

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bailey's Nursing Home
Centre ID:	OSV-0000316
Centre address:	Mountain Road, Tubbercurry, Sligo.
Telephone number:	071 918 5471
Email address:	oughamhouse@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ougham House Limited
Provider Nominee:	Patrick Bailey Junior
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	41
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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 November 2016 10:00	22 November 2016 18:30
23 November 2016 10:00	23 November 2016 21:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Substantially 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	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
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	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of this unannounced monitoring inspection, the inspector met with residents, a relative, staff members, the provider and the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

There was evidence of good practice in most areas of the service, although, some areas for improvements were required. The inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector noted that the majority of the previous action plan had been addressed . The actions not addressed related to the physical environment. Plans to address these deficits by extending the building had been submitted to the Authority but commencement of the planned extension had been delayed. The provider stated that work is now scheduled to commence in January 2017.

Throughout the inspection, the person in charge demonstrated a commitment to providing a good quality service to residents. Both the person in charge and the provider demonstrated knowledge of their requirements under the Regulations.

The provider had systems in place to safeguard residents from abuse . The feedback from families was positive and residents echoed these sentiments. Residents spoken with said they felt safe, were listened to and enjoyed the activities provided in the centre. Residents were complimentary of the food and of the staff working in the centre.

The inspector found that the healthcare needs of residents were met and residents had access to appropriate medical and allied health services. Some aspects of wound care documentation required improvement to better reflect changes in the wound. Some improvements were also required in aspects of risk management and complaints management.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

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):

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

Findings:

The inspector reviewed the statement of purpose which clearly outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services. It required minor revision to include residents with an intellectual disability in the description of the specific care needs for which they centre provided care to.

Judgment:

Substantially 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):

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

Findings:

The provider had ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are

suitable to ensure the service provided is safe, appropriate and consistent.

The person in charge and the provider both worked in the centre and worked closely together to manage the service. There was evidence of quality improvement strategies and monitoring of the services. The centre had been recently painted and new handrails were provided throughout. New flooring was also scheduled to be laid. Other improvements included new low entry beds and sensor mats.

The inspector reviewed audits completed. A system of audits is planned on an annual basis to include clinical data over a wide range of areas namely medication management, use of psychotropic medication, nutrition and weight loss and any accident or falls sustained by residents. Some clinical areas had been omitted from the schedule. For example there were no audits of wound care completed.

An annual report on the quality and safety of care was compiled for 2015 with copies made available to the residents or their representative for their information as required by the regulations. However, the report required review as it was not comprehensive, did not reference the findings from the various audits and did not include a quality improvement plan.

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

Findings:
Each resident had an agreed written contract of care. The inspector reviewed a sample of contracts and found that contracts were signed within one month of admission to the centre. The contract included details of the services provided and the fees charged. Additional charges were specified in an attached appendix.

A residents guide to the centre was provided to residents on admission. It contained all the information required by the Regulations. including the services provided, visiting arrangements, terms and conditions of occupancy and the complaints procedure.

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 had been involved in the governance of the centre since it opened. She is a registered nurse who works full time. She has 40 years experience as a nurse, twenty of which were in care of older people. She demonstrated a good knowledge and understanding of the residents in her care and a knowledge of her responsibilities under the regulations. The inspector reviewed her staff file and saw evidence that she attended various clinical training courses to keep her skills up-to-date. Course attended included training in areas such as communicating with residents with dementia, advocacy, medication management and safeguarding. She also attended relevant conferences during the year. She was well known to residents and both residents and the staff confirmed that she regularly attended the centre at weekends and at night.

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

All records required by Schedules 2, 3 and 4 of the regulations were completed as

required . A planned and actual staffing roster was available. All policies as required by Schedule 5 were available and were reflected in practice. The centre was insured against risk of injury to residents and others and loss or damage to residents' property.

The inspector saw that some care plans indicated that residents should have half hourly checks completed when the resident was in bed. In discussions with staff the inspector learned that while these checks were been completed, they were not always recorded.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
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.

Theme:
Governance, Leadership and Management

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

Findings:
The provider and person in charge were aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days but said that none were planned. A senior nurse deputised for the person in charge in her absence however she was not present on the days of the inspection.

Judgment:
Compliant

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:

The inspector found that the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were policies on and procedures for the prevention, detection and response to abuse. The policy had been revised to reflect the new reporting arrangements in the Health Services Executive policy on Safeguarding Vulnerable adults. Staff spoken with were familiar with the policy and outlined clearly what they would do if they suspected abuse. Staff training records reviewed confirmed that an ongoing education programme was implemented in this area.

