<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Bailey's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000316</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Mountain Road, Tubbercurry, Sligo.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>071 918 5471</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:oughamhouse@eircom.net">oughamhouse@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Ougham House Limited</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Marie Matthews</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>40</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>1</td>
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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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 27 July 2018 10:00  
To: 27 July 2018 17:30

From: 31 July 2018 09:30 
To: 31 July 2018 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Substantially Compliant</td>
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</tbody>
</table>

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. Governance and management arrangements were also reviewed. The purpose of the inspection was to determine what life was like for residents with dementia living in the centre. The inspector also reviewed the actions required from the last inspection carried out in November 2016. The provider had addressed all actions with the exception those which related to the premises.

The nursing home is a family run business and the registered provider representative is based in the centre. The person in charge is a family member who lives locally and residents told the inspector she regularly called to see them in the evenings and at
weekends. In advance of the inspection, the provider had submitted a completed self-assessment tool on dementia care to HIQA comparing the services provided 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. The provider had rated the centre as compliant under the outcomes on healthcare, complaints and staffing and premises and substantially compliant on safeguarding and rights. The inspector's findings did not accord with the findings in relation to the outcomes rights and premises.

The centre is registered to accommodate 41 residents and there was one vacancy on the day of the inspection. Twelve of the residents had a formal diagnosis of dementia and some others had a cognitive impairment. There was a relaxed atmosphere in the centre and residents spoken with were complimentary regarding their care and told the inspector they had choice about how they spent their days. The residents looked well cared for and described the staff as ‘kind and patient’.

Residents’ healthcare needs were met and they had good access to a General Practitioner and to support services such as physiotherapy and speech and language therapy. The psychiatry of later life team visited the centre regularly. Care practices observed were person centred, although some care plans needed additional information to guide care.

There was a weekly programme of activities but further work was required to link the social activities provided with the social assessments completed and to ensure that residents who were unable to take part in group activities had some meaningful activities according to their interests and capabilities. Where restraints were in place they were used in line with best practice. There were appropriate systems in place to safeguard residents from abuse. The staff were supportive and responded to residents who exhibited responsive behaviours in a dignified manner however they had not been provided with any training in this area. Residents said that they were consulted about the care provided and there was an established residents’ forum. The format for the meeting records required review to allow residents to see the response by management to issues raised by them.

The centre was nicely decorated and provided a bright, clean and comfortable environment for residents but some two bedded rooms did not have sufficient space to allow residents to reflect a lifestyle consistent with their previous routines. The privacy and dignity of residents who shared a three bedded room was negatively impacted by the size of the room. There was no safe enclosed garden available for residents at the time of the inspection. Further enhancements to the building such as the use of contrasting colours and visual cues would also benefit residents with dementia and help them to navigate in the centre. The provider is in the process of extending the building and reconfiguring and refurbishing parts of the existing structure. The first stage of the development was almost complete at the time of the inspection. The building is expected to be fully complete in 2021.

There were appropriate recruitment procedures and all staff members were
appropriately vetted. The staff were observed to be respectful towards residents and they were appropriately deployed to assist and supervise residents.

The areas of non-compliance were discussed with the provider representative, the person in charge and the clinical nurse manager at the end of the inspection. The action plan at the end of this report identifies the improvements required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality 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:
There were 40 residents living in the centre on the day of the inspection. Twelve had a diagnosis of dementia and others had some aspect of cognitive impairment. The inspector reviewed a sample of care records for residents with dementia and reviewed their nursing and medical notes, care plans and medication records.

Residents were assessed prior to admission by the person in charge. Where residents were admitted under the fair deal scheme, a copy of their common assessment summary (CSARs) was available. This document contained assessments completed by a geriatrician, nurse and medical social worker prior to the resident’s admission. Where a resident was admitted from hospital there was evidence of good communication between the centre and acute care services.

The person in charge said that she tried to prevent unnecessary hospital admissions for residents. Observations such as blood pressure, pulse and weight were assessed on admission and then regularly according to the residents’ needs. An early warning system was used by nursing staff to identify any deterioration in the residents’ health. Staff were trained in the administration of sub-cutaneous fluids if required by residents.

