Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Bailey's Nursing Home
Centre ID:	0316
Centre Address:	Mountain Road Tubbercurry Co Sligo
Telephone number:	071-9185471
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Email address:	oughamhouse@eircom.net
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Patrick Bailey
Person in charge:	Patricia Bailey
Date of inspection:	5 and 6 October 2010
Time inspection took place:	**Day 1 : Start:** 09:25 hrs **Completion:** 18:30 hrs **Day 2 : Start:** 09:15 hrs **Completion:** 16:00 hrs
Lead inspector:	P.J Wynne
Support inspector:	Mary Mc Cann
Type of inspection:	☒ **Registration** ☐ **Scheduled** ☒ **Announced** ☐ **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 (as amended) 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.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Bailey's Nursing Home can accommodate 41 residents. Older people who need long term care, people who have dementia care needs and those who need respite or convalescent care are admitted.

The layout, furniture and décor are coordinated, bright, clean and modern. There is a large day sitting room located off the main foyer and a second sitting room located to the rear of the building, which provides a quieter environment for some residents. The dining room is located off the kitchen.

There is one single bedroom and one twin bedroom on the first floor. The majority of residents are accommodated on the ground floor. Bedroom accommodation comprises 10 single bedrooms and 14 twin bedrooms, of which 11 are en suite to include, toilet, wash-hand basin and shower. Other Facilities include an oratory and clinical room. There are toilets located close by day areas.

The building is well maintained and attractively decorated. The grounds are landscaped and accessible to the residents.

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:	1 November 1995
Number of residents on the date of inspection	33 (1 resident was in hospital)
Number of vacancies on the date of inspection	7

Dependency level of current residents	**Max**	**High**	**Medium**	**Low**
Number of residents	5	17	7	5

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	3	7	2	3	0	0

Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process the provider has to satisfy the Chief Inspector of Social Services that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Authority including completion of the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

In order to assess the fitness of the provider and the person in charge separate Fit Person interviews were held. The provider and the person in charge demonstrated good knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Since they had completed the fit person entry programme they had taken a number of initiatives including the reviewing the health and safety statement and developing a hazard identification risk assessment tool. Staff had engaged in a comprehensive programme of training to meet the needs of residents. In addition to mandatory training required by the legalisation a range of modular training to include care of elderly with dementia, cardio pulmonary resuscitation techniques, infection control and hand hygiene had been carried out.

While areas for improvement were identified, overall the inspectors found that the provider and person in charge met the majority of the requirements of 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*. The provider worked full-time at the centre in a managerial role and supported the person in charge to ensure the delivery of service had a positive focus on the outcomes for residents.

The health needs of residents were met. Residents had access to general practitioner (GP) services and a range of other health services and evidence-based nursing care was provided. Inspectors observed staff providing care for the residents in a knowledgeable, competent and respectful manner.

Daily routines and care practices provided residents with capacity to exercise autonomy and make choices. Residents could practice their religious beliefs freely. There was a good choice and a high quality of food available to residents. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

The building was well maintained and had a sense of homeliness and warmth. Residents had access to a range of assistive equipment and specialist beds appropriate to their needs and all equipment was serviced on a contract basis.

The inspectors identified some aspects of the service that required improvement.

A review of night time staffing levels was required to ensure the needs of all residents are fully met. Inspectors identified the need to establish a system to review of the quality of care and the quality of life of residents. The program of activities required review to ensure it met the interests and capacities of all residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.*

Comments by residents and relatives

Inspectors received and reviewed six questionnaires completed by residents and four completed by relatives. Inspectors also met and spoke with many residents and relatives during the inspection and interviewed a further ten residents in private. Residents and relatives were positive about their experiences of living and visiting Baileys Nursing Home.

Residents expressed satisfaction with their day to day lives. They stated that they liked the food provided and that they had lots of choice on the menu with two different main courses every day. Residents also told inspectors that snacks were available for them during the day and night if they needed them. Residents indicated that they were treated with respect and kindness and that they felt safe. Some replies included: “I feel safe”, “The staff are very good here” and “staff are excellent and very friendly”.

Residents described what they liked to do during the day such as bingo, playing cards, reading, listening to the radio and chatting amongst themselves and to the many visitors calling to the centre. One resident stated “you can get up when ever you like’’. They were particularly positive about the care and attention they received regarding their health care needs. Residents said that they receive medical attention promptly. One resident explained the doctor calls very often to her and a relative confirmed that when changes in health condition occurs, he was informed promptly and updated regularly.

Residents were aware that if they had a concern or complaint they could approach the person in charge or a staff member. Many of the residents were able to name the staff member whom they would confide in or make their complaint to. Residents confirmed that they had no concerns or complaints. The inspector reviewed the complaints log and noted all complaint were resolved satisfactorily.

