



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bailey House Nursing Home
Name of provider:	Elizabeth Lawlor
Address of centre:	Bailey St, Killenaule, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 April 2019
Centre ID:	OSV-0000196
Fieldwork ID:	MON-0022747

About the designated centre

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

Bailey House Nursing Home is located in Killenaule, Co. Tipperary. It is a period house that accommodates a maximum of 15 male and female residents over the age of 18 years old. The centre has two floors comprising one single bedroom, three twin bedrooms and three triple bedrooms. A number of communal rooms and sanitary facilities are also present. Movement between the two floors is served by a stairway and a stair-lift.

The centre provides 24 hour nursing care to low, medium, high and maximum dependency residents. Convalescent and palliative care is also provided. A commitment to achieving and sustaining a high quality care environment that cares for, supports and values each resident is outlined in the centre's statement of purpose.

Residents' religious beliefs are respected and accommodated within the routines of daily life. Residents' links with family, friends, relatives, carers and their community are encouraged and facilitated. There are no restrictions on visits, unless at the request of the resident. Residents are also given the choice to participate in individual and communal recreation.

The privacy and dignity of each resident is respected.

The following information outlines some additional data on this centre.

Current registration end date:	25/08/2019
Number of residents on the date of inspection:	15

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
11 April 2019	08:30hrs to 19:00hrs	Leanne Crowe	Lead

Views of people who use the service

All residents and relatives that spoke with the inspector were complimentary about the service provided.

Residents were satisfied with the food that was served each day, and described how the registered provider always prepares meals to suit their personal tastes. There was a good rapport between staff and residents, which created a friendly atmosphere within the centre. Residents praised the staff's efforts to meet their needs, with one resident stating: "I don't know what I would do without them". Overall, residents felt that their personal routines were respected by staff.

Residents were comfortable in the centre. One resident described all of the other residents as her friends and was very content to live there.

Relatives were also very satisfied with the level of care provided to their loved ones. Relatives felt that there was good communication between families and staff, and expressed how the registered provider, management team and staff were all very approachable. One relative stated that the quality of the care provided gave them "peace of mind" when they weren't present in the nursing home.

Residents and relatives were well informed of the plans to close the centre, and were being closely supported by the registered provider to identify suitable alternatives.

Capacity and capability

The centre is registered to accommodate 15 residents.

There was a clearly defined management structure that identified the lines of authority and accountability for the day to day running of the centre. Those involved in the governance and management of this centre have remained unchanged since the previous inspection. Reporting arrangements and assurance frameworks were in place, however, a number of actions were identified during the inspection demonstrated that improvement was required in relation to auditing practices.

The person in charge was sufficiently qualified and experienced to carry out her role. There were arrangements in place for the deputy nurse manager to deputise in the absence of the person in charge.

There were sufficient resources for the delivery of care in accordance with the

statement of purpose, including the number and skill mix of staff. The management team described systems in place to recruit, induct, supervise and appraise staff.

A sample of staff files reviewed by the inspector contained all of the information required by Schedule 2 of the regulations. The registered provider confirmed that all staff had garda vetting in place. Staff completed regular mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

There was evidence of consultation with residents and their representatives. A residents' meeting had recently taken place, which had discussed items like activities and food, as well as plans to close the centre. Residents and their representatives were aware of such plans and were satisfied with the information and support being provided by the management team.

While contracts of care were completed for residents, they did not contain all of the information required by the regulations.

There was a policy and procedure in place for the management of complaints. As part of this process, the registered provider facilitated weekly visits by an advocate to provide support to residents, should they require it.

Registration Regulation 4: Application for registration or renewal of registration

The application had been submitted in full and contained all of the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge possessed the experience and qualifications required by the regulations. They were supported in their role by the registered provider and a deputy nurse in charge.

Residents, relatives and staff were familiar with the management team, including the person in charge, and were complimentary of them.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number and skill mix of staff on duty at the time of the inspection to meet the needs of residents.

Staff were observed attending to residents promptly and in a person centred manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that all staff completed a variety of training in order to maintain professional competence. All staff had completed mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff had also completed additional training to support them to provide a high quality of care, including dementia care and infection control.

All staff underwent annual appraisals, which consisted of a self-evaluation followed by a meeting with a member of the management team. Appraisal documentation demonstrated that this process was also used to identify any training needs.

Newly recruited staff were closely supervised by nursing management. There was evidence of key competencies being signed off by the staff member, the person in charge and the registered provider.

Judgment: Compliant

Regulation 22: Insurance

A current insurance policy was in place that covered the premises, its contents and residents' belongings.

Judgment: Compliant

Regulation 23: Governance and management

A defined management structure was in place in the centre, which was reflected in the Statement of Purpose.

Systems had been established to manage the centre, and it was evident that these systems promoted a high standard of care for residents. However, some monitoring

arrangements were found to be insufficient, as demonstrated by the following examples:

- Five of 16 call bells were not working in the centre on the day of the inspection. It was not clear what had caused this, or when they had stopped working
- One person was using bedrails in the centre, which demonstrated the efforts of staff to minimise the use of restraint. However, a bedrail risk assessment had not been carried out for the resident.
- The annual quality and safety review for 2018 had not been completed.