A comprehensive nursing assessment was completed on admission which included assessment of clinical risk and of the residents’ cognitive status. These were informed by information gathered from the resident and/or their family. Care plans were developed promptly following admission. A summary of the resident’s clinical risks was recorded at the front of their care file for quick reference. This alerted staff if the resident had a high risk of falling or had an impaired swallow and it also listed any medical conditions such as diabetes. Residents were able to retain the services of their own General Practitioner (GP) as far as possible. An out of hours GP service was available. Physiotherapy, occupational therapy, speech and language therapy, dietician, chiropody, dental services, optical services and audiology were also available on referral.

Most care plans reviewed were person centred and provided information to guide staff on the care required and the interventions needed to help manage the residents care
needs. The inspector saw that the resident’s cognitive status was referenced in all care plans. Where the resident had a diagnosis of dementia, a specific dementia care plan was also developed but some of those reviewed required additional information to reflect how the dementia impacted on their ability to complete the activities of daily life and to identify any additional support the residents might require.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated falls assessment tool. The falls prevention care plans reviewed referenced any assistive aids the resident required such as sensor mats/walking aids to help prevent further falls. Observations were evident including neurological observations where the resident had an un-witnessed fall or a head injury had occurred. Moving and handling assessments were also completed and these referenced any equipment the resident required to transfer from bed to a chair. Where a hoist was required for transfer, the sling size was clearly identified. This was an action from the last inspection.

Progress notes were completed twice daily by nursing staff and these gave an overview of the residents’ health, social and emotional care. There was a process in place to ensure that care plans were reviewed on a four monthly basis or in response to a change in the residents' needs. The inspector saw in some care plans reviewed that changes in the residents care needs were recorded in the care plan evaluation notes but were not always transferred to the care plan. For example where one resident had sustained an injury resulting from a fall, this increased risk was not referenced in the falls prevention care plan. This meant that the care plan did not always reflect the residents current care needs.

Residents spoken with said they were involved in decision about their care and their right to refuse treatment was respected. A new medication administrative system had been introduced since the last inspection and medication was supplied in blister packs from a local pharmacy. The person in charge confirmed that where a resident wished to retain their own pharmacy this was facilitated.

The inspector observed the lunchtime medication round. Prescription sheets included appropriate information such as a photograph of the resident and the resident's name and address. Any allergies were clearly indicated. The General Practitioner’s signature was present for all medication prescribed and discontinued medication was clearly crossed off and signed by the GP. Medications that required strict control measures (MDAs) were carefully managed and were kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs and checked balances at the end of each shift. The inspector checked a sample of balances and found them to be correct. There was a system in place to ensure that each resident’s medication was regularly reviewed by the residents' general practitioner or by the psychiatry of later life team.

The inspector observed residents having their lunch where a choice of meals was offered. Homemade soup and bread were provided daily. Adequate numbers of staff were on duty to help residents who required assistance with their meals and this was provided discreetly and individually. Menus were rotated on a three weekly basis and were available in picture format. A choice was offered at each meal. Residents on modified diets were offered the same choices and the vegetable; meat and potatoes
were presented separately on the plate. Residents with a history of weight loss were identified and their weights were monitored. The inspector met with the two catering assistants who had a good knowledge of each resident’s dietary preferences and described how they fortified meals to help residents to maintain or gain weight. A list with the residents’ dietary requirements was communicated to the catering staff by the nurses and this was updated when changes were made by the dietician or Speech and Language therapist.

Staff provided end of life care to residents with the support of their General Practitioner and the community palliative care team where required. Regular pain assessments were completed and analgesic medication was administered as prescribed. Each resident had an end of life care plan which identified their physical, emotional, social and spiritual needs but some of the care plans reviewed were not person centred and some did not identify if the resident wanted to remain in the centre or be transferred home or to a hospital at end of life. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives these were documented.

Judgment:
Substantially Compliant

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:
Measures were in place to protect residents from being harmed or abused. Staff had received training in safeguarding and a policy and procedures were available to guide practice. Staff members spoken with knew about the different forms of abuse and were clear on their duty to report any suspicions or incidents of abuse.

