

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

**Inspection report
Designated centres for older people**



Centre name:	Bailey's Nursing Home
Centre ID:	316
Centre address:	Mountain Road
	Tubbercurry
	Co. Sligo
Telephone number:	071-9185471
Fax number:	071-9186219
Email address:	oughamhouse@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Patrick Bailey
Person in charge:	Patricia Bailey
Date of inspection:	24 May 2010
Time inspection took place:	Start: 09:00 hrs Completion: 15:30 hrs
Lead inspector:	P.J Wynne
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

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*.

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's Nursing Home is a bungalow style and can accommodate 41 residents, providing long term care for older people. The layout, furniture and décor is coordinated, bright, clean and modern.

Accommodation is provided in 11 single and 15 twin bedrooms with en suite facilities to include toilet, wash hand basin and shower. There are two sitting rooms, a dining room, clinic room and oratory. There are toilets located close by day areas. The building is well maintained and attractively decorated.

There is ample car parking to the side of the building.

Location

The centre is located in a residential area, a short distance from Tubbercurry town centre, Co. Sligo. Shops, businesses, library and church facilities are close by along a pedestrian pathway.

Date centre was first established: DAY/MONTH/YEAR	1 November 1995
Number of residents on the date of inspection	36
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	12	16	6	2

Management structure

The provider is Patrick Bailey. The person in charge is Patricia Bailey who reports to the provider and has a team of nursing, care, catering and domestic staff who report to her on a daily basis.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	6	2	3	0	1

* 1 maintenance person

Background

The purpose of this inspection was to follow up on the action plan from the first inspection, which took place on the 7 August 2009. The action plan contained 17 requirements.

The key findings from the previous inspection required improvements to a number of areas that included the provision of Garda Siochana vetting for all staff and the involvement of the residents' or their representative in their plan of care. Other improvements required included the development of a risk and medication management policy and structural improvement, to include the provision of a private visitor's room.

Summary of findings from the follow up inspection

Thirteen of the requirements had been addressed within the agreed timescales insofar as an environmental risk assessment of the building had been completed to identify hazards. The medication management policy and complaint process was reviewed to meet the requirement of the regulations. While the inspector acknowledged that work had progressed on the outstanding requirements, these had not yet fully been addressed.

The Action Plan at the end of the report identifies areas where improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These improvements included the need to involve residents in their plan of care, obtain Garda Siochana vetting and the documentation required by Schedule 2 of the regulations. Other improvements required included the need to provide suitable storage facilities and a private visitor's room.

Issues covered on inspection

1. Action required from previous inspection:

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.

The procedures to be followed in the event of a fire were viewed by the inspector and noted to be clearly displayed strategically throughout the building.

2. Action required from previous inspection:

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

Plans to show the designated means of escape route to the nearest fire exit door were displayed throughout the building.

3. Action required from previous inspection:

Outline and implement a staff recruitment procedure and maintain all the documents outlined in Schedule 2 of the regulations for all staff.

While a recruitment policy was available to govern all aspects of recruitment, job description for each staff grade had not been developed outlining the purpose of the post, principal duties and responsibilities and reporting relationship.

While Garda Siochana vetting had been applied for all staff the inspector was told, the person in charge was awaiting the return of Garda Siochana vetting. Not all the documentation required by the regulations had been obtained in respect of each person employed. The person in charge told the inspector working is on going to obtain three references, employment history, photographic identification, evidence of qualifications and confirmation each person is physically and mentally fit for the purposes of their work.

4. Action required from previous inspection:

Document in full all residents care needs including social care needs and how these will be accommodated.

The inspector viewed care plans which are being updated to include each resident's social care needs. A life history on each resident was being incorporated into all care plans which were viewed by the inspector.

5. Action required from previous inspection:

Ensure that each resident's needs are set out in an individual care plan and agreed with each resident and made available to them.

While the person in charge told the inspector all care plans are discussed with the resident or their representative, there was no written evidence that residents or their next of kin were consulted regarding the plan of care. The person in charge told the inspector that arrangements are in place to discuss all care plans with residents or their representative in the coming weeks.

6. Action required from previous inspection:

Maintain residents care records in a manner that outlines how residents are responding to treatment and care.

The person in charge told the inspector copies of referral to various services to include dietitian, physiotherapy and occupational therapy are maintained in residents' files. The inspector viewed care plans and noted records of referral and follow up treatment recorded. The outcome for the resident was noted.

7. Action required from previous inspection:

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.

The inspector viewed a selection of residents' medical files and noted administration charts were completed and records maintained of all drugs administered.

8. Action required from previous inspection:

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.

An environmental risk assessment of the building had been completed to identify hazards and suitable control measures were in place and on going monitoring arrangements had been identified. A missing person policy had been developed which was viewed by the inspector. A closed circuit television system (CCTV) was in place which does not intrude on the residents' privacy as cameras survey all exit doors from the building and the gardens.

9. Action required from previous inspection:

Develop a medication management policy to manage all aspects of medication from ordering, prescribing, storing and administration of medicines.