Some residents showed behavioural and psychological signs of dementia (BPSD) associated with their dementia. The inspector read a sample of care plans and saw that possible triggers were identified and appropriate interventions were recorded. Staff spoken had completed training in BPSD and were familiar with appropriate interventions to use. During the inspection, staff were observed to approach residents with behavioural and psychological signs of dementia in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The provider and person in charge had worked towards achieving a restraint free environment. Prior to implementing a restraint measure, a detailed assessment was completed to determine the suitability of the restraint for the specific resident and there was evidence that alternatives to the use of restraint had been successfully used for a number of residents. The inspector noted that where restraint was used safeguarding controls had been implemented.

Small amounts of pocket money were stored for some residents. Records of personal finances were reviewed by the inspector and no issues were identified. Transparent records were maintained of all transactions and there were two staff signatures present for all transactions. A list of each residents belongings was maintained. In some property lists reviewed, there was not a sufficient description of each item to ensure it could be found if mislaid and some lists were identified as not updated when new belongings were brought in.

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:

The provider had implemented systems to promote and protect the safety of residents, staff and visitors to the centre, although some improvements were required to ensure all hazards in the centre had been assessed and appropriate control measures put in place.

The centre was safe. Closed circuit television cameras (CCTV) monitored the entrances and exits and a record of visitors' was kept at the reception area and was used to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector found that there was an effective programme in place for ensuring maintenance of the centre and for servicing and checking of all equipment.

Procedures were in place to manage risk which included a health and safety policy, risk management policy and a risk register. Since the previous inspection this provider had reviewed and updated the risk policy. There was a risk register available which included environmental and clinical risks.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector reviewed the accident and incident log. Falls and near miss event were well described. Neurological observations were recorded where a resident sustained an unwitnessed fall or had a suspected head injury. The inspector saw that a review was completed after the incident to identify any contributing factors and implement interventions to reduce further incidents.

A fall prevention care plan was available for residents identified as been at risk of sustaining a fall . The inspector saw that some care plans indicated that residents should have half hourly checks completed when the resident was in bed. In discussions with staff the inspector learned that while these checks were been completed, they were not always recorded. An action has been included under outcome 5 requiring the provider to address this.

There were measures in place to promote safe manual handling practices. All staff had completed mandatory training in safe manual handling. Moving and handling assessments were completed for all residents and there was professional input from the physiotherapist in determining each residents' moving and handling needs. In some of the care plans reviewed however the type of hoist required was specified but the sling size required was not always referenced

Measures were in place to ensure the safety of residents in the event of fire. Fire procedures were displayed and the staff spoken with knew what to do in the event of a fire. Fire detection and prevention equipment was in place. Service records indicated that fire extinguishers, emergency lighting and the fire alarm system were serviced at the required intervals. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place. Fire exits were unobstructed and the inspector read the records confirming the daily inspection of means of escape. Training records viewed received training in fire safety and evacuation training and there was an ongoing training plan in place to ensure all staff could attend.

Risk assessments were completed for residents who smoked. A separate smoking room was available and fire retardant aprons and a fire blanket and extinguisher were located

were provided.

The centre was clean and well maintained and there were no malodours detected. There were a two staff rostered for cleaning duties every each day. Separate cleaning equipment and cloths were used to clean bedrooms, bathrooms and communal areas to minimise the risk of cross infection. Staff were trained in infection control.

There was an emergency plan in place which identified what to do in the event of a range of emergencies. The plan included contingency arrangements for the evacuation of residents in the event of an emergency. Contact numbers for all emergency services were included as well as contact numbers for all staff.

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):

No actions were required from the previous inspection.

Findings:

Residents were protected by the centre's policies and procedures for ordering, prescribing, storage and administration of medicines and for handling and storage of controlled drugs. All medicines were stored securely within the centre.

The inspector viewed a sample of residents' medical notes. A copy of each prescription was sent to the pharmacy and the typed kardex was then returned and signed and dated by the general practitioner (GP).

The inspector saw that for each medication the name of the drug, the dosage prescribed, the time of administration and the signature of the nurse administering the medication was clearly recorded on medication administration sheets. There was space to record comments on withholding or refusing medications. In a small number the route of administration was not recorded. This was brought to the attention of the staff and addressed during the inspection. The person in charge advised that she had spoken with the pharmacy and all future medication administration sheets will have the route of administration included.

Medicines that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of the MDAs. A procedure was in place for return of unused or out of date medications to the pharmacy and a written record was maintained. There was evidence that each resident's medication was reviewed every three months by their GP.

