

Health Information and Quality Authority  
Social Services Inspectorate



Inspection report  
Designated centres for older people

<b>Centre name:</b>	Bailey's Nursing Home
<b>Centre ID as provided by the Authority:</b>	316
<b>Centre address:</b>	Mountain Road,
	Tubbercurry,
	Co. Sligo.
<b>Telephone number:</b>	071 9185471/071 9186093
<b>Fax number:</b>	071 9186219
<b>Email address:</b>	oughamhouse@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Patricia Bailey
<b>Person in charge:</b>	Patricia Bailey
<b>Date of inspection:</b>	August 7 2009
<b>Time inspection took place:</b>	<b>Start:</b> 09.00 hrs <b>Completion:</b> 19.30 hrs
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector:</b>	P.J. Wynne
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

## About the centre

### Description of services and premises

Bailey's Nursing Home is registered to provide care for 41 older people. The centre is bungalow-style with all services, communal areas and bedrooms (except one) on the ground floor. There is a large sitting/dining area and a smaller additional sitting room. The centre also has a spacious garden.

Accommodation is provided in single and two-bedded rooms and the building is generally well maintained and attractively decorated.

The staff team provide care to a resident group that have complex physical care needs. Some residents have problems associated with confusion and dementia and a small number have mental health problems.

### Location

The centre is located in a residential area, a short distance from Tubbercurry town centre, Co. Sligo. It is a short drive from the Ox Mountains with shops, business, library and church facilities close by.

<b>Number of residents on the date of inspection</b>	40 (plus one resident in hospital)
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<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	36	4		1

### Management structure

Patricia Bailey is the provider and also the person in charge and is supported in her role by a team of staff nurses and by care, administration, catering and cleaning staff.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty</b>	1	2	5	2	1	1	0

## Summary of findings from this inspection

This was an announced inspection. It was the first inspection by the Health Information and Quality Authority. Inspectors met with residents, relatives, the person in charge and staff on-duty during the inspection. Inspectors reviewed documents such as policies, care plans and medication administration records.

Overall, inspectors found that the centre was well-managed and organised and that residents' needs were the priority for all staff. Staff devoted time to ensuring that residents' preferred choices were accommodated and good communication was observed between staff and residents.

The centre has engaged support from the local community to ensure that residents have access to the services they need to support a good quality of life.

Inspectors were satisfied that the medical and other healthcare needs of residents were catered for. However, improvements were seen to be required in relation to care planning to ensure that all needs were identified and that appropriate care plans were implemented for each resident.

A number of improvements, as outlined in the Action Plan at the end of this report, are required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* such as the development of procedures to ensure safe recruitment practices and the development of a fire procedure.

### Residents' and relatives' comments

Inspectors spoke to seven residents and to four relatives.

Residents were unanimous in their praise for staff and said that they felt well cared for at all times. In particular, they told inspectors they valued being able to have a choice about where they spent their day, feeling that they could really make the centre their home, having regular staff who knew them well and being able to get advice and help when they needed it.

Both relatives and residents expressed satisfaction with nursing and medical care received by residents. The availability of local general practitioner (GP) services and access to specialist services for older people was also highly valued.

Relatives interviewed found the centre welcoming and said that there was no restriction on visiting, except when residents requested it. Relatives told inspectors that they felt staff were approachable, kind and diligent in their duties. One relative said that any issues highlighted for attention were dealt with promptly.

The food was praised by both relatives and residents. They said there was a good variety of home-cooked dishes and that their preferences were accommodated.

When asked if there was anything they would like to see changed in the centre residents said no, that they were "very happy with how the centre is run", that "life is quite enjoyable here" and that "if I cannot be at home this is probably as good as it can be".

Relatives said they felt that staff "genuinely tried to get everything right for residents" and "really make an effort to make life comfortable for residents".

## Overall findings

### 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

#### Evidence of good practice

The person in charge was appropriately qualified and experienced to manage the centre and displayed a good knowledge of her responsibilities in relation to day-to-day operations.

There were well-established lines of accountability and staff nurses were seen to take responsibility for the day-to-day management of the centre when the person in charge was absent. Inspectors found there was a shared vision among staff and the person in charge of what good care practice means for residents.

The person in charge explained that when dependency levels increased or when residents needed additional care, local staff, familiar with the centre, were contracted to do extra duties.

