to all the residents when visiting as they all were equally interested in news from the community. There was also an area residents could meet their visitors in private if they wished. Residents had access to national and local newspapers.

While there was no designated person responsible for co-ordinating activities, staff saw this as part of their role. They organised a variety of activities which were well attended by residents. Bingo was a favourite among the residents and was attended by residents with dementia. One resident had responsibility for calling out the numbers. Residents also enjoyed music sessions provided by local musicians, exercise sessions and religious

activities. Staff spent one-to-one time with some residents who were less able than others. While care plans to meet the needs of residents with difficulty communicating, a communication policy was not in place. This finding is actioned in Outcome 5. Residents with hearing difficulties had audiology assessments completed and were supported to wear their hearing aids.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Residents could retain control over their clothing and personal possessions. Each resident had sufficient storage provided for their personal items in their bedrooms. Residents' clothing was accessible to them. A laundry service for residents' personal clothing was provided by the centre managed by a designated member of staff. Residents' clothing was maintained in good condition and was neatly stored for their use in their accommodation. The laundry was viewed by the inspector and was found to meet legislative requirements and the national standards.

There were no complaints logged regarding management of residents' clothing.

Residents had space to store and display their personal items such as photographs and ornaments. Some residents personalised their bedrooms.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The numbers and skill mix of staff were appropriate to the needs of residents and the effective operational management of the service. The staffing roster reflected the staffing numbers and staff on duty on this inspection. There was a registered nurse on duty in the centre at all times.

A sample of staff files were reviewed and 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 verification of references. The provider advised the inspector that there was a very low staff turnover in the centre with many staff working in the centre for many years. No volunteers worked in the centre.

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 in line with residents' needs. All staff employed had completed mandatory training requirements including, fire training, safe moving and handling instruction and protection of vulnerable adults. Further education and training completed by staff included gerontology, end of life, medication management, wound care, infection prevention and control, nutrition and dysphagia.

Staff were knowledgeable regarding their roles in meeting residents' needs. All staff were involved in meeting residents' activation needs as part of their roles. Staff were very well informed regarding residents' needs and residents were complimentary to the inspector regarding staff caring for them.

Judgment:
Compliant

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:

Catherine Rose Connolly Gargan
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 report¹

Centre name:	Bailey House Nursing Home
Centre ID:	OSV-0000196
Date of inspection:	21/06/2016
Date of response:	05/07/2016

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all policies adequately informed practice as required by Regulation 4 (1) Schedule 5. A communication policy was not in place.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Please state the actions you have taken or are planning to take:
Communication Need Policy now in place.

Proposed Timescale: 05/07/2016

Theme:
Governance, Leadership and Management

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

The directory of residents was missing the addresses of residents' next of kin and their GPs.

2. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
Now in Place.

Proposed Timescale: 05/07/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

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

Some improvement was necessary to ensure the safety of use of bedrail for the relevant residents when need was determined.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Assessed the Risk for the Safety of using bed rails for the relevant Residents.

Proposed Timescale: 05/07/2016

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:

The risk posed by steps up to the front door and an area at the top of the main stairs that posed a risk of trip from the stair-lift were not identified and risk assessed with implementation of concomitant controls in the risk management documentation.

4. 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:

Risk assessed and documented in the risk register measured for rails and been made.

Proposed Timescale: 19/07/2016

Theme:

Safe care and support

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

Controls to manage aggression and violence were not included in the risk management policy.

5. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

Policy on Aggression and Violence now in place.

Proposed Timescale: 05/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans were not documented for residents' assessed needs and documentation of interventions to be completed in some care plans were not clear.

6. 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:

Reviewed all the Care Plans according to the assessed needs.

Proposed Timescale: 05/07/2016

Theme:

Effective care and support

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

While there was evidence that residents and/or their relatives were involved in care plan development, their involvement in reviews completed four-monthly or more often was not documented.

7. 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:

When the next Care Plans are up for review we will involve residents and where appropriate the resident's relatives.

Proposed Timescale: 05/11/2016