Where residents were prescribed PRN or as required' medication the inspector saw that

the maximum dosage of medications to be administered was clearly stated. The inspector saw that nursing staff had completed medication competency assessments. There was a system in place for the recording and management of medication errors and medication audits were completed.

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:
The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required. However, some notifications where residents sustained a serious injury were not received by the Chief Inspector within the required timeframe.

Judgment:
Non Compliant - Moderate

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

Findings:
The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The arrangements to meet each resident's assessed needs were set out in an individual care plan. Actions required from the previous inspection relating to care plans had been addressed and care plans were found to be person centred and reflect the care needs of residents.

There was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals, in consultation with residents or their representatives.

The inspector reviewed the management of clinical issues such as wound care and diabetes management and found they were well managed and guided by robust policies. The forms for monitoring and recording wound care required minor revision, An action has been included under outcome 5 requiring the person in charge to refine the records used..

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided support to some residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetics. Physiotherapy and occupational therapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that where residents were referred to these services the results of appointments were recorded in the residents' notes. The inspector reviewed a sample of care plans and saw that they had been updated to reflect the recommendations of various members of the multidisciplinary team.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included bingo, music quizzes, arts and crafts and religious ceremonies, .

Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents.

Judgment:
Compliant

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):

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

Findings:

The premises was found to be well maintained, decorated to a good standard and attractively and comfortably furnished. The centre was visibly clean throughout. There was hand hygiene gel dispenser units fitted at convenient intervals with advisory hand hygiene procedure instructions displayed. A supply of personal protective equipment was available for staff use.

There was a good standard of décor throughout and residents were encouraged to personalise their bedrooms and good levels of personalisation were evident . Residents spoken with confirmed that they felt comfortable and safe in the centre.

The centre is laid out over two stories. Residents' accommodation is located on the ground floor. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. Accommodation comprised of 10 single and fourteen twin bedrooms. There is one large communal room with a conservatory adjoining which was used as a sitting room and dining room. A separate quieter sitting room was also available. With the exception of three twin bedrooms, which had wash hand basins, all others had ensuite shower and toilet facilities provided. While all rooms meet the minimum size requirements outlined in the National Quality Standards for Residential Care Settings for Older People, one bedroom was shared by three residents which impacted on their privacy and dignity.

On a previous inspection by the Authority inspectors identified that there was no visitors room provided and inadequate laundry facilities. These issues had not been addressed. The provider had submitted plans to HIQA previously to extend the centre and address these issues however this work which was scheduled to be completed during 2016 had not commenced. Planning consent had since been granted for the extension however the commencement date was delayed by a third party. The provider stated during this inspection that that the issues delaying the work have now been addressed and building work is scheduled to commence in January 2017. The provider has been requested submit up to date plans and verification of the commencement date to the chief inspector. These actions have been repeated in this report.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience. Staff facilitates were provided up stairs. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control. Lockers are provided for the storage of personal belongings of staff.

A safe enclosed landscaped garden was available with seating for residents and residents said they used this facility when the weather permitted. There were no hand rails provided in this area to support residents and promote independence and encourage use of the garden area .

Judgment:
Non Compliant - Moderate

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:
The complaints procedure was displayed at the main entrance to the centre and it described how to make a complaint.
The inspector read a sample of complaints records for 2016. The details of each complaint were recorded and the inspector saw that there was a response to each complaint. The complaints recording form included a prompt to staff to record if the resident was satisfied with the outcome of the complaint.

he complaint's policy listed details of the nominated complaints officer within the centre and included an appeals procedure.

Residents spoken with said they would have no hesitation speaking to any of the staff if they had a concern. The inspector reviewed the questionnaires submitted by residents in advance of the inspection which indicated a high level of satisfaction with the service and a positive response to any areas of concern raised.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector saw that caring for a resident at the end of their life was regarded as an integral part of the care service provided and each resident was given the opportunity to express their preferred priorities of care at end of life.</p> <p>The person in charge stated that the centre received good support from the local palliative care team when required. There was evidence that residents were consulted regarding their choices and wishes in the event that they became seriously ill and were unable to speak for themselves. The inspector reviewed a sample of care plans which had the residents' wishes and preferences for end of life care recorded.</p> <p>Some residents had a DNR (Do Not Resuscitate) notice recorded on their care notes. There were procedures in place to ensure that a resident's resuscitation status was regularly reviewed. The documentation reviewed outlined the clinical judgement of the general practitioner and discussions with the resident or their family.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Resident were provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. The inspector saw that residents had been reviewed by a speech and language therapist and a dietician when required. The instructions for foods for residents who required a particular consistency due to swallowing difficulties were outlined in care plans and was available to catering and care staff.</p> <p>Care staff spoken with could describe the different textures and the residents who had specific requirements. The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored</p>
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appropriately. The chef knew the special dietary requirements for residents and had information on each residents' dietary needs and preferences.

