



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bailey's Nursing Home
Name of provider:	Ougham House Limited
Address of centre:	Mountain Road, Tubbercurry, Sligo
Type of inspection:	Announced
Date of inspection:	04 February 2019
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0024589

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bailey's Nursing Home is registered to provide care for 41 residents. Twenty-four-hour nursing care is provided to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Male and female residents are accommodated. It is located in a residential area a few minutes drive from the town of Tubbercurry in County Sligo. Residents' accommodation comprises of 10 single rooms, 14 double rooms and one room that accommodates three residents. All rooms have ensuite facilities that include a shower/bath, toilet and wash hand basin. There is a variety of sitting areas where residents can spend time during the day and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas and offices. The sluice facility and cleaning room are located in an external building close to the centre. The centre is a family run business that has operated since 1995. The objective of care as described in the statement of purpose is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

The following information outlines some additional data on this centre.

Current registration end date:	20/04/2020
Number of residents on the date of inspection:	41

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04 February 2019	09:00hrs to 17:00hrs	Geraldine Jolley	Lead
04 February 2019	09:00hrs to 17:00hrs	Brid McGoldrick	Support
04 February 2019	09:00hrs to 17:00hrs	Catherine Sweeney	Support

Views of people who use the service

Residents described the centre as a safe and comfortable place to live. They told inspectors that staff were kind and considerate to them and attended to their needs promptly when they requested help. Call bells were answered quickly day and night and when they had particular requests these were met in a timely way.

Residents said they had meetings where they were able to express their opinions about the service. They felt their views were valued and taken in to account in the organisation of the service. For example residents said that Mass times and activities were arranged to suit their needs.

The catering and food was described as good and the menu was varied. Residents said that they could ask for other options at meal times and they would be provided with an alternative. They also said they had regular snack and drinks and that water and fruit juice was provided in bedrooms and in the sitting areas.

Residents said that they saw doctors and other specialists when they needed to and were complimentary of the staff whom they said ensured they had regular check-ups when doctors visited.

Capacity and capability

Ougham House Limited had applied to register seven additional places in a new extension. This inspection was scheduled to inspect this new area.

The space comprises two single rooms and two double rooms that have full ensuite facilities including showers, toilets and wash-hand-basins. A sitting area, a room for visitors and two additional shower and toilet facilities have also been added. Safe outdoor space, which was identified for attention at the last inspection, has also been created.

The inspectors found that there was ongoing improvement to the service. The action plans identified for attention during the last inspection were being addressed. Deficits in the premises are being addressed through the phased building programme which is underway. However, the inspectors saw that the level of privacy for many residents currently accommodated was compromised by the size and layout of their bedrooms and inadequate screening around beds.

On the inspection day there were adequate staff and a good skill mix on duty throughout the day. However, the inspectors concluded that the deployment of staff required review. For example, the inspectors observed that there was no nurse

available in the dining room during most of the lunchtime period when many residents requiring modified diets or who were at risk of choking were having their meal. Staffing levels at night required review to take into account the proposed accommodation of additional residents, the number of residents with dementia care needs and the difficulty presented in one area where twelve highly dependent residents were accommodated, should the centre need to be evacuated.

Training records showed that staff had access to a range of training opportunities. All staff had attended fire training, fire drills training and moving and handling training. However, a significant number of staff were not recorded as having attended elder abuse or safeguarding vulnerable people training and a high proportion of care staff were not recorded as having completed training in care skills. There was ongoing training on dementia care and staff regarded this as very helpful in their day-to-day care of residents.

The management of complaints had improved since the last inspection. Verbal complaints were now recorded with the actions taken to resolve the issue and outcome evident in the record. While the procedure for making a complaint was described in the Residents' Guide this information was not described in the statement of purpose.

Registration Regulation 4: Application for registration or renewal of registration

The provider representative had made an application to register an extension that is comprised of three new bedrooms- two single rooms and two double rooms and additional communal space. A laundry area is scheduled for conversion to a single room however, this work was not complete. The application requires revision as accommodation for 47 residents only was available.

The centre is currently registered for 41 residents.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge has been in the role for several years and has extensive experience in the care of older people. She was known to residents who said they valued her care and attention. She has a full-time role as required by Regulation 14:- Persons in charge.

