

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Bailey House Nursing Home
Centre ID:	0196
Centre address:	Killenaule
	Co Tipperary
Telephone number:	052-56289
Fax number:	052-56462
Email address:	lily.lawlor@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Elizabeth Lawlor
Person in charge:	Shigy James
Date of inspection:	27 August 2009
Time inspection took place:	Start time: 11:10hrs Completion: 18:20hrs
Lead inspector:	Catherine O' Keefe
Support inspector:	Allison Cummings
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern

About the 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 that they 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Bailey House Nursing Home, established in 1988, provides long-term care for 17 residents of varying dependency levels. On the date of inspection there were 16 residents in the centre, which is located over two levels: 13 residents occupy the upper floor and the remaining 4 residents occupy the rooms at ground level with shared bathroom facilities. The layout, furnishings and décor of the centre was homely.

The residents have access to the gardens and there is a designated smoking area. It is a short walk to local amenities and a Roman Catholic church where five of the residents attended mass on a daily basis.

Location

Bailey House Nursing Home is located in the townland of Killenaule, County Tipperary.

Date centre was first established:	1988
Number of residents on the date of inspection	16

Dependency level of current residents	Max	High	Medium	Low
Number of residents	4	8	0	4

Management structure

Elizabeth Lawlor is the Registered Provider and Shigy James, the Person in Charge, reports directly to her.

Background

Bailey House Nursing Home was inspected by the Health Information and Quality Authority's Social Services Inspectorate on 27 August 2009. This inspection took place in response to information received by the Inspectorate about the care and welfare of a resident. The issues of concern were explored during the inspection to ensure the care and welfare of all residents.

Summary of findings from this inspection

Bailey House Nursing Home was found not to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older People in Ireland* in a number of areas.

Significant improvements are required in relation to fire safety and medication management to ensure the residents' safety. The layout and design of the building and premises require improvement, particularly in relation to the movement of residents between the ground and first floor. A sufficient number of toilets, and suitable storage facilities, were not provided for residents on the first floor.

While staff members were courteous and friendly towards residents, and residents reported feeling well cared for, significant improvements were required in relation to the quality of care planning, risk assessment, and staff recruitment practices. Improvements were also required to ensure a person-centred approach to care where individuality is promoted and respected. Deficits in these areas contributed further to the concern for the safety and quality of life of residents.

Issues covered on inspection

1. Governance

The centre did not have a written statement of purpose.

There was a complaints book in place but no complaints had been recorded in it. The centre did not have a complaints policy.

The safety statement was last revised in 2003 and there were no risk management policies or procedures in place for the centre.

There were several significant fire safety issues noted:

- the person in charge was unable to explain the procedure to follow in the event of a fire on the first floor
- there were 12 residents with a high to maximum dependency, located on the first floor, all of whom would need assistance to evacuate the building in the event of a fire
- in one twin room on the ground floor a bed was blocking an exit door. This door was locked and the key was located in the kitchen, blocking the means of escape in the event of a fire
- fire training was provided to staff but there was no record available to confirm the contents of the training
- insulating tape was used to cover exposed wires on the call bells in Room 5 and 6. This equipment was seen to be inappropriately repaired and is a potential fire hazard.

2. Health

The general practitioner (GP) visited monthly and more frequently if required. Some of the residents attended the GP's surgery. CareDoc was used to provide weekend and out-of-hours cover. An optical service was available to all residents. Chiropody was available monthly or as required. A dental service was available for emergencies only.

Practice in relation to residents having access to fluids was observed to be poor. Inspectors noted that a tray containing refreshments and glasses was placed on a piano which was out of reach of residents.

The person in charge confirmed that there was no policy or procedure for medication management. There was no system in place for recording medication errors and learning outcomes to improve residents' safety and prevent recurrence.

The person in charge used a "potting" method to administer medications, where medication is taken out of a bottle and put into small plastic containers to give to the resident. This practice could lead to medication administration errors and is not in line with current best practice.

One of the residents had attended a GP appointment and was prescribed antibiotics. The prescription was not recorded on the medication administration record. As this resident was unwell, his observations were being monitored but the inspectors noted that his vital signs were not recorded consistently in his care plan.

Inspectors were informed by the person in charge that the residents' care plans were updated every six months. The care plans reviewed by inspectors were neither person-centred nor sufficiently comprehensive. There was no evidence that residents or relatives were involved in the care planning process.