Residents and relatives describe the person in charge as very approachable, warm and friendly and always explained everything well. Residents and relatives confirmed the person in charge was available. One resident explained to the inspector the person in charge “will help to resolve any difficulties no matter how big or small”.

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

Inspectors found that the centre was well managed by the provider and person in charge who were appropriately qualified and experienced. There was evidence that the provider and person in charge had worked hard to ensure that the requirements of regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland* were being met. They gave some examples of the improvements in the quality of care for residents, including reviewing and personalising the care plans, providing training to staff, improving resident communication and the introduction of a service users' forum. The person in charge clearly identified her responsibilities in the provision of clinical care and the general welfare and protection of residents. The provider focused primarily on the overall business and resource aspects of the operation of the centre. The person in charge was supported in her role by a senior nurse.

A detailed statement of purpose was available describing the ethos of care and the service provided, including the manner in which it was delivered. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. There was an organisational chart included in the statement of purpose. A copy was on display in the corridor alongside the nurses' station, which clearly defined the management structure and reporting relationships. Staff informed inspectors that they were very clear on the lines of authority and their own roles and responsibilities. Staff members were familiar with the standards and regulations, and were able to discuss them with inspectors and described examples of person-centred care.

The person in charge displayed a positive attitude towards complaints. She said that she viewed complaints as an opportunity to improve the service, and those complaints were taken seriously and documented. She took a proactive approach and tried to identify issues which could be resolved before escalating to become a source of dissatisfaction. Inspectors saw a clearly labelled box for comments in the entrance foyer and a suggestion book was located beside the visitors' book. Residents and relatives said they could raise any issues with the person in charge. The person in charge maintained the complaints log. The inspector found that both

verbal and non verbal complaints were documented to include the investigations or actions undertaken to resolve the complaint. The complainant's satisfaction with the outcome was clearly recorded.

The provider and person in charge were aware of their responsibility in relation to notification of incidents. Notifications had been received by the Chief Inspector of Social Services of incidents, in accordance with the legislation.

The provider had valid insurance cover against accidents and injuries to residents, staff and visitors. The insurance cover included indemnity for the personal property of residents which was reflective of the regulations. The inspectors examined the directory of residents which was up to date and contained all information concerning residents as required by the regulations. Residents' records; care plans, medical files and staff records were stored in a safe and secure place.

The provider was not an agent to manage pensions on behalf of any of the residents. A petty cash system was in place to manage small amounts of money for some residents. There was a secure safe available to residents if they wished to store any valuables or money. A record of the handling of money was maintained for each transaction. Two signatures were recorded in all instances. The ongoing balance was transparently managed and explained to the resident or their representative.
All residents had been provided with a written contract which detailed the care, services provided and fees to be charged. The cost of services not included in the fee such as hair dressing and chiropody were identified.

Risks were well managed and controlled. The health and safety policy had been revised and updated by an external consultant in May 2010. The policy identified clinical and environmental hazards and outlined controls to minimise the risk. The provider explained that he carried out regular environmental audits around the premises to identify any potential risk and areas requiring maintenance. The audit was viewed by the inspector and included a check on electrical equipment, safety checks on assistive devices used by residents, the hygiene in the centre to include the infection control precautions and the use of personal protective equipment. There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Photographic identification was available for each resident and a profile description sheet had been developed to provide to emergency services in the event of a resident going missing. A staff member clearly explained to the inspector the procedure to follow should a resident leave the centre unknown to the person in charge.

The inspector reviewed the accident log, which was completed in detail following each incident. The incident report records contained details of the accident, the investigations made and the preventative measures to reduce the likelihood of reoccurrence. Protective measures were identified to mitigate risks to protect residents. One resident who was at a high risk of falling wore hip protectors and had an alarm fitted to her bed and chair in the day room to alert staff allowing them to respond swiftly to offer assistance.

An emergency plan was in place to guide staff in responding to untoward events. A designated senior person was nominated to be the contact point in the event of an

emergency. The plan outlined a clear procedure to follow in the event of fire, loss of electric power, gas leak and security concerns. Contingency arrangement were provided for should it be deemed necessary to evacuate the building, including the contact details for a wheelchair accessible minibus. The numbers for the emergency services were displayed in the nurse's offices.

Some improvements required

The complaints appeal procedure identified a person who was well known to the provider in the impartial appeals process. This may give rise to a conflict of interest. The named person did not reside locally and would be difficult for residents to access.