Judgment: Compliant

Regulation 15: Staffing

Not all aspects of this regulation were reviewed. The inspectors found that staff allocations and deployment required review in the following areas:

- The inspectors were not assured that the three staff on night duty would be able to undertake a safe and effective evacuation of the building taking into account the compartment that accommodated 12 residents, the overall high dependency of the residents accommodated and the proportion who had a diagnosis of dementia.
- There was no nurse available in the dining room to support residents and care staff during most of the lunch time period which created risk as many residents required modified diets and assistance from staff
- To ensure appropriate care could be given to the proposed increased number of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The training records confirmed that a range of training opportunities were provided to staff. However, according to the records provided a significant number of staff had not completed training in elder abuse or safeguarding vulnerable people and a high proportion of care staff had not completed training in care skills.

Care and nursing staff required more supervision to ensure appropriate safe care was provided at meal times and when they developed complex problems or health needs changed for example residents on prolonged bed rest or losing weight.

Judgment: Not compliant

Regulation 23: Governance and management

The designated centre had a clear governance structure and staff and residents were familiar with the roles and responsibilities of staff and managers. The provider representative had an active role in the day-to-day operation of the service and he was familiar with the premises issues, the staffing levels and day-to-day issues.

The inspectors found that there were improvements needed to the management systems to ensure that the service was safe, effective and consistently monitored. The systems for audit and review did not identify where the service was not meeting statutory requirements and did not identify gaps in the delivery of evidenced based care. For example audits did not identify:

- gaps in the provision of statutory training for staff
- routine weight checks where risk was identified did not trigger an evidenced based response for residents at risk of weight loss.

The systems in place for the identification and management of risk did not identify where fire safety measures presented risk and were not effective.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

All residents had a contract that described the room to be occupied and the charges for services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose, however this required review in order to comply with the required information outlined in Regulation 3- Schedule 1. For example the complaints procedure, the fire and emergency procedures and the arrangements for managing the centre in the absence of the person in charge needed to be described.

Judgment: Not compliant

Regulation 31: Notification of incidents

The required notifications were provided.

Judgment: Compliant

Regulation 34: Complaints procedure

An action plan in the last report was addressed. Verbal complaints are now recorded and all complaints had been addressed.

Judgment: Compliant

Quality and safety

The inspectors found there were generally good health care outcomes for residents using the service, however some improvements were required to the way continuing care was planned where residents developed significant health problems. Care to residents with complex needs required review to ensure residents' well being was promoted in a holistic way and that specific guidance from specialist professionals was recorded. Care plans were identified for attention during the last inspection and work was in progress to address the non compliance by the provider's time line of 30 April 2019.

The premises were warm and welcoming but privacy standards for residents in shared rooms was compromised by the space available. There were several fire safety matters that required attention including a lack of signage to guide people to the fire assembly point, fire doors that did not operate effectively and floor plans that did not provide adequate guidance to exits or the location of equipment.

There was a multidisciplinary care team approach to providing health care to residents. Doctors saw residents regularly and allied health professionals were consulted for expert advice. Residents said they received the care they needed in a timely way. Staff liaised with the local community services and acute hospitals regarding appropriate admission and discharge arrangements.

There was a social care programme and this was displayed prominently to advise residents of daily activities. Residents had opportunities to participate in meaningful activities and the record of residents' meetings confirmed that residents were consulted about activities and their views informed changes to the programme. Residents' meetings were held quarterly and residents confirmed that they were consulted about the day-to-day running of the centre. Residents had access to an independent advocacy service and literature was available to inform residents of this. Residents were provided with opportunities to maintain their personal relationships with family and friends in accordance with their wishes. Visitors were welcomed throughout the day and encouraged to participate in residents' lives.

Residents told inspectors that they felt safe in the centre and that staff were kind and helpful in how they addressed their care and personal needs. Inspectors

confirmed that all staff were Garda-vetted, and in the sample of staff files reviewed there were vetting disclosures available. While there was an ongoing schedule of training for staff that included safeguarding and protection training a significant number of staff were not recorded as having attended training on this topic.