There were sufficient resources in place to ensure the effective delivery of care.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A contract of care and for the provision of services outlining the terms and conditions of each resident's stay was completed following admission. While each resident's proposed bedroom was documented in their contract, the total number of residents accommodated in the bedroom had not been recorded.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was recently updated and contained all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been submitted in relation to all notifiable events that occurred in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place for the management of complaints. This procedure was included in the centre's Statement of Purpose and was also displayed throughout the centre.

Judgment: Compliant

Quality and safety

All actions from the previous inspection were followed up at this inspection. The majority of these had been addressed by the management with the exception of the following: improvements were identified in relation to fire drills and the development of Personal Emergency Evacuation Plans (PEEPs) for each resident.

There were arrangements in place to ensure that residents were consulted with and participated in the organisation of the centre. In addition to the residents' meetings, the registered provider was present in the centre on a daily basis and spent time engaging with residents.

There were opportunities for residents to participate in group or individual activities that suited their interests, preferences and capabilities. An activity programme was in place, which was informed by residents' social care plans. Overall, residents in the centre led interesting lives and were supported to follow their own personal routines.

Arrangements were in place for the assessment, care planning and evaluation of residents' needs, but some gaps were identified. Residents had timely access to their choice of general practitioners (GPs), a pharmacy service, to allied healthcare and community care professionals.

While staff took care to maintain the privacy and dignity of residents, the premises provided some challenges in achieving this. For example, some toilet and shower facilities contained partitions that did not meet the ceiling, therefore sounds and smells could not be contained. While all but one of the bedrooms were multi-occupancy bedrooms, this did not significantly impact residents' privacy as they chose to spend their days in the the centre's day rooms or on outings.

Residents' rights were respected and promoted by staff. Residents were supported to practice their faith and vote in elections and referenda. An advocate visited the centre on a weekly basis.

Significant efforts were made by all staff to minimise the use of restraint. As a

result, only one resident was using a form of restraint at the time of the inspection.

With one exception, all risks in the centre had been adequately identified and assessed, and control measures had been put in place to mitigate such risks.

Fire safety equipment was serviced and maintained.

The registered provider was not responsible for the management of any residents' pensions.

Regulation 17: Premises

The premises is a large two-storey, period house which is located adjacent to the local parish church in Killenaule, Co. Tipperary. The inspector found that it was decorated in an extremely homely and comfortable style. Overall the premises was observed to be generally clean and adequately maintained.

The residents' bedroom accommodation comprised one single bedroom, three twin rooms and three triple rooms across both floors. Two toilets and an assisted shower were provided for the use of the residents on each floor. A visitors' room, dining room and sitting room were all located on the ground floor. Large fireplaces were available in both the sitting room and dining room, which were lit in the afternoon. Comfortable furniture was in place in all communal rooms, and the dining room contained a large table that accommodated all of the residents at mealtimes. Paintings, ornaments and cabinets displaying crystal objects decorated the premises.

Some bedrooms had been personalised according to residents' own tastes. Each bedroom contained a wash hand basin, and one room contained an ensuite toilet and wash hand basin.

There was sufficient storage throughout the centre for residents' personal belongings.

Residents had access to a secure outdoor space, including landscaped gardens. Residents were observed to use this space during the inspection.

Residents were supported to move between floors using a stair lift or the stairs, depending on each resident's ability. The stair lift was battery operated and so would be able to function in the event of a loss of power in the centre. Handrails and grab rails were in place to support residents' movement throughout the centre.

Laundry facilities were in place and the inspector found that the practices for managing laundry were compliant with infection control standards.

While a call bell system was in place throughout the centre, on the day of the inspection a number of call bells were not working. It was not clear when the call bells stopped working. This was discussed with the registered provider on the day of

the inspection, who committed to addressing this issue as soon as possible.

The entrance to the centre was kept secure via a key pad locking system.

There was evidence of regular maintenance and servicing of equipment.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy was in place in the centre. A risk register was maintained, which outlined all assessed risks identified in the centre, and described the measures in place to control these risks.

A risk assessment had not been completed for the only resident using bedrails at the time of the inspection. The registered provider committed to completing the risk assessment immediately after the inspection.

A safety statement was available. There were arrangements for identifying and responding to any serious incidents or emergency situations.

Judgment: Substantially compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of healthcare associated infections were being implemented by staff.

There were suitable practices in place for the disposal of clinical and domestic waste.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had sufficient fire safety equipment in place. While the inspector found that staff were aware of residents' individual evacuation needs, these were not formally documented in Personal Emergency Evacuation Plans (PEEPs).

All staff had recently attended fire safety training which included practicing fire evacuation procedures. The most recent training date was held in March 2019.

There was no documentary evidence that fire drills were carried out which simulated both day and night time staffing levels. Therefore, it could not be ensured that fire prevention and emergency procedures could be carried out within a safe and reasonable time frame. These actions had also been identified at the previous inspection.