While the provider demonstrated a commitment to continual improvement, an overall system for the review of the quality of care and the quality of life of residents at appropriate intervals was not in place. There was no auditing or analysis of information to guide quality improvements. While a peer review of competency to complete the drugs round had been undertaken, other areas such medication errors or near misses, nursing documentation and care planning had not been audited to enhance outcomes for residents.

Minor issues to be addressed

The contract of care did not indicate the room to be occupied by the resident.

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

During the period of the inspection residents were observed being involved in a variety of low key activities such as watching television, videos, entertaining and being entertained by visitors, reading newspapers and magazines. Residents were seen chatting interactively to staff during the day. Residents interviewed by inspectors said they received good care and that they were happy. Residents could exercise choice in the way they live on a daily basis. They said that they were able to exercise choice about many aspects of life, such as the time they got up in the morning and retired at night. They had choice around their meal times and could choose where to have their meals. The inspector observed some residents returning to their bedrooms for a rest after lunch and returning later in the afternoon to socialise with others in the sitting room.

The inspector joined residents for lunch which took place in a bright conservatory style dining room. Lunch was a relaxed, unrushed occasion. Wine was served at lunchtime. A number of residents were seen to enjoy a choice of a glass of red or white wine with their meal. The menu offered a wide range of nutritionally balanced, home-cooked food. Residents expressed satisfaction with the food and the dining experience and they told the inspector that should they require a snack at any time this was made available to them. One resident told the inspector “I can get a cup of tea and some toast any time I want”. Residents were seen to enjoy a hot well presented meal and were asked about their choice from the menu. Those that required help were offered assistance sensitively and discreetly. Staff in the dining room were observed encouraging residents to be as independent as possible while eating, by enabling them to hold their own cutlery and glass wherever possible.

The kitchen was spacious, clean and bright. It was well equipped and was well stocked with fresh meat and vegetables, fruit, bread and milk. There was a plentiful supply of juices to include blueberry and cranberry. The chef kept records of the dietary requirements of residents on special diets, and these were updated on consulting with nursing staff. The chef showed inspectors the planned menu cycle which was rotated every three weeks.

Residents’ privacy and dignity were respected. Inspectors observed staff knocking on bedroom doors and waiting for permission to enter. Cleaning staff were observed seeking permission prior to entering bedrooms. Notices were placed on residents’

bedrooms doors when care was in progress. Curtains were provided around beds in twin rooms. Residents were dressed well and according to their individual choice. One resident told the inspector “the girls help me pick out my clothes to wear each day”. Inspectors visited residents’ bedrooms and noted that residents’ had suitable space for storing their clothes. Each resident had an individual wardrobe. All residents had been provided with a locker with a lockable drawer to allow them secure personal items ensuring their privacy. Bedrooms were personalised to resident’s individual tastes and included photographs, ornaments and pictures hanging on the wall.

The laundry was clean, well organised and had two industrial sized washing machines and one dryer. The inspector spoke with a staff member who works full time in the laundry. She explained the procedures she follows to ensure that clothing is laundered appropriately and returned to residents. All clothes were discreetly marked to indicate ownership. There was labelling machine which was used by laundry staff to label all clothes belonging to residents. A record of each resident’s personal clothing was maintained and updated by laundry staff which was viewed by the inspector. Residents’ clothing was well maintained. A member of staff undertook minor repairs to clothes for residents to include replacing buttons, fastener and zips. Residents and their relatives said that their clothes were well taken care of by staff and clothes were laundered and returned promptly.

Inspectors observed that a small number of residents experienced confusion or had dementia related conditions. The person in charge had ensured that these residents were cared for appropriately and were included in the life of the centre. Training in dementia care and communication had been provided to staff. The inspectors observed staff gently and respectfully reassuring and responding to these residents, and including them in conversations. Inspectors saw that staff were very attentive and caring in their interactions with residents, addressing residents by their names and using touch and gentle tones of voice with residents.

Residents could practice their religious beliefs. A religious service took place weekly. Residents told the inspector they were able to practise their faith and worship according to their beliefs. An oratory was provided where some residents told the inspector they liked to spend quiet time.

Links were maintained with the local community through visitors coming in, and through many staff who are from the locality bringing news into the residents. Residents maintained social relationships. When the inspector asked residents what they liked to do during the day, a number of residents told the inspector “we love chatting amongst ourselves and to all the visitors”. Two residents explained to the inspector, “We know everyone’s visitors and they all chat to us”. Social interaction with families was encouraged and relatives expressed a great deal of satisfaction with how they were always welcomed by staff and that the atmosphere was friendly.

