Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	13
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
28 June 2017 09:00	28 June 2017 17:00
29 June 2017 08:00	29 June 2017 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in June 2016 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, the provider representative, the person in charge, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 5 of the 12 residents residing in the centre with a formal diagnosis of dementia. The inspector observed that many residents were reasonably independent and required only some assistance with their daily activities. While some did require more assistance and monitoring due to the complexity of their individual needs. Overall, the inspector found the person in charge and staff team were very committed to providing a good quality service for residents that was homely and person centered.

The inspector saw that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of suitable activities for them to do during the day. There was a homely ethos and respect and dignity for residents was evident. For example, there was a staff member allocated to the function of activity co-ordinator on daily basis. The inspector noted that this person fulfilled this role in meeting the social needs of residents in a group or/and individual basis. The inspector observed that staff connected with residents as individuals. The inspector found that residents appeared to be well cared for and residents gave positive feedback regarding all aspects of life in the centre. In this small center, the inspector found that staff were knowledgeable about all residents' likes, dislikes and personal preferences. Staff were observed interacting with residents in a respectful, positive and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge and provider representative had assessed the compliance level of the centre through the self assessment tool and the findings. However, the provider representative had deemed the centre to be complaint with all outcomes. However, judgments of inspector did not concur with the provider representative's judgments and further improvements were required. Progress was made by the provider in implementing the required improvements identified on the inspection in June 2016.

The general atmosphere within the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

From the seven outcomes reviewed during this inspection, three of the seven outcomes were compliant and the following two outcomes were deemed to be

substantially compliant: suitable staffing, safe and suitable premise. In addition, two outcomes were found to be moderately non-compliant: health and social care needs and health and safety and risk management. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed 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 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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in outcome 3. There were a total of 12 residents in the centre on the day of this inspection and five residents had a formal diagnosis of dementia.

Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a regular basis. The inspector saw regular medical reviews documented in residents files. Residents had access to allied healthcare professionals including occupational therapy, dietetic, speech and language therapy, podiatry and ophthalmology services. A physiotherapist called to the center to see residents on an individual or group basis each week. Residents also had access to the specialist mental health services. The inspector focused on the experience of residents with dementia, tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. Overall, most residents did have their assessed needs set out in an individual person centred care plan which directed their care. There was evidence that residents and their family, where appropriate participated in care plan reviews. The assessment process involved the use of a variety of evidenced based validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injuries. Most residents had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained suitable information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. However, the inspector noted that not all care plans were adequate. For example, the inspector found a resident who was recently admitted for respite care did not have an adequate care plan. This residents' care plan did contain some records for example there was a record of the resident being reviewed by the GP, a transfer record,

discharge letter and details of the residents' medications having being reviewed. However, in this case, there was no documentary evidence to indicate that the resident had suitable nursing assessments, risk assessments or care plans in place to guide staff practice.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. During this inspection, there were no residents requiring end of life care. The inspector reviewed the records in relation to a recently deceased resident. Residents and/or their representatives where appropriate, were involved in the care planning process for end of life care. The inspector noted that residents' care plans reflected the wishes of residents. There was evidence that staff had held discussions with residents and/or their representatives in relation to end of life care including residents with dementia.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The inspector spoke to the chef who was also the provider representative. She demonstrated suitable systems in place to ensure residents' nutritional needs were met, and that residents received adequate hydration. The provider representative knew each residents' nutritional needs and preferences very well. Within the context of this small center that had 12 residents on the days of inspection; the provider representative outlined how she was aware of each residents dietary preferences. Residents also confirmed that this was the case. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes. All residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room were observed by the inspector to be a social occasion. The dining room was a large room with a pitch pine floor and old fire place; it contained house hold ornaments, pictures and mahogany dinning room tables and chairs. There were two dinning room tables and residents informed the inspector that each had their favorite place to sit at meal times. Staff sat with residents while providing encouragement or assistance with their meal. Staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT) as appropriate. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets. Staff were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There was evidence that the pharmacist carried out regular medication audits and was involved in the review of medications and stock control. Support and advice was also provided as necessary. The inspector reviewed a sample of residents' medicine prescription records and they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist. Evidence was available that regular medication reviews were carried out. Medications that required strict control measures under the Misuse of Drugs Act's (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDA's. The inspector checked a sample of balances and found them to be correct. There was a list of nurses signatures maintained in relation to the administration of medications in the center. All nurses' signature had been recorded in line with the centres' medication administration policy and regulatory requirements from the Irish Nurses Board (Bord Altranais agus Cnáimhseachais na hÉireann). There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. A fridge was provided for medications that required specific temperature control and was stored securely. The inspector noted that the temperatures were recorded on a daily basis and within acceptable limits at the time of inspection.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The inspector reviewed the centre's policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. In relation to financial abuse there was a center specific policy on managing residents valuables which had been reviewed in June 2015. The inspector was informed that residents or their representatives as appropriate managed their own money. Residents were provided with a locked press to store their valuables and residents and/or their representatives received invoices for care which were seen to be clear and robust.