There was evidence that bedding and furnishings were fire safe. Fire equipment, including the alarm system and emergency lighting, was regularly tested. The fire escape stairway on the first floor, as well as all other fire exits, were kept clear of any objects or obstructions.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A paper based system was used for assessment and care planning processes. The inspector reviewed a sample of care plans. Each resident reviewed had undergone an assessment prior to their admission. A comprehensive nursing and medical assessment was completed within 72 hours of admission to inform the care planning process.

There was evidence of validated assessment tools used to monitor areas such as the risk of falls, malnutrition and skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter.

Care plans were reviewed every four months or to reflect a resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were met to a very high standard and they had timely access to medical and allied health care services. A choice of GP was available to residents, or they could retain their own upon admission. Residents and their representatives were satisfied with access to medical services. They had timely access to psychiatry of later life, chiropody, occupation therapy, dietitian and speech and language therapy. There was evidence within residents' files and from speaking to residents and staff that advice from allied health-care professionals was acted on in a timely manner.

Residents availed of accessible physiotherapy services and weekly exercise classes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted within the centre by all staff, and this had a positive impact on residents. With the exception of one resident who used bedrails, there was no other restraint in use.

One resident exhibited some behavioural and psychological signs and symptoms of dementia (BPSD). A behavioural support care plan had been developed for this resident, which informed how staff monitored and responded to these behaviours. Staff were knowledgeable of the individualised techniques or interventions used to support this resident.

Judgment: Compliant

Regulation 9: Residents' rights

While residents' rights and preferences were respected by staff, the inspector found that the premises did not ensure that residents' privacy and dignity could always be maintained. For example, partitions between showers and toilet cubicles did not reach the ceiling and therefore smells and sounds could not be adequately contained. Additionally, the use of curtains around some beds could not ensure that residents using commodes were afforded sufficient privacy when receiving personal care. However, the inspector acknowledged that the impact of this was minimised by the fact that all residents did not spend significant parts of their day in their bedrooms.

Residents were consulted with in relation to the organisation of the centre.

The management team ensured that residents and their relatives were aware of the plans to close the centre. Residents and representatives were supported through this process and were afforded sufficient time to find alternative accommodation. Residents and visitors who spoke with the inspector were satisfied that they were fully informed. A residents' meeting had taken place in February 2019 and minutes of this meeting were available for review.

Residents' personal routines were respected by staff. For example, staff described how they support one resident who prefers to stay in bed until late morning. Staff were also knowledgeable of residents' preferences and interests.

Staff had developed social care plans for all residents, which supported residents to participate in activities in the centre and to engage with the local community. Activities that took place in the centre on the day of the inspection consisted of an

exercise class as well as walks that allowed staff engage on a one-to-one basis with residents. Other activities available included hand massages, bingo, card games, live music and reminiscence therapy. The registered provider described how a resident had gone for a drive to a nearby town on the day before the inspection. Records reviewed demonstrated that residents participated in a variety of activities. Residents also had access to information about current affairs, via the radio or local newspapers that were delivered daily. The registered provider stated that sometimes, a resident enjoyed walking to the shop to collect the newspapers. Residents could access a telephone and could meet with their visitors in private.

Residents' privacy and dignity was respected by staff, who were observed knocking on residents' bedroom doors prior to entering, and administering care in a discreet manner. Interactions between staff and residents were person-centred, respectful and friendly. It was clear from these interactions that staff knew residents very well, particularly their routines and preferences.

Residents were supported to exercise their civil, political and religious rights. Residents could vote in the centre or in the nearby school. Residents could practice their respective faiths.

An advocate visited the centre on a weekly basis.

Judgment: Substantially 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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bailey House Nursing Home OSV-0000196

Inspection ID: MON-0022747

Date of inspection: 11/04/2019

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
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>Governance and management:</p> <p>Call bells fixed on 12/04/2019</p> <p>Risk assessment for the bed rails carried out</p> <p>Restrain care plan and risk register in place – 12/04/2019</p> <p>Annual quality and safety review in place by 10/05/2019</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract for the provision of services:</p> <p>Bedroom Numbers included in the contract of care – 12/04/2019</p>	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Call bells fixed on 12/04/2019	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk assessment for the bed rails carried out Restrain care plan and risk register in place – 12/04/2019	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire precautions: Personal emergency evacuation plan (PEEPS) in place – 24/04/2019 Planned to do a fire drill including both day and night staff on 30/05/2019	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Privacy and dignity of the residents were respected while doing procedures 12/04/2019	

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
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.	Substantially Compliant	Yellow	12/04/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	12/04/2019
Regulation 23(d)	The registered provider shall ensure that there	Not Compliant	Yellow	10/05/2019

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	12/04/2019
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	Substantially Compliant	Yellow	12/04/2019

	centre.			
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.	Substantially Compliant	Yellow	30/05/2019
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 placement of residents.	Substantially Compliant	Yellow	24/04/2019
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.	Substantially Compliant	Yellow	12/04/2019