The inspector observed that the staff had a positive approach to residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and knew how to respond to reduce the residents' anxieties. The provider had arranged training for staff on dementia and those staff spoken with said that this had helped them to understand how dementia impacted on the day-to-day lives of the residents. The inspector saw that appropriate evidence based assessment tools were used to assess the frequency with which the resident presented with responsive behaviours. Factors which might be a cause of agitation such as pain, hunger, infection or incontinence were all explored by staff. In the sample of care plans reviewed, this information was not always transferred into a positive behaviour support plan to help
ensure a consistent, person centred approach to any incidents that occurred. There was good input from the psychiatry of later life team. Where PRN or ‘as required medication’ was prescribed for the management of responsive behaviours, the inspector saw evidence that the staff considered less restrictive measures and consequently there was low instance of the PRN medication been used.

Twenty two residents had bedrails in place. The clinical nurse manager said that these were used to help the resident with re-positioning or to help them to feel safe in bed. Risk assessments were completed to determine if an alternative less restrictive measure could be used instead help the resident to feel safe. Low entry beds were available and bed levers were provided to help the residents to reposition. Care plans were in place which described what the enabling function was.

Four residents had bedrails as a restraint. The inspector saw that there was multidisciplinary input to the decision to use the restraint and alternative less restrictive alternatives had been tried prior to the restraint been put in place. Regular safety checks were completed. The provider was not currently acting as a pension agent for any resident but was aware of the procedure should this be necessary. The person in charge said that some residents asked for small sums of pocket monies to be stored for them from time to time but there was no resident availing of this facility at the time of the inspection.

**Judgment:**
Substantially Compliant

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

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

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

**Findings:**
Residents’ privacy and dignity was respected by staff. The residents in multioccupancy rooms to the front of the building did not have sufficient personal space. This impacted negatively on their privacy. On the day of inspection there were no chairs in these bedrooms. The provider explained that these had been removed to facilitate an activity session. Photographs submitted after the inspection showed that for example in one room with the chairs in place one resident would not be able to access the wardrobe without first moving the chair, and there was no space between the bedside locker and the neighbouring bed. Beds in the two bedded room were close together which made it difficult to attend to the residents’ personal care. For example residents who utilised a commode at night-time could not consistently do so without disturbing the other residents. Privacy screens were provided and observed in use. However, they would not
ensure that private communications were not overheard.

There was an established resident’s forum and the inspector saw that residents were involved and consulted regarding their care and the day to day running of the centre. The inspector reviewed minutes of recent residents’ meetings. The format of the meetings made it difficult to track the providers response to the issues raised as there was no record of the issues raised been addressed or referenced at future meetings.

As part of the inspection, the inspector spent a period of 60 minutes observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and records at five minute intervals the quality of interactions between staff and residents in the three communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

80% of interactions observed demonstrated positive connective care where the staff sat with residents, made eye contact with them, greeted them by name and engaged in meaningful conversation. 20% of the interactions observed were neutral or not stimulating.

The first period of observation was for a period of 15 minutes in a quieter sitting room during the morning. Residents generally sat quietly and chatted to each other. Some residents were asleep and there was little interaction with the staff that came into the area. There was no activity going on and no meaningful items near the residents to engage them or provide stimulation. These observations were rated as or neutral.

The second period observations were for 45 minutes and took place in the main sitting room in the afternoon while residents were getting ready for a music session. The staff greeted each resident by name as they arrived and chatted with them as they found them a seat. There were lots of friendly, personable interactions and conversations were observed to be meaningful. Care staff established good eye contact with residents and addressed each resident by name. Staff sat with residents during the music session and encouraged them to join in the singalong. Several residents sang. This interactions period was rated as +2 or positive connective care.