Some improvements required

There was a scheduled activity provided for residents daily, to include a weekly live music session. On the first day of the inspection a musician visited, who was well

known to the residents. The music was particularly appreciated by residents who joined in with many of the songs. Other activities included a weekly keep fit class with the physiotherapist and visits by a volunteer with her dog. However, the variety of activities was not sufficient to ensure all residents had meaningful engagement.

There was a limited individually facilitated activity for residents who may not like to participate in group events. While life histories had been completed with the residents, the information was sparse and had not been reviewed to influence the activity program. A staff member was specifically assigned time to lead and engage residents in activities. However, the staff member had not been facilitated with the opportunity for training in providing appropriate activities to residents, particularly those with cognitive impairment or confusion.

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 ongoing 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

The inspectors examined several aspects of life and care practice to establish how residents' healthcare needs were met. They talked with residents and staff, observed staff activity, observed how residents were spending their time and examined care and medication records. The staff team were caring for a resident group that had complex care needs. The majority of the resident group were in advanced old age. There were 11 residents who were 90 years of age and a further 15 who were over 80 years. Nursing and care staff could describe residents' care needs and the specific personal responses that they had in place for their comfort and well being.

The care planning process used evidence based, recognised assessment tools to promote health and address health issues. These included assessments for dependency levels, vulnerability to falls, nutritional risk and mental health. Risk assessments were fully completed and used to plan care. Where the assessment identified a risk, the resident was highlighted for more intensive supervision and appropriate intervention, such as a referral to speech and language therapy where a resident had difficulty swallowing. The reports from the swallowing assessment were communicated to kitchen and care staff to ensure appropriate food and assistance was provided at mealtimes for the residents. A number of residents had mental health problems and strong links had been established with mental health services. The community mental health nurse visited the centre every three weeks to review residents and offer advice on specific mental health issues such as challenging behaviour. Medical files indicated residents were seen regularly by the consultant psychiatrist for later life.

The physiotherapist attends the centre one day per week and actively promotes residents mobility and helps maintain and encourage activity levels. The inspector observed the keep fit class led by the physiotherapist. Group exercises were undertaken and the physiotherapist gave individual assistance where needed. The session was conducted at a slow pace with plenty of encouragement offered throughout.

Residents also had access to GP services from six local GPs and many were able to retain the services of their own GP. Residents were seen regularly by their GP.

Evidence of advice from these service professionals was available in medical files reviewed by the inspectors. The person in charge told the inspectors that the chiropodist attends the centre every twelve weeks, Residents told the inspector they regularly meet with the chiropodist and have their feet looked after.

A review of care plans indicated residents' weight and blood pressure was monitored on a routine basis. There was specialist equipment available to record the weights of those residents unable to stand on a weigh scales. The inspector viewed residents' weight being monitored and recorded in their care plan. Those identified at risk of losing weight, had their weight reviewed on a regular basis. Food and fluid intake was monitored and recorded and supplements were prescribed. The inspector viewed a plentiful stock of supplements available in the fridge.

There was a range of equipment to enable nursing staff to respond to medical emergencies including an automated external defibrillator (AED) machine, suction machine, oxygen supplies and masks. Emergency masks were located around the building allowing staff to respond swiftly in the event of an emergency. Staff had been trained in resuscitation techniques. A policy on the use of the defibrillator had been developed and staff were familiar with the policy.

One inspector accompanied the nurse on the medication round. The nurse demonstrated her competence and knowledge when outlining the procedures and practices on medication management. Medication management was supported by a specific policy and procedures reflective in practice to manage all aspect of medication from ordering, prescribing, storing and administration. The policy included procedures for the disposal of unused or out of date medication. All medication was delivered to and returned from the centre by the pharmacist. Residents' medication records were reviewed on a regular basis and signed by the GP. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Some improvements required

The medication prescription and administration sheets reviewed were clear and legible and indicated the dosage, route and time of administration. Resident drug sensitivity was clearly highlighted on the medication chart. However, the maximum amount for PRN (as needed) medication was not indicated on the prescription sheet.

While residents' care plans were completed at three monthly intervals or sooner should a change in health condition occur, there was not clear evidence in the care plans of all residents or their representative being consulted on their plan of care.

While it was evident that residents needs had been assessed it was difficult to find and track through the care from assessment, to implementation to evaluation of care. Nursing staff were able to verbally describe appropriate interventions that were completed but these were not documented adequately in the case records. Consequently it was difficult to obtain a good clinical picture of the residents. This was especially important if staff were on leave. Information recorded in a mood

assessment was completed but no grading scale was completed and the information was not used to guide care.