A policy on managing responsive behaviours was in place that was dated as being

reviewed in April 2016. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training in May 2017. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. In the small homely setting of this centre staff were seen to offer choice where possible to residents. For example in relation to the type of activities that they may wish to pursue was accommodated if at all possible. Environmental triggers such as noise levels were generally controlled. The inspector concluded that the person in charge and staff worked to create a homely environment for residents with dementia to minimise the risk of responsive behavior's. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1 of this report. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a dignified and person centred way. For example, there were records in care plans of staff using person centered and effective de-escalation methods when managing responsive behavior's.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to it's use. There had been a substantial reduction in the use of bedrails during the year and there were only two residents using bedrails at the time of inspection. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, where possible . Review of use of restraints was on-going. Residents' representatives were involved as appropriate, in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The center was homely in its design and layout and the overall ethos of the service upheld the individual rights, dignity and respect for each resident. The nursing assessment included an evaluation of the resident’s social and emotional wellbeing. The daily routine was organised to suit the residents. All staff including catering staff, optimised opportunities to engage with residents and provide positive connective interactions. There appeared to be a positive and friendly atmosphere in the centre

particular between residents and staff. Organised activities were provided and other small group or one to one activities were facilitated by staff which reflected the capacities and interests of each resident. The inspector observed one to one activities being provided to residents with dementia and noted the kind and considered approach of staff. Staff were observed connecting and interacting with residents and particularly residents with dementia, in a positive and supportive manner.

Staff created opportunities for one-to-one engagement, for residents who were unable or unwilling to participate in groups. There were a number of the staff involved in providing recreation and engaging activities for residents. Activities such as music were provided by people from outside the core staff. In addition to activities held in the centre, outings were organised to local events and areas of interest such as a bus trip to the Tramore seaside. There was evidence that activities were chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. The inspector observed that residents were free to join in an activity or to spend quiet time in their room. They were encouraged and supported to follow their own routines. There was a varied programme of activities available to residents which included art therapy, music, skittles, sing-songs, bingo, arts and crafts, reminiscing therapy, religious activities and other more individualised activities. Residents told the inspector how much they enjoyed the activities and bingo seemed to be a particular favorite for many. One resident informed the inspector that they also played bingo in the local village each week. The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The provider representative was well known to all residents and residents were very complementary about the provider representative. For example, some residents stated that "she (the provider representative) could not do enough for you" and "she is always available to help us with any issue".

For each resident there was a "Life Story" completed which was instrumental in developing staff knowledge and awareness into the background, preferences and support needs of all residents including residents with dementia. These stories were comprehensively completed in consultation with residents representatives, as appropriate. They were a rich resource of information to support residents, their representatives and staff in meeting residents needs. The inspector noted that staff were knowledgeable of each resident's life history, hobbies and preferences which also informed the planning of residents' activities.

The inspector spent two hours observing staff interactions with residents, including residents with dementia. These periods of observation took place in he dining room and day room and the majority of interactions were rated as positive connective care. Staff who spoke with the inspector attributed this to the approach of the provider representative, the homely atmosphere and small size of the centre; the training they had on dementia and the knowledge they had about each resident.

There was evidence that residents' with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents permission before engaging in any care activity. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with areas separate to residents' bedrooms were visitors and residents

could meet.