The inspector observed two meal times. Assistance was offered to residents in a discreet and sensitive manner. The inspector observed practices and saw that staff were observed recommendations of the Speech and Language therapist.

A menu was displayed and chef said that alternatives options were offered to residents if they did not feel like what was on the menu.. There was a choice offered and the main meal was rotated to avoid repetition. The evening meal included hot choices such as French toast, quiche, scrambled eggs and chicken. There were snack served between meals. A trolley served residents mid morning and afternoon offering a choice of tea/coffee and a variety of homemade cakes and breads, fruit, buns and biscuits. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them. This was an action from the last inspection.

Residents had care plans for nutrition in place to guide care. The chef said that a dietician had reviewed the menu for nutritional content. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals and where weight loss was recorded there was prompt referral and review by a dietician. Food and fluid intake records were well completed where a need was identified.

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:

The inspector found that each resident's privacy and dignity was respected. The inspector observed staff members knocking on bedroom, toilet and bathroom doors and waiting for permission before entering. Staff interacted with residents in a courteous manner. In the questionnaires returned to HIQA, residents and relatives were complimentary about the staff in the centre and residents and relatives spoken with described the staff as very kind and said they felt safe in the centre and attributed this to staff. Residents spoken with told the inspector they were able to exercise choice regarding how they spent their day. The inspector observed throughout the inspection

that residents were consulted and encouraged to make choices about their daily routine.

Residents' religious and civil rights were supported. Mass was celebrated every Sunday in the centre and a Church of Ireland minister also visited the centre. Residents confirmed that they had been offered the opportunity to vote at election time with a polling centre provided in the centre. Residents had access to a variety of national and local newspapers and magazines to reflect their interests and these were located in easily accessible areas and available to residents daily.

There was a residents' committee in place and meetings took place on a monthly basis. The inspector read the agenda and minutes and saw the agenda was set every month which did not afford residents the opportunity to decide on the issues they wished to discuss. The inspector identified that there was no section on the minutes to record who was responsible for completing any actions arising from the meeting. Some issues raised in meetings had not been recorded as addressed.

There was no dedicated activities coordinator and a care staff member was designated to help facilitate activities. There was an ongoing programme of activities which included specific one to one activities for those with dementia/cognitive impairment. A weekly Sonas therapy group session (A therapy involving stimulation of all the senses) and SIMS sessions for individual residents (the Sonas Individual Multi-sensory Session) were provided. A social assessment had been completed for each for each resident and activities every day which included arts and crafts, bingo, live music, reminiscence therapy, and passive exercise programmes

Judgment:
Substantially 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:
The inspector found that residents had adequate space for their belongings, including secure lockable storage. Each resident had their own wardrobe and locker. Clothing was arranged neatly and each item checked was labelled. The centre provided a laundry service for all residents' clothing. Families also had the choice to take home clothes to launder if they wished. A property list was completed with an inventory of all residents' possessions on admission. As stated under outcome 7, some property lists were not kept

up to date.

On a previous inspection, it was found that the laundry lacked sufficient floor space for ease of manoeuvre around machines and lacked worktop space for sorting clothing and segregation of potentially hazardous linen. A system was now in place where all laundry was sorted at source to prevent infection spread and a colour coded system was used to distinguish different types of laundry. Alginate bags which dissolve in the washing machine were used for soiled laundry. The inspector found that the interim measures introduced ensured infection control. The provider has submitted plans for an extension which will incorporate a new laundry. Planning permission has been obtained and building work was scheduled to begin in January 2017.

Judgment:

Substantially 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) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the roster, which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. On the day of inspection, additional staff had been deployed to ensure that the needs residents continued to be met during the inspection process. The normal allocation of staff on duty was 2 nurses and eight care assistants during the day from 08.00 until 3pm. This reduced to one nurse and five care assistants in the evening until 20.00 and one nurse and 4 care assistants from 8pm until 10pm. At night time there was one nurse and two care assistants on duty. The inspector found, based on discussions with staff, residents and from analysis of the questionnaires returned by residents and families, that there were sufficient staff on duty to provide care to the residents. Registration numbers were in place for all nursing staff which were up to date. An actual and planned roster was maintained in the centre with any changes clearly indicated.