Privacy locks were provided on bedroom, bathroom and toilet doors and the staff were observed to knock prior to entering. Most residents were from the locality and staff spoken with had a good knowledge of some aspects of their life before they became residents. Residents could meet with visitors in private and there were no restrictions on visits. Local and national newspapers were available as well as special interest papers such a farming paper. A talking local newspaper was provided weekly and listening to this was an activity enjoyed by residents. Television and radios were provided and a phone was available for residents to make or receive phone calls in private.

Most residents spoken with were very complimentary regarding the range of activities provided. A small number said they did would like more to do. There was an activity schedule displayed which included a weekly live music session, art classes, passive exercise classes, newspaper reading, visits by a therapy dog and baking. Pictures of residents enjoying various activities were available. The inspector observed a music
session which was well attended by residents including those with dementia. There was a good level of participation and the residents and staff sang along. The social information gathered as part of the admission process was used to plan a meaningful activity programme which reflected the residents’ specific interests. A care assistant was deployed each day to facilitate the activity schedule. Care staff spoken with described how they spent time with residents individually and did one-to-one activity such as hand massages or nail painting with residents who were unable to participate in group activities. Records of attendance at social activities were maintained but in those reviewed there were gaps where no activities were recorded and the records did not provide assurances that all residents had opportunities for meaningful activities on a regular basis. There was a need for improved oversight and coordination of this area of care.

Residents were facilitated to exercise their civil, political and religious rights. Mass was celebrated weekly in the centre and the inspector saw that when the residents had requested that the day be changed this was facilitated. There was a process in place to ensure that residents were included on the electoral register and residents were facilitated to vote in the centre. The contact details for advocacy services was displayed and this information was also included in the residents guide.

Residents told the inspector they were consulted on day to day activities and there was a process in place to ensure residents were consulted on the organisation of the centre. Residents meetings were held three monthly and minutes of these meetings were available. The last meeting was attended by 15 residents in June 2018. The minutes indicated that residents were involved and discussed all aspects of the service; however, the format of the minutes did not record the actions arising from the meetings or the staff member responsible to completing the action. While the residents confirmed that the management were responsive to any issues raised, it was difficult to track the providers response to issues raised from the minutes reviewed.

**Judgment:**
Non-Compliant - Moderate

<table>
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<tr>
<th><strong>Outcome 04: Complaints procedures</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong> The action(s) required from the previous inspection were satisfactorily implemented.</td>
</tr>
<tr>
<td><strong>Findings:</strong> A complaints policy and procedure was available. Residents spoken with said they would speak to any of the staff if they were unhappy or wanted to make a complaint. A log of all complaints was maintained. The inspector reviewed the log and spoke with residents and relatives about how complaints were managed. All said that issues raised were</td>
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responded to promptly by the person in charge.

In the sample of the complaints reviewed there was evidence of a timely response by the person in charge and details of the investigation completed. The records indicated if the complainant was satisfied with the outcome of the complaint. An independent appeals process was in place in the event that the complainant was not satisfied with the outcome of the investigation and the complaints policy gave contact details for the ombudsman.

Complaints made verbally were not always documented and a recent concern regarding missing property had not been recorded in the complaints log. The inspector discussed the issue with the person in charge and was assured that the matter was being investigated and the missing item would be replaced, however where complaints were not recorded it was difficult for the management to monitor the response or to identify any trends.

Details of a number of advocacy services were included in the policy however this required review as the person identified was no longer in post. This is discussed further under outcome 3 Rights.

**Judgment:**
Substantially Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
There was a nurse on duty at all times. There were sufficient staff on duty with an appropriate skill-mix to meet the assessed needs of residents. The residents and relatives spoken with were happy with staffing levels throughout the day and night time, weekdays and weekends. The inspector observed that the atmosphere in the centre was relaxed. The staff members spoken with said they had time to engage with residents while providing care. A new clinical nurse manager was in post since the last inspection and this staff member supervised clinical care. This staff member helped facilitate the inspection and demonstrated a good knowledge of all of the residents care needs and of his responsibilities under the regulations in the event that the person in charge was on leave.