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

The building was comfortable, well furnished and specifically designed to meet the needs of older people .There was a real sense of homeliness and warmth. There were small tables with lamps and plants in the hallways. There were side tables with flower arrangements located around the centre. The walls were decorated with paintings of local landscape scenes. Residents said they like the colour schemes and that the centre was bright because of the many windows. The windows are at a level where residents can sit and look out at the surrounding views. There was a nurses' station located close to the main entrance, providing a central point of contact for residents' and visitors.

The driveway and immediate perimeter was covered in tarmac and the grounds were landscaped and accessible to residents. There was a close circuit television system in place for security purposes which covered all corridors, exit doors and the external grounds. The system did not intrude on residents' privacy as it did not cover bedrooms, the sitting rooms and dining area. The external area was provided with suitable lighting, located at strategic intervals around the perimeter to include the car parking area. All entrance and exit doors were ramped ensuring ease of access for residents with mobility impairment. Handrails were fitted along the corridors to assist the independent movement of residents around the building.

The bedrooms were well furnished and equipped to assure the comfort and privacy needs of the residents. There was a call bell system in place at each resident's bed with which residents were familiar with and found easy to use. The staff were noted to respond to call bells in a timely manner during the course of the inspection. There was suitable lighting provided in each bedroom to meet the needs of the residents including a dim light facility. An over bed lamp was located by each bedside within easy reach of the resident. A number of residents told inspector they like to have their light dimmed throughout the night as they found it comforting if they woke up during the night. Radiators were fitted with adjustable thermostats allowing residents to adjust the heat levels to suit their needs.

The en suite facilities in each bedroom were suitably adapted to meet the comfort and needs of residents.
Grab support rails were fitted alongside all toilets and showers. All wash-hand basins were fitted with control valves to prevent the risk of scalds from hot water. Showers were level with the floor finish providing ease of access. The bathrooms were

maintained in a clean condition and were ventilated appropriately. Residents were provided with the option of having a bath. Toilet facilities were provided beside day areas for residents' convenience and they did not have to return to their bedroom to use the bathroom, if they did not wish.

Inspectors found there was suitable and sufficient equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs. The was a service contract in place which covered breakdown and repair for all beds, air mattresses and other equipment, used by residents. The inspectors reviewed the records of servicing to electric beds, hoists and weigh scales. The inspector was told by the provider he had access to plumbers and electricians when necessary.

There was a good system in place for the prevention and control of infection. The premises were immaculately clean. Disinfecting hand gel was widely available for use in all areas visited and staff were observed using hand gels throughout the day. Cleaners were provided with suitable equipment. Cleaning staff were observed working in an unobtrusive manner. The inspector spoke with two cleaners and they were able to tell the inspector about the arrangements to manage the risk of infection. The cleaners demonstrated to the inspector how they clean bedrooms and bathrooms. Safe procedures were observed. Separate coloured coded equipment was used to minimise the risk of spread of infection. Appropriate cleaning chemicals were used to include sanitizer.

The sluice room was well equipped with stainless steel sinks, a wash-hand basin and storage areas for bedpans. A bed pan washer was provided. Separate cleaning room facilities and equipment were provided for kitchen and care staff in the interest of infection control.

There was a contract for the collection of clinical waste. General clinical waste was stored in a locked bin located externally. There were controls in place to prevent contamination from Legionella bacteria. The inspector viewed the policy on Legionella control and the records of flushing the hot water in residents' bathrooms.

Inspectors were provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for older people. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector viewed contracts of the servicing of the fire alarms, smoke and heat detectors. Routine inspection of the automatic fire door closers were undertaken to ensure they were operational. Fire fighting equipment was inspected weekly to ensure it was in place and intact. Notices to indicate the procedure to be followed in the event of a fire were in place throughout the building. The location of the fire hydrant was clearly marked externally. Evacuation plans were displayed to show the designated means of escape route from the building to the nearest fire exit door.

There was suitable equipment in place to ensure all residents could be safely and easily evacuated in the event of a fire. A staff member showed the evacuation sheet on a resident's bed to the inspector and explained competently, how it should be

used. The inspector viewed documentation indicating soft furnishings had fire resistant properties.

Some improvements required

There were a number of bedrooms that were marginally smaller than the minimum size as required by the Authority's standards. The provider has been pro active in aiming to meet the Authority's standards in relation to bedroom sizes. The provider had been granted permission to extend the existing bedrooms by the planning authority. The inspector was told work is planned to commence on a phased basis within the next twelve months.

There was not a designated area that was private for residents' to meet visitors that was separate from the resident's own bedroom.

Separate staff toilet facilities were provided for catering and care staff in accordance with best practice for infection prevention. However, there was not suitable Facilities provided for staff for the purpose of changing into their uniforms and storing personal belonging while working.

Minor issues to be addressed

There was a smoking room available for use by residents which was clean. The room however, was functional in purpose and not sufficiently comfortable and would benefit from some homely touches.