Risk assessments for the safe moving and handling of residents were not carried out and not all staff had received adequate training. Records of accidents or incidents were not maintained.

The inspectors spoke to the person in charge about how information about residents is communicated between staff. She explained there is no formal verbal handover and she showed the inspectors a hand-over report book she was leaving for the night staff.

3. Quality of the service

The inspectors spoke with two residents. They expressed a high level of satisfaction and felt well cared for. One resident said she loved her room, which she shared with another resident. She praised the provider and spoke of the high quality of the food. Another resident explained he could not manage at home and said the staff were very good. He said he shared a bedroom upstairs and the walk up and down the stairs was his daily exercise.

There was no residents' committee in place to offer residents an opportunity for participation and consultation in the running of the centre. There was a lack of policies and procedures to inform consultation and participation with residents.

The inspectors joined the residents for lunch where a nutritious meal was served with choice offered. Menus were not available. The dining room was warm, bright and cheerful. Tables were set appropriately and the atmosphere was pleasant but with limited space, which meant that two highly dependent residents could not join the other 12 residents in the dining room. The inspectors observed that these residents had not

been moved from their original seats since the morning. Inspectors noted a lack of stimulation and social engagement for many residents.

There was evidence that care practices were not person centred, and the person in charge said residents were offered showers on designated days. Communal hairbrushes and facecloths were noted in the upstairs bathroom for residents' use.

4. Staffing

The provider was involved in the day-to-day running of the centre, providing care for the residents along with the person in charge and other staff. The person in charge worked four 12-hour days and arrangements were in place for a staff nurse to act up in her absence.

There was no policy in place for the recruitment, selection or vetting of staff. There were no birth certificates, photographic evidence or three written references available on file. However, the person in charge had applied for Garda Síochána vetting for all staff.

No documentary evidence was available in relation to staff induction training, and no formal staff appraisal was in place.

Inspectors saw certificates for a level-5 FETAC (Further Education and Training Awards Council) course that five staff had attended.

5. Premises

The building did not have suitable adaptations, equipment and facilities, including passenger lifts, for the safe transfer of residents from one floor to another. This had implications for residents who were unable to walk down the stairs independently. One resident who had recently returned from hospital was being manually lifted up and down the stairs by four staff members.

Storage space in the bedrooms was inadequate to meet individual needs. In particular, the inspectors observed that storage space for clothes or belongings was limited, which resulted in some residents' personal belongings being stored in different rooms. Residents were not provided with a safe lockable facility in their bedrooms for their possessions.

Bathroom and toilets were inadequate to meet residents' needs and commodes were in each bedroom.

The windows throughout the centre did not have a safety system in place, in that it was possible to open them out fully, posing a risk to residents' safety.

Inspectors noted trailing wires from equipment near residents' beds which posed a significant risk of falls and trips.

Report compiled by

Catherine O'Keeffe
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 October 2009

Provider's response to inspection report

Centre:	Bailey House Nursing Home
Centre ID:	0196
Date of inspection:	27 August 2009
Date of response:	25 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:

Adequate precautions against the risk of fire were not in place. There was inadequate training of staff in the prevention, detection and response to fire.

No records of fire safety practices which take place at the centre.

Action required:

- provide training and suitable fire drills and practices to all staff on the procedures to be followed in the case of a fire
- ensure all staff are aware of the escape routes
- appropriate records are maintained
- provide written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with

- maintain all fire safety equipment in good working order.

Reference:

Health Act 2007
 Regulation 32: Fire Precautions and Records
 Regulation 19: Premises
 Standard 26: Health and Safety

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

Timescale:

Provider's response:

All fire drills, fire equipment services and emergency lights and call bell system were in Fire Registrar and records kept back to 2004 for inspection for Fire Officer.

In place

Confirmation from a competent person that all statutory fire authority has been complied with and now in place, copy given to inspectors on last visit.

2. The provider has failed to comply with a regulatory requirement in the following respect:

There were not appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Action required:

Develop appropriate suitable practices, and written operational policies, relating to the ordering, prescribing, storing and administration of medicines to residents. Ensure all staff are familiar with the policies and procedures.

Record, report and analyse all medication errors, suspected adverse reactions and incidents.

Provide training to all nursing staff on correct medication management practices.