The registration certificate was displayed prominently in the hall as required by regulation. The centre had appropriate public liability insurance valid to June 1 2010.

#### Some improvements required

There was a copy of the *National Quality Standards for Residential Care Settings for Older People (2009)* available in the centre however, copies of the Health Act, 2007 (Registration of Designated Centres for Older People) Regulations 2009 and Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were not available.

The resident's guide and the statement of purpose were not available. These are documents, which are used to convey information about the centre to residents and others, are required.

While there were policies available to guide the actions of staff in specific situations the range of policies, procedures and guidance available did not fully comply with legislative requirements. For example, there were no policies on missing persons, the temporary absence and discharge of residents and the provision of information to residents.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Residents confirmed that the centre was a good place to live and that staff cared for them in a dignified and courteous manner.

There was evidence of a clear commitment from the person in charge and staff in accommodating local residents and helping them to maintain their contacts with the local community. The person in charge had engaged support from the local community, including the clergy, to ensure that residents were able to access the services they value, and need, to support a good quality of life.

Residents were seen to be able to exercise choice and make their own decisions. There was evidence on the day of the inspection that residents could get up when they chose, have breakfast at a time that suited them and could use the building freely. Residents told the inspectors that they had a choice of meals and that an alternative would be prepared at their request if they did not like what was on offer. There were regular drinks and snacks available throughout the day and residents said that they were free to ask for more or for alternatives.

Residents told inspectors that they could have visitors at any time and were able to meet or say goodbye to visitors at the front door as they would at home.

Newspapers were available daily and residents said that there were enough for all who wish to read them.

Residents who are on the voting register but are very frail had access to a postal vote or the polling box in the centre if they wished to vote.

Inspectors observed that all staff, including the catering, domestic and laundry staff, had developed good personal relationships with residents and chatted freely to them as they went about their work. Residents said they valued this as it makes them feel included, is more personal and "makes the place more like family life".

Residents can bring personal items into the centre to personalise their rooms and living space. Many said this helped them settle in and feel less isolated. Several



rooms were noted to have personal effects on display and photographs in particular were valued by residents.

Staff were praised by residents for the help and emotional support given to those who feel lonely and distressed. According to some residents, this was a very valued aspect of life. Residents who had sensory problems said that items were left within reach for them and that staff rarely had to be reminded to do this.

Residents have regular entertainment events usually on Thursdays and Fridays and the musical entertainment on the day of inspection was very well received by residents.

### **Some improvements required**

The care needs of residents with dementia, and others with high levels of physical dependency, were not fully met by the current activities on offer as the entertainment provided relied on residents being able to participate in a group situation.

In the laundry room it was noted that not all clothes were clearly identified and some had been marked with a pen that had faded. The inspector was told that a new coding system for identifying clothes was currently being explored to avoid distress to residents as a result of clothing going missing.

### **3. Healthcare needs**

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### **Evidence of good practice**

There was evidence that the person in charge, and nursing team, developed good working relationships with professional colleagues in the community and could access specialist advice from staff in Sligo General Hospital, St. John's Hospital and Liscarney House in Sligo. Dental, chiropody and optical services were readily accessible locally.

Specialist equipment could be accessed through the occupational therapy service. Residents had a variety of chairs, suitable for their specific needs, for day-to-day use. Wheelchairs were used by many residents and these were appropriately used with footplates correctly in place.

Residents described the care they received and said staff were vigilant and noticed very quickly if they were unwell. Staff liaised with local GP services regarding residents' appointments and organised transport and staff to accompany residents as required.

The provider was seen to promote an individualised model of care and showed awareness of the changing needs of residents, including those with conditions such as Parkinson's Disease or acute infections. Staff nurses told inspectors that they are involved very closely when residents are acutely ill and provide support when residents are recovering to encourage independence. Inspectors observed that staff provided care and support in a way that promoted dignity, independence and well-being.

Where possible, staff were seen to make efforts to assist residents manage their own medication. Residents who were in the centre for periods of respite care were encouraged to do this so that they maintained their abilities and independence. One resident was on a very complicated medication regime which he was being assisted to manage, and most of the time could cope independently with minimal assistance from staff.