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

The day-to-day involvement of the provider and the person in charge supported direct verbal communication between residents, staff and visitors. The inspectors were told by residents that both the provider and the person in charge were always available and they felt that communication was welcomed and encouraged. Relatives confirmed they were satisfied with information provided by staff about residents' healthcare and general wellbeing.

The person in charge directly supervised staff and conveyed, both through example and in conversations, the values and beliefs which kept the resident central to service provision. Inspectors observed that the person in charge had good interpersonal and social skills when interacting with residents and staff. Daily staff handover meetings which informed the incoming staff group of the health and wellbeing of the residents took place at every change of shift.

There was residents' guide available which contained valuable information to assist prospective residents to make a decision regarding choosing a placement. It contained all the details required by the regulations to include a copy of the contract of care, the complaints procedure and the most recent inspection report. Each resident had been provided with a copy of the guide which was viewed by inspectors in residents' bedrooms.

All residents had the option of a phone in their room. Residents who had not availed of this option were able to use a cordless phone which enabled them to take calls in the privacy of their own bedrooms. Two residents had their home telephone number transferred to the centre ensuring they were easily contactable by friends. Residents had access to a range of newspapers, magazines and journals which reflected their cultural interest and heritage. A number of residents from a farming background received weekly farming newspapers.

There was a written operational policy and procedure on communication. The policy entailed the different modes of communicating and the ways that residents could be encouraged to express their needs. The inspector viewed staff signatures indicating they had read and understood the policy. The policy contained contact details for support organisations for residents with hearing and vision impairment. The local regional newspaper was delivered each week on a tape recording for residents with

visual or reading difficulties. Pictorial signage was placed on all bathroom doors to guide residents around the building.

Staff wore name badges. Each staff grade wore a different coloured uniform. Residents were aware of each staff member's role. Residents were able to tell the inspectors who they would talk to if they had a complaint or a concern and were available to identify the provider and person in charge.

Notice boards were placed in areas where residents could obtain relevant information about ongoing events and activities. The notice board contained information on the date for the next residents' forum and details on positive ageing week. A menu board was displayed in the dinning room showing the menu choices for lunch and the evening meal.

The minutes of staff meetings were viewed by the inspector and indicated a high level of attendance by staff. The inspector reviewed the minutes of the last meetings and was satisfied that the meetings provided a forum for staff to raise issues and discuss procedures. The minutes indicated a range of topics were discussed to include the process for handling complaints, responding to queries from visitors while ensuring the residents' privacy was respected.

Some improvements required

There was a comprehensive set of operating policies available to include all the policies required by Schedule 5 of the regulations. The staff were aware of the policies and told inspectors that they refer to them for guidance when necessary. There was a list of staff signatures to indicate staff had read and understood the policies. However, inspectors found some examples of practices not being supported by policies for example, the challenging behaviour and end of life care policy. There was no evidence of the policies being fully reviewed to ensure that each section was relevant and applicable to the centre. The end of life care policy states 'Facilities are available in the visitors room' however, there is no visitors room. The policy on challenging behaviour states 'the implementation of the policy will be monitored though clinical audit' however, no audit had been completed.

Minor issues to be addressed

The residents did not have access to independent advocate/advocacy service to assist then when making decisions relating to consent to treatment or care. While the provider told the inspectors an advocate had been sourced, the volunteer was presently completing the national advocacy programme and had not established contact with the residents.

Inspectors reviewed the minutes of residents meetings which were held frequently to obtain views on the activities and services provided.
Residents were able to influence change, for example two residents had requested they would like wine with their dinner, which was provided during lunch. However, the residents' meeting were not chaired by an independent person, as a result some residents maybe hesitant to express their views.

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

Staff were knowledgeable about residents' needs and had established a good relationship with all the residents. Inspectors found that interaction between residents and staff was warm and affectionate. The staff were praised by many residents and relatives. Inspectors saw staff responding to residents in an informed way. The majority of the staff had been working in the centre for a number of years. While staff were not assigned as key workers, staff turnover was very low, with only two staff leaving in the past twelve months ensuing continuity and consistency in care.

Staff education and welfare was seen as a high priority by the provider and the person in charge. Staff spoken with on the day told inspectors that they enjoyed working at the centre and they had opportunities for continued professional development. Inspectors found evidence of a comprehensive programme of relevant training for all staff, tailored to meet the needs of the residents. Mandatory training in fire safety, protection of residents from elder abuse and the safe moving and handling of residents had been completed by all staff. Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. A staff member interviewed was clearly able to explain and demonstrate the procedure to be followed in the event of fire.