There were appropriate recruitment arrangements in place and Garda Síochána (police) vetting was completed for all staff members. The inspector reviewed a sample of staff files and found they contained all of the information required under schedule 2 of the
regulations. Confirmation of up to date registration with Bord Altranais agus Cnáimhseachais na hÉireann was available for all nursing staff. Staff members confirmed that they had completed a programme of induction when they took up their post and that a yearly staff appraisal took place. The person in charge confirmed that there were no volunteers in the centre at the time of inspection.

There was an on-going programme of training and development for staff. The training matrix reviewed confirmed that all staff had completed mandatory training in fire safety, safeguarding and manual handling. A dementia training initiative called 'the dementia bus' had recently visited the centre and all staff members had participated in this. Those who spoke with the inspector were very positive about how the initiative had helped them to understand how dementia impacted on residents’ daily lives. Some additional training was required in the management of responsive behaviours to help the staff to reduce the anxieties of residents with responsive behaviours. An action to address this is included under outcome 2.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

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 centre was clean and well maintained and provided a warm, comfortably environment. There is one large communal room with a conservatory adjoining which was used as a sitting and dining room. A separate quieter sitting room was also available which seemed to be mainly used by male residents. A multi-purpose room was also available opposite this sitting room and this was used occasionally for residents who required a quieter low arousal space. The entrance foyer also provided a quiet space and was in use by visitors on the day of the inspection.

The residents' bedrooms were furnished with bright matching furnishings and some were personalised to reflect the residents’ interests. Each room had a television and alarm call bell. Bedroom windows allowed residents view of the garden. Further enhancements could assist residents' orientation, such as clocks and calendars in their bedrooms. Toilets and bathrooms were identified with picture signage. Bedroom doors were numbered but did not have any personalised features to make them more easily identifiable to residents with dementia. The use of contrasting colours and more picture references throughout the centre would also further assist to orientate residents.
Corridors throughout the centre were clear and uncluttered to ensure residents' safety when mobilising and floor coverings were a neutral colour and design throughout. Toilets were located near communal areas and there were two bathrooms available for residents who did not have en-suite facilities. One bathroom had a standard bath which was accessible by all residents. A shower was also provided in this room. Signage was available to give cues to residents to direct them towards their bedrooms.

Bedroom accommodation comprised of ten single, one three-bedded and fourteen twin bedrooms. The multioccupancy rooms to the front of the building were not of a suitable size and layout for the needs of the residents.

Garden furniture is provided at the front of the centre and residents spoken with confirmed that they sat outside when the weather was nice.

The provider is in the process of extending the premises and has a three year plan to conclude these works. The first phase of the development was complete and comprised two new single bedrooms and two shared bedrooms both with en-suite toilet and shower facilities. It also included two accessible bathrooms, a visitor's room and new laundry and storage facilities. This was not fully furnished or laid out on the day of the inspection and the registered provider stated it would be ready for occupancy in mid-September. A new accessible enclosed courtyard with raised planting beds was part of the refurbishment and this was almost complete. The first stage of the extension to the premises was nearing completion at the time of the inspection which comprised four new bedrooms with en-suite bathroom facilities, a sitting room, visitor’s rooms and a new laundry. The provider was requested to submit comprehensive details of the project to the Chief Inspector with timeframes for completion of each phase and to-scale plans.

The centre has a well-equipped kitchen with separate changing facilities for catering staff. Equipment such as low entry beds and speciality chairs and hoists were provided and these were regularly serviced. Access to rooms such as the treatment room, cleaning and sluice rooms were secure on the day of inspection.

There was ample parking available to the front and side of the building.

Judgment:
Non-Compliant - Moderate

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Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There was a clear management structure with defined lines of authority. The person
worked closely with a clinical nurse manager who was new in post to oversee care practices. There were regular staff and management meetings.

At the last inspection, non-compliances were identified in relation to the annual report on the quality and safety of care required under the regulations. A copy of the annual report for 2017 was reviewed by the inspector and it included the findings from various clinical audits completed by the clinical nurse manager. While some areas for improvements were identified in this report and a quality improvement plan developed to address these, the inspector identified further areas for improvement during the inspection that had not been identified in the audits. For example, the audit of care plans had not identified that some care plans were generic or that some had not been updated as required by the regulations to reflect the residents changing needs. There were no audits completed to assess the effectiveness of the social care programme to determine if residents who did participate in group events had appropriate meaningful activities. The annual review of the service completed required improvement to ensure that the scope of the audits completed provided assurance to the provider that the service was safe is appropriate, consistent and in keeping with the objectives of the centres’ statement of purpose.