#### **Significant improvements required**

A review of the care records showed that health needs were documented. However, social-care needs and interests were not. Dietary preferences were not recorded in

the care plan and care plans did not reflect any contribution from residents themselves, or from others involved in their care. There was no consistency in the format of care plans and day-to-day records. In some of the care records examined, there were some references to residents being "confused" and "disorientated". However, there was no specific detail on how this impacts on daily life or how staff responded to residents who had such difficulties.

While there were some good examples in care records of risk assessment and management using evidence-based risk assessment tools, particularly in relation to falls and the use of restraints such as bed rails, this information was not available for all residents where relevant to their care. Assessments for pressure-area risk, nutritional risk due to poor eating patterns, or depression were present in some records but not consistently across all reviewed.

There was evidence that medication was regularly reviewed by the GPs who visit the centre and staff described the varied aspects of medication management, such as how medication was procured in an emergency, the procedure for recording medication errors and the use of "as required" medication. However, the inspector noted that there were some gaps in two medication administration charts which conveyed that staff were not diligent when administering medication and in the recording of this in a timely manner.

#### **Minor issues to be addressed**

Meal times were noted to be very social times, particularly lunch time. However, during the period leading up to lunchtime, when staff were helping residents to the dining area, catering staff were laying tables and residents were receiving medication, inspectors found the environment very noisy, busy and difficult for residents to move around.

## **4. Premises and equipment: appropriateness and adequacy**

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### **Evidence of good practice**

Inspectors noted the building was comfortable, well furnished and bright due to the numerous windows. Residents told inspectors they like the colour schemes and that they like to sit and look out at the surrounding garden.

There was an ongoing programme of decoration and maintenance. Maintenance records for the upkeep of the building were available and inspectors noted that monthly maintenance checks were made on lights and call bells in the bedrooms. All equipment, including the hoist, was checked and serviced annually. The last service was dated as having taken place on 11 May 2009.

A closed-circuit television (CCTV) system was in place which covered all exit doors and the driveway, but was seen not to intrude on residents' areas.

The fire alarm had been tested monthly and this has been recorded. The release on self-closing doors, signage and emergency lighting were all noted to be in satisfactory condition. All fire extinguishers were serviced and fire blankets and smoke detectors are checked annually. Training in fire safety for staff has been scheduled for November 2009.

The contaminated waste collection forms were available for review and were seen to be completed. The waste bin for infectious material was stored externally and the container for storing used syringes was stored securely in the clinical room.

Inspectors observed a list of emergency contact numbers available in the staff office.

### **Some improvements required**

The laundry area had a sink but no double-drainer. The sluice room, located in a portacabin attached to the main building, was of a satisfactory standard for the purpose intended. It had a hand-wash sink and a sluicing sink but there was no bed pan washer.

There were no shelves in the ensuite rooms for residents to store personal items and toiletries. As a result, residents had to keep toiletries in a wash bag and had to carry them to and from the ensuite areas.

Inspectors found there was no designated private area for residents to see visitors although there is a space known as "the church" which is quiet and often used when private space was needed.

### **Significant improvements required**

The inspector noted a number of areas that needed attention. The rear door at the end of the corridor containing the single rooms was wedged open with a block. This practice was a risk to the security and safety of residents.

The centre did not have an area for the household staff to store equipment and cleaning materials. The cleaning trolley was stored in the sluice room which compromised infection control.

The area used to store the medication trolley and other clinical supplies was a very narrow, confined, area with a toilet at one end. It did not allow staff the appropriate storage space for medication or for the checking and organisation associated with safe medication management.

While some fire prevention measures were in order, overall fire safety precautions were not adequate. Fire escape routes were not clearly identified. There was no floor-plan of the building and no plan to guide the actions of staff in the event of fire.

### **Minor issues to be addressed**

The area used as a smoking room was also used by the hairdresser which did not allow residents to smoke in comfort or in privacy and access is compromised when the hairdresser is occupying the area.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

There was evidence from residents that the person in charge, and the staff team, made appropriate efforts to ensure that information was communicated to residents in an understandable and accessible way. The majority of staff were aware of specific situations where potential communication problems could arise and noted the importance of effective communication between staff and residents.

Residents had access to a portable telephone that they could use in private. There was a brochure that provided basic information on the centre's services and outlined details of the centre's complaints procedure.

The person in charge was diligent about ensuring that private correspondence for residents was handled appropriately and there was an arrangement in place whereby if a resident had any difficulty in managing his/her post, it was sent to the next of kin.