In addition, a range of modular training was undertaken by accredited trainers and the inspector reviewed the certificates issued by the trainers. This included care of elderly with dementia, cardio pulmonary resuscitation techniques, and infection control and hand hygiene. The inspector viewed evidence that all kitchen staff had been trained in food safety. Staff were able to competently demonstrate how training informed and guided their day to day practices. Staff spoke about how beneficial the training course, on the care of residents with dementia was. Staff explained they understood the condition better and they felt enabled to deliver the appropriate care to support residents with cognitive impairment. Staff described how they have changed their practice in the way they would approach and interact with residents who are confused and offer reassurance. The inspector viewed evidence of future planned training to include challenging behaviour.

A review of staff files indicated a signed contract of employment, a confidentially agreement and job description was in place for each employee. Job descriptions reviewed by the inspector were clear and concise, outlining the reporting

relationships, the purpose of the post and the principal duties and responsibilities appropriately.

The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24 hour period. The rota indicated there was a registered nurse on duty at all times. Arrangements were in place to address staff absences and a senior nurse deputised for the person in charge when she was absent. Part-time staff did additional hours to cover other staff absences, so agency arrangements were not necessary. The review of the rota found that absences were sufficiently covered.

The person in charge maintained a record of An Bord Altranais PINs (professional identification numbers) for all registered nurses. This was reviewed by inspectors and seen to be up to date. Three of the 14 care assistants had completed Further Education and Training Awards Council (FETAC) level five training.

Some improvements required

The night time staffing level did not take into account fully the ability to manage unforeseen circumstances and to meet the individual needs of residents. There was one nurse and one carer on night duty from 10:00 hrs to 07:30 hrs. There are 17 residents rated as high dependency and five with maximum care needs. Many residents have a range of complex health care issues and the majority have more than one medical condition.

All of the documentation required by the regulation to be held in respect of persons employed was available in staff files reviewed with the exception of Garda Siochana vetting. Inspectors observed that Garda Siochana vetting was absent for 17 staff. The provider told the inspector vetting had been applied for all staff. The provider was awaiting the return of Garda Siochana vetting for the remaining 17 staff employed.

Minor issues to be addressed

A training matrix had been developed by the provider which was viewed by the inspector. However, there was no staff appraisal system in place to provide a mechanism for staff to receive feedback on their performance or to identify their strengths, to ensure continuous professional development.

There was a clear and transparent recruitment policy was in place outlining the recruitment practices to employ staff. However, the induction arrangements for newly employed staff were informal. Staff worked alongside existing staff for a number of shifts before going on the rota. There was no competency based assessment or record to confirm and ensure that new staff understood all of the areas identified in the induction process.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, and nursing staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

PJ Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 October 2010

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
7 August 2009	☐ Registration ☒ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced
24 May 2010	☐ Registration ☐ Scheduled ☒ Follow up inspection ☐ Announced ☒ Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report

Centre:	Bailey's Nursing Home
Centre ID:	0316
Date of inspection:	5 and 6 October 2010
Date of response:	16 December 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 person in charge has failed to comply with a regulatory requirement in the following respect:

The night time staffing level did not take into account fully the ability to manage unforeseen circumstances and to meet the individual needs of residents.

Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Provider's response: Since our inspection we have increased our staffing levels. An additional carer has been employed for night duty.	Immediate

2.The provider is failing to comply with a regulatory requirement in the following respect: Evidence of Garda Siochana vetting was not provided for all staff.	
Action required: Provide Garda Siochana 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:**
Provider's response: All Garda Síochana vetting had been applied for each staff member prior to our inspection. On the day of inspection we had received 17 Garda vetting reports back and since then they have been coming back by degrees. However, there are still some outstanding due to the demand at the Garda central Vetting unit and we anticipate these being returned in the near future.	In progress

3. The provider has failed to comply with a regulatory requirement in the following respect: There was limited individually facilitated activity for residents.
Action required: Provide opportunities for participation in purposeful and meaningful activities for residents of all levels of dependency an on going basis appropriate to their interests and capacities.
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: We have done a lot of work in this field and are continuing to improve the facility; We already have in place a staff member who facilitates activities also a physiotherapist attends on a weekly basis. Our plan is to train a staff member in the Sonas programme. This staff member will work solely on activities with residents a minimum of four hours five days a week. An activities schedule has been devised. We are completing life history with residents and this will influence the choice of the activity programme.	End March 2011

4. The provider has failed to comply with a regulatory requirement in the following respect:
There were a number of bedrooms that were marginally smaller than the minimum size as required by the Authority's standards. There was not a designated area that was private for residents' to meet visitors. There was not suitable staff changing facilitates provided.
Action required: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.
Action required: Provide suitable changing and storage facilities for staff.
Action required: Provide suitable facilities for residents to meet visitors in a private area which is separate from the residents' own private rooms.
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