The centre is undergoing major refurbishment to ensure that appropriate space and adequate privacy will be available to residents and that non-compliances identified in previous reports are addressed. The building has a number of deficits that compromise the privacy of residents and detract from how staff can promote privacy and protect dignity. These issues include inadequate space, screening that does not fully protect privacy and inadequate storage in some double rooms and the multiple-occupancy room. These matters are being addressed by the phased building programme that is now underway. Phase 1 is now complete. This was inspected and was found to have been completed to a high standard. The bedrooms met the required space standards and were attractively furnished and well equipped with suitable beds, armchairs and storage. The inspectors identified a number of premises matters that require remedial action to protect the safety and ensure the well being of residents. These include, radiators that were excessively hot, toilets and showers with one handrail or poorly positioned handrails where highly dependent residents were accommodated and oxygen cylinders that were not secured.

The inspectors were told by residents that meals were varied and of good quality. A number of residents required support at meal times and the inspectors noted that some residents had to wait a long time for their meal to be served.

There was a fire safety alert system installed and fire fighting equipment was located throughout the building. Staff had compiled good information on each resident's mobility and equipment needs to guide staff should the centre need to be evacuated. Fire safety management required review and the fire safety non-compliances identified are described under Regulation 28.

Regulation 11: Visits

Residents said there was no restriction on visits and that visitors were welcomed throughout the day. The new visitors' room provides a quiet space for residents to see their visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Some bedrooms were provided with single wardrobes and bedside lockers which did not enable residents to keep a reasonable amount of personal clothing or possessions in the centre. This meant that residents did not have access to or control over their personal possessions.

Judgment: Not compliant

Regulation 17: Premises

Major improvements are required to the premises to ensure that the design and layout of the centre was suited to its stated purpose and met the individual and collective needs of residents in relation to their comfort and privacy. A phased extension is under construction to ensure the premises will comply with regulatory requirements. In addition to the new bedrooms and communal areas already described a new laundry was nearly complete. This will replace the laundry area in use at present which lacks adequate space to segregate and manage laundry effectively.

The following areas were noted to require attention during the inspection:

- Rooms 1, 2, 3, 4, 21, 22, 24, 25 and 27 did not have adequate screening around beds to ensure privacy
- The floor in the ensuite area in room 30 was damaged
- There were several rooms where handrail supports required review as there was one handrail by the toilet and the one handrail in the shower area was a distance from the shower
- Radiators in some bedrooms and along hallways were excessively hot to touch, for example outside rooms 20/29 and 24 and in rooms 11 and 21
- All residents did not have good access to the television in shared rooms
- The layout and space available in some shared rooms did not allow for storage of a reasonable amount of residents' personal possessions.

Judgment: Not compliant

Regulation 18: Food and nutrition

The service of meals required review to ensure that all residents have their meals at a reasonable time in the company of others. On the day of inspection a small number of residents experienced a significant delay in getting their main meal. The provider representative planned to examine the changes required to provide two meal settings to address this finding.

The arrangements for supervision at mealtimes required review as there were no qualified staff in the dining room at lunch time. This was of concern given the complex care needs of residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide that provided the required range of information that should be available for residents.

Judgment: Compliant

Regulation 26: Risk management

Risk management procedures required review as there were a number of risk areas identified during the inspection that were not being addressed. These included:

- An oxygen cylinder stored in the clinical room was not secure
- Oxygen cylinders stored outside were not stored appropriately or secure
- Excessively hot radiators and radiator pipes without caps
- Access to the upper floor at the front of the building could present a risk to residents who have dementia or confusion
- There was build-up of lint in the dryer
- Fire safety hazards had not been identified by the provider.

Judgment: Not compliant

Regulation 27: Infection control

There were sanitisers and gels available throughout the centre. Personal protective equipment was also available. The provider representative confirmed that water outlets were flushed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety arrangements required comprehensive review as the inspectors found that the registered provider had not taken adequate precautions to ensure that residents and staff were protected from fire risks and that appropriate systems were in place to ensure the safe and effective evacuation of all residents in an emergency. Adequate arrangements had not been made for reviewing fire precautions to ensure residents, staff and visitors were appropriately protected. The provider representative stated that the system was an L1 addressable system that included the upstairs area. Written confirmation that this area is included was requested.

The following fire safety issues were highlighted to the provider representative and nurse in charge during the inspection:

- The ceiling area in the new extension was not protected as there was a visible gap around the trap door
- Two fire doors were not closing effectively on the day of inspection
- The provider did not provide adequate means of escape throughout the centre
- Ski sheets were available on all beds however no other fire evacuation equipment was described or available
- It was found that the fire plan displayed did not include the upstairs office and staff area.