### **Some improvements required**

The directory of residents was not kept up-to-date and details for the two most recent admissions had not been included.

There was no residents' group in the centre or a feedback system to provide residents with a voice and enable them to collectively provide feedback to the provider.

### **Significant improvements required**

The complaints procedure was on display but did not include all aspects of the complaints management process, including the right to an independent appeals process, the timescales by which it can be expected that the complaint is investigated and the process for providing feedback to the complainant.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

The staff group on duty said that they were very happy working with residents, stated that they were well supported by the person in charge and that a good team-working approach existed in the centre. Staff told the inspectors they communicated with each other at handover about residents' healthcare needs, changes that are taking place and areas that needed attention by the nursing staff when they came on duty.

Nursing staff stated that the current staff numbers on duty were appropriate to meet residents' needs. At times when the workload increased or when permanent staff were on holiday, staff that were familiar with the layout of the centre and care practices provided cover.

Inspectors noted that the staff rota was planned in advance and if changes were needed because of sickness or other absences this was recorded.

Staff told the inspectors that they were able to avail of training opportunities and had recently attended a training course on adult protection and the recognition of abuse run by the Health Service Executive (HSE). This made them more aware of the types of abuse that can occur and helped them consider how to respond to suspected or actual incidents.

The An Bord Altranais professional identification number(PINs) for nursing staff were seen to have been recorded, with this record kept up to date.

### **Some improvements required**

There was no evidence of training in areas such as care planning, review and assessment or dementia care which would have enabled staff to provide care in an informed way.

Only one member of staff had completed Further Education and Training Awards Council (FETAC) level 4/5.

While staff were aware of the *National Quality Standards for Residential Care Settings for Older People* (2009), they did not have copies of the regulations to refer to for guidance.

### **Significant improvements required**

Staff files were examined during the inspection and all application forms were seen to be completed and retained on file. However, there were no contracts of employment for staff, no written references and no confirmation that Garda vetting had been carried out by the provider.

There was no recruitment procedure that outlined the process of recruitment, selection and vetting of staff in order to comply with the standards and regulations.

#### ***Report compiled by***

Geraldine Jolley  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

13 August 2009



**Provider's response to inspection report**

<b>Centre:</b>	Baileys Nursing Home
<b>Centre ID as provided by the Authority:</b>	316
<b>Date of inspection:</b>	07 August 2009
<b>Date of response:</b>	17 November 2009

**Requirements**

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

**1. The provider is failing to comply with a regulatory requirement in the following respect:**

A fire procedure to guide staff in the event of such an emergency was not available.

**Action required:**

Outline a plan of the actions staff should take in the event of fire and clearly display this plan in staff areas and prominent exit routes.

**Reference:**

Health Act, 2007  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety

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

**Timescale:**

**Provider's response:**

We have always had a procedure to guide staff in event of such

Implemented

emergency. On the day of inspection this was displayed outside the office.	
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**2. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no floor plan of the building to guide staff and residents to fire assembly points.

**Action required:**

Make floor plan of the building available to guide staff and residents to fire assembly points.

**Reference:**

Health Act, 2007  
 Regulation 32: Fire Precautions and Records  
 Standard 26: Health and Safety

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

**Timescale:**

Provider's response:

Floor plan has been put in place to guide staff and residents to assembly points.

Implemented

**3. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no recruitment procedure and the required documents such as references and evidence of Garda vetting that support safe recruitment practice were not available in staff files.

**Action required:**

Outline and implement a staff recruitment procedure and maintain all the documents outlined in Schedule 2 of the *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009* for all staff.

**Reference:**

Health Act, 2007  
 Regulation 18: Recruitment  
 Standard 22: Recruitment

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

**Timescale:**

<p>Provider's response:</p> <p>We are currently reviewing a staff recruitment procedure. We have requested that all staff furnish us with references. For staff with us three years and over we ask for character references. We are applying for Garda vetting for all staff and we are aware that there is a delay on the return of these.</p>	Ongoing
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<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Residents' care plans did not fully outline residents' social care needs and how these were being met in the centre particularly where residents had problems such as confusion or dementia.</p>	
<p><b>Action required:</b></p> <p>Document in full all residents care needs including social care needs and how these will be accommodated.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 18: Routines and Expectations</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>We have always had care plans in place for all our residents in full time care. As we are updating our older care plans we are replacing them with our new system.</p>	Ongoing