Residents with dementia were consulted about how the centre was run and the services that were provided For example, there were regular residents' meetings and residents representatives were regularly consulted as appropriate. The most recent residents' meeting was held in May 2017 and issues raised by residents were acted upon by management. Representatives were welcome to represent residents who were unable to verbally communicate or could not attend the meetings. The person in charge and staff spoke to every resident each day and all residents were consulted about how they wished to spend their day.

The centre had developed a number of methods of maintaining residents' links with their local communities, including copies of the local/parish newspapers. There were visits by transition year students from the local schools as well as visits by the local Irish Countrywomens Association (ICA). Residents had access to a hands free phone and some residents had their own mobile phones. Residents had access to a selection of daily national newspapers and several residents were observed enjoying the paper on both days of inspection. Residents also had access to radio, television, and information on local events.

Residents were facilitated to exercise their civil, political and religious rights. Residents' religious preferences were facilitated through regular visits by clergy to the centre and there was daily mass held in the church adjacent to the centre. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in communal rooms. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Judgment:
Compliant

Outcome 04: Complaints procedures

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 most recently been reviewed in 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 inspector noted that there were no recorded complaints in the centre for 2017 and spoke to the provider representative and person in charge in relation to

ensuring that any complaint was recorded. The person in charge referenced the resident questionnaires that were conducted in January 2017 in which had been very positive feedback and in the absence of complaints she felt 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 stated that they would speak to any of the staff including the person in charge and the provider representative. 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. There was a referral process through a designated appeals process if satisfaction with outcomes of any investigation were not achieved. Residents had access to an advocate if required to assist them in making a complaint.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection. In particular, residents with dementia were seen to be supported by staff in the dignified, person centered and caring manner.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the provider representative who was based on site. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

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 representative advised the inspector that there was a very low staff turnover with many staff working in the centre for many years. The provider representative also stated that all staff had been Garda vetted and that 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. For example, the inspector spoke to a recently recruited staff member who confirmed that all newly recruited staff completed induction training and received ongoing appraisals.

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.

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 in relation to fire training, safe moving and handling instruction and protection of vulnerable adults. Staff were knowledgeable regarding their roles in meeting residents' needs. However, as referenced in outcome 7 of this report, the training matrix indicated that not all staff had completed training in hand hygiene and infection prevention and control.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. Overall, the design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile. This was a small centre had a capacity for 15 residents with 12 residents residing in the centre on the days of inspection. It was located in the

town of Killenaule, Co Tipperary and was near all amenities such as shops, pubs and restaurants. The premises was a large two-storey period house. The provider representative stated that the premises was around 150 years old and originally served as a parochial house for clergy. It was located directly adjacent to the local parish church where some residents attended mass on a daily basis. The building was a large cut lime stone house located on a mature landscaped site and residents had access to external gardens. While there had been some renovations over the years however, the premises generally reflected a large period house and retained the main features of such a building. For example, there were large sash windows, large mahogany doors and surrounds and a carpeted sweeping wide stairs to the first floor. There was original furniture, paintings and carpets with the overall effect that was welcoming and homely. For example, one resident outlined how they had been celebrating her recent birthday and informed the inspector had he had missed the last of the birthday cake. The inspector noted that this resident had put a number of the many birthday cards they had received onto the mantelpiece of the sitting room fireplace which adding to the sense of homeliness in the centre.

Many of the residents' had individualized their rooms, with personal items and furnishings and memorabilia. Some bedrooms were individually identified to assist residents with dementia to recognize their rooms. Residents were accommodated on both the ground and first floors and movement between floors was by means of a wide stairs and a stair-lift. The stair-lift was most recently serviced in April 2017. The inspector observed that residents were suitably assisted and supervised by staff when using the stair-lift. All bedrooms contained wash-hand basins. Accommodation was provided for up to four residents in two twin bedrooms on the ground floor, one of which had an en suite toilet and wash-hand basin. Accommodation for an other 11 residents was provided on the first floor and consisted of a single bedroom, two twin bedrooms and two three bedded rooms. Toilet facilities were suitably located to residents' bedrooms, dining and communal sitting areas. Two toilets and an assisted shower were provided for the use of the residents on each floor. Since the last inspection some refurbishment work had been completed in the communal toilet and shower areas to enhance privacy and dignity. For example, the provision of suitable door locks and additional screening. The shared bedrooms provided each resident with adequate space and facilities to meet their individual residents' needs and privacy and dignity. Adequate bed-screening was provided in bedrooms accommodating more than one resident. There was suitable personal storage in all bedrooms for residents' belongings and residents also had access to locked storage in their bedrooms. Storage of residents' equipment was adequate.