Staff had attended fire safety training and regular fire drills were conducted. On review the inspectors found that during fire drills only one room is evacuated to the next compartment as part of the exercise. Learning outcomes were described such as the effectiveness of the search of the area and staff communication. The inspectors judged that exercises that were limited to one room required review to ensure staff had adequate knowledge on how to evacuate the entire centre, particularly the compartment where 12 residents are accommodated.

The inspectors found that staff had not received adequate training to prepare them for the evacuation of the centre or to move residents appropriately to a safe area. For example no drill had been completed from the largest compartment which contained 12 residents the majority of whom were assessed as having high or

maximum care needs, using the night time staffing levels to assess if the equipment/resources available were adequate.

In addition, the inspectors found that suitable arrangements had not been made for the safe placement of residents and for their evacuation if necessary. For example, at fire exits there were few signs to direct people to the fire assembly point located in the car park. Some fire exits were obstructed with plant pots externally and by furniture internally. The inspectors observed that there were a number of areas where there were no fire plans displayed, Where fire plans were displayed the exact location of the assembly point was not clear.

The personal evacuation plans for residents identified that residents would be evacuated using ski sheets at night time and with the use of wheelchairs during the day, however a number of residents had specialist mattresses and pumps in situ and the use of the ski sheets had not been assessed for suitability in this context.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Two action plans in the last report identified shortfalls in care plans that included inadequate detail to guide the delivery of care and care plans not updated when residents' care needs changed. The provider representative has set a time line of 30 April to address this. The inspectors reviewed a small sample of care records where residents had particular problems related to wound care and weight loss. The records viewed did not reflect that evidenced-based practice standards were being followed. For example a significant weight loss and increase in a nutrition risk assessment score did not trigger more frequent weight checks than the routine check undertaken monthly. Where a nurse specialist had advised a particular intervention, this had not been recorded, although the direction was being followed by staff which resulted in a better outcome for the resident.

The inspectors saw that there was consultation with family members about residents' care and progress however there were some instances where there was no information to indicate that residents themselves had been consulted about their care and treatment.

Judgment: Not compliant

Regulation 6: Health care

The provider representative and nurse in charge told inspectors that there was good support available to the centre from doctors, specialist services and allied health professionals. Residents said their health needs were addressed promptly.

Judgment: Compliant

Regulation 8: Protection

Staff were aware of how to report incidents or suspicions of abuse. While the majority of staff had attended training on protection and elder abuse a significant number had not attended this statutory training according to information provided.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had access to activities and social events which they contributed to planning according to the record of residents' meetings. The inspectors found that residents felt valued and that their independence was promoted particularly in the area of community contacts and maintaining friendships. Residents told inspectors they went out with family and friends and that staff helped them prepare for family events and social occasions.

As described in previous reports, the inspectors found that residents' rights to undertake personal activities in private were compromised by the bedroom arrangements in some double rooms and the triple room. There was inadequate screening between beds meaning that residents could not fully exercise choice to be alone in a private space or to have a conversation in private. The availability of one television in rooms meant that residents could not freely watch television programmes of their choice without intruding on others. The lack of space in the double rooms to the front of the building and the triple room also meant that residents could not have a comfortable chair by their bed if they wished to sit in their room quietly.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0024589

Date of inspection: 04/02/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The Chief Inspector purported to register Ougham House Limited as a designated centre on 21 April 2017.</p> <p>The Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 was amended by the Minister for Health through S.I. 61/2015 with effect from 2 October 2017 (the “Registration Regulations”) vis-à-vis the Nursing Home.</p> <p>Ougham House Limited is satisfied that its application pursuant to Section 48 of the Health Act 2007 as amended to register its six-bedded Extension (and the proposed bedroom to be created from the laundry) adheres to the requirements of Regulation 4 of the Registration Regulations.</p> <p>It is not clear on what statutory basis the Inspectors have purported to assess the provider’s compliance with Regulation 4 of the Registration Regulations in circumstances where they conducted an inspection of the Nursing Home for the very purposes of enabling the Chief Inspector to make a decision on the application. Surely, if the application was viewed as non-compliant to any degree prior to the inspection, this fact should have been disclosed to the provider to avoid the obvious challenge now arising in circumstances where the Provider’s registration pre-dates the entry into force of the Registration Regulations. The matter of compliance with the Regulations is primarily a matter for the Chief Inspector, we submit respectfully.</p>	

Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: When Ougham House receives a decision from the Chief Inspector granting registration for the further 6 beds in the Extension which the Inspectors described as "Fabulous" on the day of the inspection, the night duty compliment will increase to four with immediate effect. Upon favourable registration decision-making, full capacity plans will delivered so that there will be two sittings for meal times, which will ensure further catering for all our residents needs.</p> <p>On the day of inspection there were two nursing staff on duty when a G.P arrived to review a resident, which matter occupied one of the Nurses while the other Nurse was administering the medications.</p> <p>All staff present in the dining room during lunch time on the day of inspection had high mix skill of experience in cardiopulmonary resuscitation and familiar with all residents' needs and action to be taken in the event of an incident such as choking.</p> <p>Furthermore, with reference to the incident which occurred on the day of inspection, the care staff who attended to the resident acted swiftly and called for professional assistance. The incident was dealt with promptly in the normal course.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have now been trained in safeguarding vulnerable people. Certificates may be forwarded to the chief Inspector on request.</p> <p>We are proud that a significant number of our staff have been employed with us for many years (since our first registration in 1995) and throughout this time have gained extensive knowledge of care skills.</p> <p>Any new recruited staff are qualified with FETEC Level 5 care skills or equivalent as is the case going forward.</p> <p>During all meal times a Nurse is present to guide appropriate safe care.</p> <p>Majority of staff are trained in CPR.</p> <p>Residents with complex problems or any residents to be found losing weight are monitored closely by nursing staff and will be weighed on a regular basis.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to ensure that the service is safe, effective and consistently monitored the provider has an active role in the day-to-day operation of the service and is familiar with premises issues, the staffing levels and day-to-day issues.</p> <p>The annual training matrix review is due for audit to identify any gaps in the provision of</p>	

statutory training for staff.
 Nursing staff have been reminded that any residents identified at risk of weight loss have recorded routine weight checks.

Our fire risk assessment has been carried out and submitted to the chief Inspector.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The complaints procedure, the fire and emergency procedures and the arrangements for managing the centre in the absence of the person in charge are all referenced in the statement of purpose.

We will review the statement of purpose in accordance with regulation 3 and schedule 4 of the Care & Welfare Regulations.

Regulation 12: Personal possessions	Not Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 Personal possessions:
 All residents are encouraged to bring personal clothing and possessions to the Nursing Home.

Lockers provided have keys so residents have access to and control over their personal possessions which was commended by Inspectors on the day of Inspection.
 Any residents that request more space for personal items are accommodated.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 In order to carry out improvements to the design and layout of the Nursing Home in meeting the individual and collective needs of residents in relation to their comfort and privacy to the premises a phased extension is under construction as demonstrated with the aid of detailed plans on the day of inspection.

Screens in rooms 1,2,3 will be replaced promptly to assuage any concerns the Inspector may have. Room 4 has screens that give all residents accommodated in this room the privacy required. Rooms ,21,22,24,25 and 27 have screens that provide privacy. As explained on the day of inspection we use Do Not Disturb signs on the outside of the door to restrict anyone from entering and compromising the privacy and dignity of the resident.

The minor damage to the floor in room 30 will be fixed
 A Review will take place on handrail supports to assess needs
 Radiators in all bedrooms and hallways will be assessed to eliminate any risk. Radiators outside rooms 20/29 and 24 and in rooms 11 and 21 have been fitted with temperature gauges.
 All rooms are equipped with a television. No complaints have been received to date on

access to televisions by residents. Alternative day rooms are also equipped with televisions.
Regarding layout and space for storage for residents please refer to the provider's response to Regulation 12- personal possessions.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Food and nutrition:

The Provider is satisfied that meals are delivered in a timely way at all times.

Some residents choose to have a later breakfast and therefore their lunch may be delayed and this is to provide balanced nutrition i.e so that their nutritional intake is spread evenly throughout the day. When registration of our further 6 beds is registered by HIQA and reach our full capacity we will review our meal sittings and perhaps consider a second sitting.

A Nurse is present at all meal times and the majority of our care staff have been with us for many years and have a vast knowledge of care and personally know all the residents. The majority of our staff have training in CRP and are more than competent in the supervision of meal times.