<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was no written evidence that residents were consulted about their care plan or that care plans were available to residents.</p>	
<p><b>Action required:</b></p> <p>Ensure that each resident's needs are set out in an individual care plan and agreed with each resident and made available to them.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  On writing a care plan for a new resident we always discuss with residents and families individually what the resident's preferences and need are and if the resident / family are in agreement with the contents of the care plan, as far as possible and to the best of our ability we make this available.	Ongoing

<b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Residents care records examined did not always describe residents wellbeing, how they were responding to specialist treatment regimes particularly medication that was prescribed for mental health needs or sedative purposes where this applies.	
<b>Action required:</b>  Maintain residents care records in a manner that outlines how residents are responding to treatment and care.	
<b>Reference:</b> Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 13: Healthcare	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We document the wellbeing of all our residents in our nursing notes day and night reports. We also document in these nursing reports the response to specialists regimes particularly medication for mental health needs or sedative purposes where this applies.	Ongoing

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

There were gaps noted in two medication administration charts.

**Action required:**

Ensure that all medication administration charts are fully complete. If medication is given ensure that this is recorded and if omitted insert the appropriate code to describe this.

**Reference:**

Health Act, 2007  
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
 Standard 14: Medication Management

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

**Timescale:**

Provider's response:

We document all medications administered and omitted.

Immediate

**8. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no policy on risk management in place. An identification and assessment of risks has not been carried out for all risk situations such as the use of restraint and infection control.

**Action required:**

Develop a comprehensive written risk management policy specific to the centre which identifies and assesses the risks throughout the centre and the precautions, controls and monitoring arrangements necessary to control the risks. In particular, there should be a comprehensive policy for risk factors such as the management of restraint and the management of challenging behaviour.

**Reference:**

Health Act, 2007  
 Regulation 31: Risk Management Procedures  
 Standard 29: Management Systems

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

**Timescale:**

<p>Provider's response:</p> <p>We are preparing risk assessments in line with regulation 31 and with standard 26. This will include having a risk management policy for all items mentioned in 31 (2) a to d (3) responding to emergencies and the items mentioned in 31 (4) as well.</p>	<p>March 2010</p>
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<p><b>9. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The medication storage area was very confined and did not facilitate staff to manage all aspects of medication management such as the storage and handling of medication safely and securely.</p>	
<p><b>Action required:</b></p> <p>Ensure that the designated centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines. A space of appropriate size should be provided for the safe storage and handling of medication.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management.</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>All medications are ordered by the Nursing Home and prescribed through the GP to the Pharmacy. All medications are stored in a locked medicine trolley and is stored in a locked room. All administration of medication are carried out by the RGN on duty. The extra space needed for storage etc is incorporated in the planned new building.</p>	<p>March 2010</p>

<p><b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The centre did not have a bed pan washer in the sluice and there was inadequate storage for cleaning equipment when not in use and there was no visitor's area.</p>	
<p><b>Action required:</b></p> <p>Provide a designated visitors area, a bed pan washer in the sluice area and appropriate storage for cleaning equipment and materials.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The majority of our rooms are en-suite however due to funding we are unable to provide a bed pan washer at this moment in time but we have made provision in our costing on our proposed new build to provide same. We have also taken into consideration in our proposed new build provision for all other facilities i.e Visitors area and cleaning equipment and material storage.</p>	<p>March 2010</p>

<p><b>11. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The door at the end of the hall containing the single rooms was wedged open with a block and this created a risk to the safety and security of residents.</p>	
<p><b>Action required:</b></p> <p>Take adequate precautions against risk factors in the centre.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  This wedge has been removed.	Immediate
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**12. The provider is failing to comply with a regulatory requirement in the following respect:**

The complaints procedure available did not comply with legislative requirements and did not outline the right to an independent appeals process, the timescales by which it can be expected that the complaint is investigated and the process for providing feedback to the complainant. The name and contact details of the Chief Inspector of Social Services was not available nor details of the HSE local office for residents.

**Action required:**

Devise a complaints procedure that fully meets the requirements of the regulations.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

**Timescale:**

Provider's response:

The complaints Procedure is currently under review.

31 Dec 2009

**13. The provider is failing to comply with a regulatory requirement in the following respect:**

There was no statement of purpose available to outline the aims, objectives and ethos of the centre.