**Judgment:**
Substantially 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
Provider’s response to inspection report

Centre name: Bailey’s Nursing Home
Centre ID: OSV-0000316
Date of inspection: 27/07/2018 and 31/07/2018
Date of response: 22/11/2018

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:
Some care plans reviewed lacked sufficient detail to guide staff in the delivery of care.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Staff has been informed to update any changes in the body of the care plan instead of updating the evaluation and in a timely manner. This will be continuing as normal practice going forward.

**Proposed Timescale:** 30/04/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were not consistently updated to reflect changes in the residents care needs

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

Please state the actions you have taken or are planning to take:
Staff has been informed to update the care plans at least once every four monthly and more often as required to reflect any changes in the residents care needs.

**Proposed Timescale:** 30/04/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Factors which might be a cause of agitation such as pain, hunger, infection or incontinence were all explored by staff. In the sample of care plans reviewed, this information was not always transferred into a positive behavior support plan to help ensure a consistent, person centered approach to any incidents that occurred.

3. **Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
The provider failed to provide a satisfactory response to this non-compliance.
### Outcome 03: Residents’ Rights, Dignity and Consultation

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The social information collected on admission was not used to plan a meaningful activity programme which reflected the residents’ specific interests and records were not available to evidence that residents who did not take part in group activities had meaningful activities appropriate to their interests and capabilities.

4. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
Staff have been informed to use the social information collected on admission to plan a meaningful activity programme to reflect the resident’s specific interests. It will be implemented going forward with any new admission. All our current residents will be reviewed and our activity programme will be planned accordingly.

**Proposed Timescale:** 30/04/2019

### Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some shared bedrooms did not ensure the privacy and dignity of residents.

5. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
All residents accommodated in the Three bedded and the three two bedded rooms to the front of the building going forward will have the capacity to mobilize individually or with assistance to other parts of the centre for privacy. No residents who use wheelchairs independently will be accommodated in these rooms. We have plans to reconfigure the front part of the building to comply with the S.I .no. 293 of 2016 regulations before 01st January 2022. We have Planning permission granted for further development and we are now preparing to go out to tender stage. A copy of the plans and the staged arrangements are being forward to the Chief Inspector.

**Proposed Timescale:** 31/12/2021
Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Complaints made verbally were not recorded in the complaints log so it was not possible to ensure that they were responded to appropriately or to identify any complaint patterns.

6. 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:
Complaints are being documented and dealt with promptly by management, however we will endeavour to record all complaints.

Proposed Timescale: 31/12/2018

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no safe, secure enclosed courtyard 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:
All our residents have the option to go outside whenever they so choose and have access to current gardens and walk ways to the front of the Nursing home. On the day of inspection the new enclosed courtyard was 90% complete however we are not in a position to have this courtyard open to our resident’s until our new extension has been registered by the Health Information and Quality Authority.

Proposed Timescale: 10/12/2018
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The three-bedded room and three two-bedded rooms to the front of the building beds did not provide sufficient personal space for residents.

8. 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:
As per Part (a) (1A) of S.I. No. 293 of 2016 these stated rooms have the sufficient floor space required. Plan to reconfigure these rooms are in progress. Planning permission is granted and we are preparing to go out to tender stage. In the interim we have amended our statement of purpose regarding the profile of residents to reside in these rooms and will also review the configuration of these rooms to see if we can reposition furniture to allow more personal space for residents.

Proposed Timescale: 31/12/2021

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The annual review completed requires improvement to ensure that the scope of the audits completed provides assurance that the service is safe is appropriate, consistent and in keeping with the objectives of the centres' statement of purpose.

9. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Annual report will be improved and incorporate the results of further auditing and changes will be made in our outlook to the audit and their effectiveness.

Proposed Timescale: 28/02/2019