Regulation 26: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Risk management:

The Oxygen cylinder is now secured safely in the Clinical room.

A cage has been put in place to secure spare oxygen cylinders to the outside. Excessively hot radiators identified on the day of inspection have been modified and fitted with thermostats. To date we have not experienced any issue with any residents accessing the first floor, however as explained on the day of inspection a phased programme of works is under way and will address this risk.

On the day of inspection the lint collection area was inspected and there was a build up of lint, however the dryer had been in operation all morning and there is a set protocol in place where by the dryer is cleaned on a daily basis and as necessary and laundry staff understand this.

Fire risk assessments has been carried out to identify all fire hazards.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire precautions:</p> <p>On the day of inspection, the Provider confirmed that the fire alarm system was an L1 system. Written confirmation of same has been received and will be forwarded to the Chef Inspector</p> <p>The trap door has now been altered and the gap has been illuminated.</p> <p>The two fire doors that were not closing effectively, for whatever reason, on the day of inspection. This issue was rectified immediately on the day of the inspection.</p> <p>A fire risk assessment has been carried out and all means of escape have been cleared.</p> <p>Ski sheets are available on all beds and as per the PEEPs provided to the inspectors on the day of inspection wheelchairs are also available for evacuation.</p> <p>Fire plans displayed on the day of inspection did not display the upstairs office and staff area. An up-dated revised plan was presented before the end of inspection.</p> <p>Two days following the inspection our fire training consultant carried out a full evacuation of the 12 bed compartment and the 3 double rooms to the front of the building using 3 night staff. Details have been forward to the chef inspector. All bedrooms are fitted with half hour fire doors.</p> <p>Extra Signs have been erected for guidance to the assembly point. The particular exit which has been described as being obstructed with plant pots is incorrect as these pots are placed either side of the door and do not impede the exit and are purely here for the resident pleasure. Fire plans are evenly placed and displayed throughout the building and assembly points were clearly indicated on the day of inspection.</p> <p>The personal evacuation plans have been reassessed and updated.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are reviewed 4 monthly and as and when necessary. The action plans from previous inspection will be addressed within the time frame stated. With reference to the care plan of the resident reviewed on the day of inspection i.e weight loss, it is the clinical judgement of the nursing staff that this resident is not in a fit condition to be weighed on a weekly basis due their frailty.</p> <p>Residents are always consulted and involved in their care plans. Where residents lack</p>	

this capacity to decide themselves, family members are consulted and make decisions. All residents who have the capacity sign their care plans and in the event of the resident being unable to sign their next of kin sign on their behalf.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
All staff have been trained in safeguarding vulnerable persons. Our training matrix has been updated to reflect same.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All residents are encouraged and given the opportunity to undertake personal activities in private.

Screens are provided in all shared accommodation to provide privacy to residents. We also provide private areas and a visitors' room to accommodate residents so that they may have conversations in private, if they wish.

All rooms in the centre are fitted with a television in accordance with residents' wishes. The Inspectors' views in relation to more than one television in any room is not understood by strict reference to the Regulations or indeed the wishes of the residents.

All residents have access to sitting rooms throughout the centre which also have televisions if a resident requests to watch specific programmes.

The rooms referenced as having lack of space have chairs provided. Should a resident require a different type of chair this is accommodated, strictly in accordance with their wishes.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	29/03/2019
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her	Not Compliant	Yellow	01/04/2019

	clothes.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	01/04/2019
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Yellow	01/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/04/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/04/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Not Compliant	Yellow	01/06/2019

	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.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/06/2019
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Orange	01/04/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/04/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	01/04/2019

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	05/04/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	05/04/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	05/04/2019
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage	Not Compliant	Yellow	01/04/2019

	to property.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Yellow	01/05/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	08/04/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Yellow	01/06/2019
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/04/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation	Not Compliant	Orange	01/04/2019

	procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/04/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/06/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Not Compliant	Orange	01/04/2019

	placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	08/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Yellow	01/04/2019
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Yellow	01/04/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's	Not Compliant	Yellow	01/04/2019

	admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Yellow	01/04/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Yellow	01/04/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	01/04/2019
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	01/04/2019
Regulation 9(3)(a)	A registered	Not Compliant	Orange	01/04/2019

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Yellow	01/04/2019