The inspector viewed the up dated policy on medication management which includes clear procedures for the management and administration of medication. A policy on the safe disposal of unused and out of date medication was in place.

10. Action required from previous inspection:

Provide a designated visitors' area, a bed pan washer in the sluice area and appropriate storage for cleaning equipment and materials.

An area private from the residents' own bedroom had not been provided for residents to meet visitors. The provider told the inspector planning permission had been approved and the new extension will include a private visitors' sitting room and a storage area for equipment.

A bed pan washer has not been provided in the sluice room. The inspector was told by the provider a bed pan washer had been ordered.

11. Action required from previous inspection:

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

The complaints procedure was viewed and noted to reflect the requirements of the regulations. The policy outlined the complaints process, the time scales for responding to complaints and included a second person to ensure complaint are responded to and recorded. The complaints process was displayed in the foyer.

12. Action required from previous inspection:

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

The updated Statement of Purpose was viewed by the inspector and noted to contain all information required by Schedule 1 of the regulations.

13. Action required from previous inspection:

Maintain an up to date directory of residents'.

The directory of residents' was viewed by the inspector and noted to contain all information required by the regulations concerning residents.

14. Action required from previous inspection:

Make copies of the regulations and standards available to all staff.

The inspector was told by the provider the regulation and standards had been discussed at staff meetings and copies had been made available to all staff. Staff could clearly explain to the inspector the requirement of the regulation and they could outline many elements of the standards and the way that they implemented person centered care practices when spoken to.

15. Action required from previous inspection:

Establish a method for reviewing the quality and safety of care provided to residents and for reviewing the quality of life of residents.

While the provider and person in charge had not undertaken audits to review the quality and safety of care and quality of life, audit tools had been developed to review medication, falls and complaints.

16. Action required from previous inspection:

Develop and have in place within the centre, written operational policies and procedures that accord with current regulations, guidelines and legislation.

The provider told the inspector he had developed the list of policies required by schedule 5 of the regulation. A number of policies were selected and viewed to include, the missing person policy, end of life care, admissions, behavior management and prevention, detection and response to abuse.

17. Action required from previous inspection:

Develop a residents' guide that includes all matters listed in the regulations and ensure a copy is made available to all residents.

A residents guide to include all matter outlined in the regulation had been developed. The Residents' Guide had been made available to all residents and copies were noted in each resident's bedroom.

Report compiled by

P.J Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

8 June 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
7 August 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report

Centre:	Baileys Nursing Home
Centre ID as provided by the Authority:	0316
Date of inspection:	24 May 2010
Date of response:	14 September 2010

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

Garda Síochána vetting was not provided for all staff employed.

Action required:

Obtain Garda Síochána vetting 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:

We have applied for Garda Vetting for all staff and we are waiting for return of same.	In progress
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2. The provider is failing to comply with a regulatory requirement in the following respect:	
Not all the required documentation to be held in respect of persons working in a designated centre in accordance with Schedule 2 of the regulations was available.	
Action required:	
Provide full employment history details, documentary evidence of relevant qualifications, employment history, three appropriate written references, photographic identification, confirmation each staff member is medically fit to work.	
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:
Provider's response:	
All Staff files will be reviewed in accordance with Schedule 2 and any documentation not included will be provided.	End of September 2010

3. The provider is failing to comply with a regulatory requirement in the following respect:	
Discussion and agreement of the care plan with the resident was not documented in each care record.	
Action required:	
Develop care plans in consultation with each residents or their representative.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All care plans are being reviewed in consultation with residents or their representative.</p>	<p>End of September 2010</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>An area for residents to meet visitors in private had not been provided and there was not a suitable storage area for cleaning equipment. Suitable equipment for washing urinals and bed pans had not been provided.</p>
<p>Action required:</p> <p>Provide an area for residents to meet visitors in private separate from the resident's own bedroom.</p>
<p>Action required:</p> <p>Provide suitable storage area for cleaning equipment.</p>
<p>Action required:</p> <p>Provide suitable equipment for washing urinals and bedpans.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Regulation 12: Visits Standard 25: Physical Environment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>We have provided a suitable storage area for cleaning equipment which is kept locked at all times.</p>	<p>Completed</p>
<p>We have provided equipment for washing bedpans and urinals.</p>	<p>Completed</p>
<p>Provision has been taken into consideration in our proposed new build for a visitor's room.</p>	<p>In Progress</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was not a system in place for reviewing the quality and safety of care and the quality of life of residents.</p>	
<p>Action required:</p> <p>Establish a method for reviewing the quality and safety of care provided to residents and for reviewing the quality of life of residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>We have put an audit system in place to check and evaluate the quality of care and the quality of life of residents.</p>	<p>Completed</p>

Any comments the provider may wish to make:

We wish to thank the inspector for his honest and non-judgmental approach. We felt very much at ease with his presence during the course of the inspection. We look forward to working with the Health information and Quality Authority to continue to improve on our high quality of care

Provider's name: Patrick Bailey

Date: 14 September 2010