**Action required:**

Outline a statement of purpose for the centre in accordance with regulatory requirements.

**Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function.



<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We do have a Mission statement and we are in the process of upgrading same.	Jan 2010

<b>14. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The directory of residents was not up to date and details of the last two residents that entered the centre had not been included.	
<b>Action required:</b>  Maintain an up to date directory of residents in the centre.	
<b>Reference:</b> Health Act 2007 Regulation 23: Directory of Residents. Standard 32: Register and Residents' Records.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All residents have been entered into the Nursing home register and all Nurses have been notified that all new admissions are to be entered within 24 hours of admission.	Immediate

<b>15. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The centre did not have copies of the Health Act, 2007 or the Health Act, 2007 (Registration of Designated Centres for Older People) Regulations 2009 or the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 available for staff to consult.	
<b>Action required:</b>  Make copies of the above legislation and regulations available to all staff	

<b>Reference:</b> Health Act, 2007 Regulation 17: Training and Staff Development Standard 29: Management Systems.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The National Quality Standards for Residential care settings for older people in Ireland was available on the day of inspection however we could not locate the Health Act 2007. These have since been located and are available to all staff. A meeting prior to HIQA enforcement was held for all staff informing them of the implementation and guidelines for HIQA.	Implemented

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The centre did not have a system for reviewing the quality and safety of care and the quality of life of residents in the designated centre.	
<b>Action required:</b>  Establish a method for reviewing the quality and safety of care provided to residents and for reviewing the quality of life of residents. The review must include a system for consulting with residents and their representatives and a copy of any such review must be provided to the chief inspector if requested.	
<b>Reference:</b> Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement.	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All criteria specified in standard 30 are being carried out however we are still in the process of devising a method to compile all information together.	Ongoing

<p><b>17. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The range of policies procedures and guidelines available in the centre did not meet the criteria set out in Schedule 5 in the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The policies not available included missing persons, action to take in an emergency and the temporary absence of a resident from the centre.</p>	
<p><b>Action required:</b></p> <p>Develop and have in place within the centre, written operational policies and procedures that accord with current regulations, guidelines and legislation.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 22: Maintenance of Records  Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Some policies were available on the day of inspection and All policy's are still under review.</p>	<p>Ongoing</p>

<p><b>18. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The centre did not have a residents guide containing all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p><b>Action required:</b></p> <p>Develop a residents guide that includes all matters listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and ensure that a copy is made available to all residents and the Chief Inspector.</p>	
<p><b>Reference:</b></p> <p>Health Act 2007  Regulation 21: Provision of Information to Residents  Standard 1: Information</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

Provider's response:  We are currently compiling a residents guide	March 2010
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## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 17: Autonomy and Independence	Provide shelving in ensuite rooms for resident's personal items so that they do not have to carry wash bags from one area to another which may restrict their independence.
Standard 18: Routines and Expectations	Consider how the social care needs of residents who have confusion or dementia care needs can be accommodated in a meaningful way in the activity schedule.
Standard 19: Meals and Mealtimes	Consider how the routine before lunchtime can be managed to reduce noise and activity levels which may impact on some residents.
Standard 25: Physical environment	Introduce a system for labelling residents' personal clothing that reduces the risk of loss while being laundered.

**Any comments the provider may wish to make:**

**Provider's response:**

We were the first nursing home in the Sligo/Leitrim area to be inspected by HIQA. Throughout the life of the nursing home, we have always had inspections from the North Western Health Board and in recent times HSE west. The HIQA inspection is very similar but its format is somewhat different. We find that the paper work load will be extremely heavy but we will keep up with this as best we can. We found both inspectors very courteous and approachable and we felt very much at ease with their presence during the course of the inspection, as did all the staff and residents alike.

Regarding the recommendations above Re the shelving in en-suite rooms we feel that this could be a hazard to residents. At present, the system we have is working quite well and are residents seem comfortable with same.

We have since the inspection visited a Dementia unit to try and gain some more knowledge on an activity schedule that we may be able to put in place.

We would very rarely have as many interruptions as we did on the day of inspection. We happened to have a lot of visitors on that day and under normal circumstances, we would always allocate residents and visitors to a place where they could visit outside the dining area and the resident could have their lunch afterwards.

We have put a system in place for labelling clothes that will hopefully reduce the risk of any loss.

**Provider's name: Patricia Bailey**

**Date: 17 November 2009**