All walkways and bathrooms were equipped with handrails and grab-rails. Communal space available to the current residents was adequate offering residents a choice of two sitting rooms. An area was available for residents to meet with visitors in private if they wished. The design of the premise offered scope for involvement in ordinary domestic and outdoor activities. Overall the premises was observed to be generally clean, adequately maintained and suitable decorative order. There were handrails and grab-rails in place; the stairwell was of sufficient width to safely and comfortably accommodate both the stair-lift and residents who wished to walk. The front entrance did contain three steps in keeping with the design of this type of house however, the premises was wheelchair/stretcher accessible via the side entrance.

The kitchen was located to the rear of the premises and appeared to be clean, tidy and well-organised. The recent Environmental Health Officer (EHO)inspection report was reviewed which indicated a positive findings. A contract was in place for the provision of pest control services and equipment servicing records were up to date.

Closed Circuit Television (CCTV) was seen to be in operation for security purposes only. There was a sign to inform residents and visitors of the operation of these cameras and a policy was in place to advise on its use. Most of the external grounds were secured by fencing and car-parking was provided in an area adjacent to the centre. The external grounds were landscaped by mature shrubbery, flowers and trees. External garden seating was available to residents in addition to a level walkway to the adjacent church.

There was a functional call bell system in operation and staff appeared to respond promptly to residents that called via this system. Call bells were accessible from each room used by residents however, the inspector requested the provider to review the call bells to ensure that they were easily identified. The inspector saw that a small number of residents who required supportive equipment that promoted their independence and comfort had access for example, as wheelchairs, hoist and rollators. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and up-to-date service records were available for all equipment on the day of the inspection.

However, there were a number of issues identified on this inspection including:
● improvement was required in signage in the centre to help residents to identify communal rooms and to support way finding
● some parts of the centre required redecorating or upgrading for example the some parts of the carpet on the stairs were worn, the mirror in the upstairs toilet was damaged and the exit door from the laundry was in need of repair
● storage facilities for personal items was not adequate in the shower room for example residents were storing their wash bags on the heating radiator in the shower room
● lighting in the upstairs landing area required review to assist residents with dementia or at falls risk to support independent walking
● while there was outdoor spaces provided for active residents to walk however, residents had to request access to the outside areas.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk 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:
Accidents and incidents were recorded on incident forms, were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were seen in the outside areas.

The fire policies and procedures that were centre-specific. There was a no smoking policy in place which was dated as reviewed in March 2016. The provider representative confirmed that no residents smoked in the centre. The fire safety plan was viewed by the inspector and found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided in June 2017 to staff and all staff had up to date fire training as required by legislation. The person in charge told the inspector and records confirmed that fire drills were undertaken regularly in the centre. However, the record of the most recent fire evacuation drill completed in June 2017 was not adequate for the following reasons:
● the fire drill record did not record the time required for completion of the fire evacuation
● the fire drill record did not detail the fire scenario that was simulated
● the fire drill record did not record any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

The inspector examined the fire safety register with detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in March 2017. Records viewed recorded that the fire alarm was last tested in February 2017. Each resident had a personal emergency evacuation plan (PEEP's) in place. However, the PEEP records viewed were not adequate for the following reasons:
● these records did not contain adequate details regarding the understanding of the resident in relation to fire safety awareness
● these records did not contain adequate details regarding the residents individual requirements to assist them in the event of an evacuation
● these records did not contain adequate details regarding the residents level of supervision when brought to a place of safety following evacuation
● there was no recent photograph of the resident in these records