There was evidence that staff had access to education and training to meet the needs of

residents. A training programme was in place which included a range of training courses to help ensure the staffs' clinical skills and practice was current. The training courses completed recently included training on dysphasia, care planning, nutrition, end of life and managing behaviours associated with dementia. A training matrix was in use to ensure all staff had up-to-date mandatory training. Training certificates were found in the staffs' personnel files.

There was a recruitment policy in place and the sample of staff files examined by the inspector was found to comply with the Regulations. The inspector reviewed a random sample of staff files and found that all of the information required in schedule 2 of the regulations was present. The provider confirmed that there were no volunteers currently attending the centre. The inspector observed that communal areas were supervised during the inspection.

At night time staff said the completed regular checks on residents however there was no system to record regular checks on residents who were in bed during the day or at night time. An action has been included under outcome 5 requiring this to be addressed.

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:

Marie Matthews
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's Nursing Home
Centre ID:	OSV-0000316
Date of inspection:	22/11/2016
Date of response:	09/01/2017

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: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose required minor revision to include residents with an intellectual disability in the description of the specific care needs that the centre provided care to.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

We have reviewed our Statement of Purpose and Function to reflect that we provide appropriate care for residents with intellectual disability.

Proposed Timescale: 05/01/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The annual report on the quality and safety of care was compiled for 2015 was not comprehensive, did not reference the findings from the various audits and did not include a quality improvement plan.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

All Audits and information compiled going forward will be included in the annual report on quality and safety of care. Any findings through audits previously carried out are being addressed. We will include a quality improvement plan in our next annual report.

Proposed Timescale: 30/09/2017

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:

The inspector saw that some care plans indicated that residents should have half hourly checks completed when the resident was in bed. In discussions with staff the inspector learned that while these checks were been completed, they were not always recorded.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

the Chief Inspector.

Please state the actions you have taken or are planning to take:
Half hourly checks of residents in bed are being recorded and now in place.

Proposed Timescale: 05/01/2017

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:

In some property lists reviewed, there was not a sufficient description of each item to ensure it could be found if mislaid and some lists were identified as not updated when new belongings were brought in,

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

On Admission a full list of Residents property is noted. We will be more descriptive of property in future. We always explain on admission that any new belongings should be handed into the office for listing and labelling however in some cases visitors continue to take some items into residents and does not notify staff. We will do our best to eliminate this.

Proposed Timescale: 01/02/2017

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 sling size for hoist for moving and handling was not specified in all assessments reviewed.

There was not always records maintained of checks on residents at night.

5. Action Required:

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

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

On review of residents files we will note the sling sizes for moving and handling in all assessments.

A record of checks is now being documented for residents at night.

Proposed Timescale: 30/04/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Some notifications where residents sustained a serious injury were not received by the Chief Inspector within the required timeframe.

6. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Notifications have been sent in the past via email to the authority and correspondence received back from the authority stating only the first page could be opened. We did send this notification again. Perhaps weekend or bank holiday came into play on the reporting. We are in the process of setting up the portal and will submit any notifications via the portal in future.

Proposed Timescale: 31/01/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

One bedroom was shared by three residents which impacted on their privacy and dignity. Space in the laundry was very restrictive and inadequate. There was no visitors room available to residents.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in

accordance with the statement of purpose prepared under Regulation 3.

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

We do have one bedroom shared by three people. This is where we provide care to our very high dependant residents. We have screening round each bed and signage in place when any personal care is being carried out to protect our residents privacy and dignity.

We are very much aware that space in the laundry is restricted however we manage our infection control extremely well. We are considering outsourcing our laundry or developing a larger space.

We have planning permission to extended and provisions for a visitors room is included

Proposed Timescale: 31/10/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The provider nominee was identified in the policy as the person chosen to act as an independent person in the event that a complainant wasn't satisfied with the outcome of a complaint and wished to appeal and as such, may not be considered independent.

8. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

We have identified an independent person and our policy has been updated to reflect same.

Proposed Timescale: 09/01/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was a set agenda rather for the residents meetings which did not afford residents the opportunity to decide on the issues they wished to discuss.

There was no section on the record of the meeting to identify who was responsible for completing any actions arising from the meeting.

9. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

All residents have the opportunity to discuss any issues they may have at the residents meetings. This usually is covered under AOB. We will take on board the recommended advice and as far as possible allow our residents to compile the adgenda.

We will include in the minutes and identify the person/persons responsible to deal with any issues voiced.

Proposed Timescale: 28/02/2017