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 following the inspection with timescales:

Timescale:

Provider's response: All policies in place.	In place
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect: The building did not have suitable adaptations, equipment and facilities, including passenger lifts, for the safe transfer of residents from one floor to another.</p>	
<p>Action required: Provide suitable adaptations, and such support, equipment and facilities, including passenger lifts, to enable safe movement of residents throughout the centre.</p>	
<p>Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Stair chair ordered.</p>	<p>14 December 2009</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect: There were no risk assessments undertaken for the moving and handling of residents. The centre has no written risk management policies.</p>	
<p>Action required: Put in place a comprehensive risk management policy and ensure that it is implemented throughout the designated centre.</p>	
<p>Reference: Health Act 2007 Regulation 31: Risk Management Procedures</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: Risk management policy in place now.</p>	<p>In place</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Fresh drinking water was not accessible to residents at all times.</p>	
<p>Action required:</p> <p>Provide access to a safe supply of fresh drinking water for all residents at all times.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Fresh drinking and bottled water available at all times.</p>	

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The centre did not have a written statement of purpose.</p>	
<p>Action required:</p> <p>Develop a written statement of purpose in relation to the designated centre.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Centre always had a brochure. Statement of purpose now in place.</p>	

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Care plans were not developed and agreed with each resident, or available to the residents. Care plans were not formally reviewed at three-monthly intervals, or as required by the residents' changing needs.</p>	
<p>Action required:</p> <p>Develop an agreed care plan with each resident. Make care plans available to the residents and formally review each care plan no less frequently than at three-monthly intervals.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Care plans were reviewed every six months, now will review as required – every three months.</p>	<p>Immediately</p>

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The centre did not have a complaints policy.</p>	
<p>Action required:</p> <p>Develop written operational policies and procedures relating to the making, handling and investigation of complaints.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p>	

We have no complaints policy – we had a complaints book, we never had a complaint to put in it. We now have a Complaints Policy – procedure.	In place
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<p>9. The provider has failed to comply with a regulatory requirement in the following respect: There was no policy for the recruitment, selection and vetting of staff. Staff files did not contain all the information as required by Schedule 2 of the Care and Welfare Regulation 2009.</p>	
<p>Action required: Develop policies and procedures relating to the recruitment, selection and vetting of staff. Update staff files to include all records as outlined in Schedule 2 of the Care and Welfare Regulation 2009.</p>	
<p>Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider’s response:</p> <p>All Files in place for staff since last inspection.</p> <p>15 staff had Garda vetting on first inspection.</p> <p>Policy – procedures now in place for recruitment.</p>	In place

<p>10. The provider has failed to comply with a regulatory requirement in the following respect: There was no staff induction or staff appraisal programme in place.</p>	
<p>Action required: Put in place an induction and staff appraisal programme.</p>	
<p>Reference: Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We now have in place.	In place

11. The provider has failed to comply with a regulatory requirement in the following respect: The physical design and layout of the designated centre did not meet the needs of each resident.	
Action required: Provide suitable storage facilities for residents.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Storage facilities in place also locked press in each patient's room – for each patient.	

12. The provider has failed to comply with a regulatory requirement in the following respect: A sufficient number of toilets were not provided on the first floor.	
Action required: Provide a sufficient number of toilets for the residents.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>Since inspection new toilet on first floor – now two toilets.</p> <p>Ground floor – three toilets.</p>	
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<p>13. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Adequate dining space was not provided.</p>	
<p>Action required:</p> <p>Provide adequate dining space for all residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Plenty of space in dining room – rearranged tables now much better as agreed with inspectors on last visit.</p>	

<p>14. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were a lack of stimulation and meaningful engagement for the more highly dependant residents.</p>	
<p>Action required:</p> <p>Put in place opportunities for all residents to participate in activities appropriate to their interests and capabilities.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have a lot of activities in the home – we now have a psychologist visit weekly – this lady provides light exercise – memories – meditation counselling.</p> <p>Two members of staff training in activities – four week course. Will finish 3 December 2009.</p>	<p>In place</p>

Any comments the provider may wish to make:

Provider's response:

We would like to thank our two inspectors that visited Bailey House.
We will try to do whatever we can to improve our facilities and work with our inspection team.

Provider's name: Elizabeth Lawlor
Date: 25 November 2009