The health and safety statement seen by the inspector was centre-specific and the health and safety policy was dated as being most recently reviewed in June 2016. There was a risk management policy as set out in schedule 5 of the regulations and included the requirements of regulation 26(1). The policy covered the identification and assessment of risks and the precautions in place to control the risks identified. Clinical risk assessments were also undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. Accidents and incidents were recorded on incident forms and were submitted to the person in charge. There was evidence of action in response to individual incidents. The provider representative had contracts in place for the regular servicing of

equipment and the inspector viewed records of equipment serviced which were up-to-date. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on most corridors and safe walkways were seen in the outdoor areas. However, there were a number of issues that required risk assessing including the following:
● there was unsecured access to the sluice room and the laundry room
● the storage of cleaning chemicals in the upstairs shower room required a risk assessment as they may have been hazardous to a resident with dementia or a cognitive impairment
● the storage of latex gloves and plastic aprons required a risk assessment as they may have been hazardous to a resident with dementia or a cognitive impairment
● the stairs and bannister on the first floor required a risk assessment

The communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. However, the training matrix indicated that not all staff had completed training in hand hygiene and infection prevention and control. This issue was actioned under outcome 5 of this report. In addition, there were a number of infection control issues including:
● there was a two large opened containers of medicated cream stored in a communal shower room without any residents' identifying details
● there were cobwebs in some of the ceilings and dust on an extractor fan
● there were two used disposable razors stored in a communal shower room without any residents' identifying details.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Bailey House Nursing Home
Centre ID:	OSV-0000196
Date of inspection:	28/06/2017
Date of response:	20/07/2017

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

1. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

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

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
In place on 30/06/17. The Care Plan for all Respite Residents will be in place within 24 hours of admission.

Proposed Timescale: In Place on 30/06/17. Care Plan for Respite Resident in place.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To ensure that staff have access to appropriate training including training in hand hygiene and infection prevention and control.

2. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Reviewed the training in hand hygiene and infection control on 12/07/17. Course on Site

Proposed Timescale: Reviewed on 12/07/17

Proposed Timescale: 12/07/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including the following:
● improvement was required in signage in the centre to help residents to identify communal rooms and to support way finding
● some parts of the centre required redecorating or upgrading for example the some parts of the carpet on the stairs were worn, the mirror in the upstairs toilet was

damaged and the exit door from the laundry was in need of repair
● storage facilities for personal items was not adequate in the shower room for example residents were storing their wash bags on the heating radiator in the shower room
● lighting in the upstairs landing area required review to assist residents with dementia or at falls risk to support independent walking
● while there was outdoor spaces provided for active residents to walk however, residents had to request access to the outside areas.

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

Please state the actions you have taken or are planning to take:
New mirror Bathroom replaced. Exit door repaired Laundry.
Now 24 hour lighting in Landing
Code taken off back door for residents access to outside area
Wash bags moved to Resident's Rooms
Stair Carpet risk assessed control measures in place

Proposed Timescale: In place 12/07/17

Proposed Timescale: 12/07/2017

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:
To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including the following:
● there was unsecured access to the sluice room and the laundry room
● the storage of cleaning chemicals in the upstairs shower room required a risk assessment as they may have been hazardous to a resident with dementia or a cognitive impairment
● the storage of latex gloves and plastic aprons required a risk assessment as they may have been hazardous to a resident with dementia or a cognitive impairment
● the stairs and bannister on the first floor required a risk assessment

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 control measures are in place on 30/06/17.

Proposed Timescale: 30/06/17 – In Place

Proposed Timescale: 30/06/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff including the following infection control issues identified:
● there was a two large opened containers of medicated cream stored in a communal shower room without any residents' identifying details
● there were cobwebs in some of the ceilings and dust on an extractor fan
● there were two used disposable razors stored in a communal shower room without any residents' identifying details.

5. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Reviewed the Infection Control training on 12/07/17.
All the staffs aware about open medicated cream not to be stored again in bathrooms or used razors.

Proposed Timescale: Immediately

Proposed Timescale: 20/07/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents including providing suitable personal emergency evacuation plans (PEEP's) for all residents.

6. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
PEEP for all residents are in place. Made adequate arrangements for the safe placement of Residents.

Proposed Timescale: In place 02/07/17.

Proposed Timescale: 02/07/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire including providing suitable fire evacuation drill records.

7. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire Drill takes place every 4 months. Next fire drill we will make sure that staff and residents are aware of the procedure to be followed in the case of a fire.

Proposed Timescale: 06/10/2017