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

Provider's response: We have received Planning permission and our proposed plans will see room sizes being increased to meet the authority's standards. We have staff changing facilities in place. Our staff changing facilities will be enhanced by our new build and they will include staff changing rooms, toilets and showering facilities. At present we use our foyer and quieter areas in the centre for our residents to receive visitors. We have obtained planning permission and provision has been made for a visitor's room in our new build. We propose to commence structural work mid 2011.	Mid 2012

5. The provider has failed to comply with a regulatory requirement in the following respect: There was no evidence of the policies being fully reviewed to ensure that each procedure was relevant and applicable to the centre.
Action required: Ensure policies and procedures are relevant and applicable to the centre, reviewed and updated in light of changing legalisation, quality monitoring and best practice.
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29 : Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Although some of our policies are specific for our centre, there are alterations that need to be made to others, in order to have all our policies centre-specific. We have since devised a plan for ongoing auditing of our policies to ensure they are centre-specific.	March 2011

5. The provider has failed to comply with a regulatory requirement in the following respect: There was no system for the review of the quality of care and the quality of life of residents.

Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We are in the process of reviewing policies and auditing all our clinical data. This will be reflected in our three monthly auditing of medication, falls audits, use of risk assessment tools, consultation of care plan with the resident or their significant other i.e. family, On going liaising with multi-disciplinary teams when necessary. The review and auditing of residents receiving night sedation, psychotropic drugs and use of laxatives will be undertaken.	March 2011 and ongoing

7. The provider has failed to comply with a regulatory requirement in the following respect: Residents' care records were found to be disjointed with poor linkage between assessments, care plans and daily recording of care. It was difficult for inspectors to follow through the process of assessment, implementation and evaluation of care. There was not clear evidence in the care plans of all residents or their representative being consulted on their plan of care.
Action required: Revise the completion of care records to ensure ease of access of information.
Action required: Involve each residents or their representative in their care plan.
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:
Provider's response: We have reviewed our current system in place to ensure our care plans reflect the process of assessment, planning, implementation and evaluation of care provided. We plan to implement auditing tools to ensure linkage of all clinical data and to ensure a high standard of residential care and welfare. We involve each resident or their representative in drawing up and reviewing their individual care-plan, making changes where necessary.	March 2011

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

The maximum amount for PRN (as needed) medication was not indicated on the prescription sheet.

Action required:

Indicate the maximum amount for PRN (as needed) medication on the prescription sheet.

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 have liaised with all our GP's regarding our medication prescription sheets to ensure maximum dose for PRN Drugs is clearly stated by each GP.	Immediate

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

The complaints appeals process identified a person who was well known to the provider and was not easily accessible to residents.

Action required: Ensure the complaints procedures' independent appeals process is impartial and easily accessible to residents.	
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: We have nominated a local person. This person is an advocate to the centre and they have completed the national advocacy programme.	Completed

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 7: Contract/ Statement of Terms and Conditions	Include in the contract of care the room to be occupied by the resident. **Providers Response:** We will include the room number on the residents' contract of care.
Standard 25: Physical Environment	The smoking room was functional in purpose and would benefit from some homely touches. **Providers Response:** We will amend this to create a more homely atmosphere.
Standard 3: Consent	Provide residents with access to an independent advocate/advocacy service. **Providers Response:** We have an advocate on placement at present and this person will become our voluntary advocate.
Standard 2: Consultation and Participation	The residents' meeting were not chaired by an independent person, as a result some residents maybe hesitant to express their views. **Providers Response:** We are seeking an independent person to chair our residents' meetings.
Standard 24: Training and Supervision	Implement a staff appraisal system to provide a mechanism for staff to receive feedback on their performance or to identify their strengths, to ensure continuous professional development. Formalise the induction arrangements for newly employed staff. **Providers Response:** We have a staff appraisal system in place and we are updating this at present. We will devise a formal induction for newly employed staff.
Standard 18: Routines and Expectations	Review the life histories completed with the residents. As the information was sparse it did not sufficiently capture residents' present and past interests, hobbies and pastimes. Appraise the information when collated with a view to influencing the activity programme.

	Providers Response: We plan to compile a more extensive life history which will include emphasis on past interests and for which this will help influence a more individualised activities programme.

Any comments the provider may wish to make:

Provider's response:

We found the Inspection very informative, educational and challenging.

We would like to thank the inspection team for their courteous and professional manner in which they conducted their inspection.

Provider's name: Patrick Bailey
Date: 14 December 2010