Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Bailey's Nursing Home
Name of provider:	Ougham House Limited
Address of centre:	Mountain Road, Tubbercurry, Sligo
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0039452

About the designated centre

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

Bailey's Nursing Home is registered to provide care for 46 residents. Twenty-four-hour nursing care is provided to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Male and female residents are accommodated. It is located in a residential area a few minutes drive from the town of Tubbercurry in County Sligo. Residents' accommodation is comprised of 12 single rooms and 17 double rooms. There is a variety of sitting areas where residents can spend time during eh day and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas, offices, sluice facility and cleaning room. The laundry is located in an external building close to the centre. The centre is a family run business that has operated since 1995. The objective of care as described in the statement of purpose is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 March 2023	08:45hrs to 17:25hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This inspection was carried out over one day and the inspector met with residents, staff and members of the centre's management personnel. Residents feedback was positive regarding the clinical care and support that they received and although residents told the inspector that they were enjoying having opportunities again to go out into the local community, some residents were not satisfied with the variety and quality of social activities available in the centre. Residents confirmed that they felt safe and contented living in Bailey's Nursing Home. They also said they knew the person in charge and the provider representative and that they would talk to either of them if they were dissatisfied or worried about any aspect of the service.

On arrival, the inspector observed that staff were attentive and responsive regarding providing assistance to residents who wished to get out of bed and start their day. Some of the more independent residents were already up and dressed and were eating their breakfast in the sitting/dining room at the front of the centre.

During the day, the inspector observed that the social activities for residents were facilitated by a care assistant in the communal sitting/dining room with an art activity during the morning and a live music session in the afternoon. A physiotherapist also conducted a group exercise class and one-to-one sessions with residents throughout the day. One-to-one activities were also taking place for residents who were unable spend their day in the communal room or choose to remain in their bedrooms.

There was a good atmosphere in the sitting/dining room and residents who had become friends were facilitated to sit together and were observed chatting and laughing. Most residents who spoke with the inspector were satisfied with the social activities that were available to them. However, the inspector observed that many of the residents in the sitting/dining room did not participate in the art activity and an alternative activity was not available to meet these residents' needs. Two residents told the inspector that the art activity did not interest them but they, and all other residents said they enjoyed the live music sessions. A number of residents told the inspector that they had been out in the local town and to other places of interest, which they enjoyed. One resident said they were looking forward to going to Knock shrine when the weather gets warmer. Requests from residents for further trips outside the centre were recorded in the record of the most recent residents' meeting dated 23 January 2023. The inspector observed that residents had expressed their dissatisfaction regarding the variety and structure of the social activities available to them in the centre in satisfaction surveys completed since the last inspection. While this feedback from residents was discussed at the most recent management meeting dated 24 January 2023, actions to develop the social activity programme available to residents within the centre were not yet established.

Staff were knowledgeable regarding residents' preferred daily routines, care needs, life histories and personal interests. Staff were observed to be busy throughout the

day with caring for the residents and while their interactions with residents were kind, polite and respectful regarding residents wishes, most of their interactions with residents were when delivering care interventions. Although, no delays in staff attending to residents' needs for assistance were observed by the inspector during this inspection, some residents commented on how busy staff were and one resident said that they 'did not like to disturb staff because they were always so busy with helping other people'.

The centre was well maintained and adequately ventilated. The corridors and varied communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspector to be visibly clean. Appropriate ancillary facilities were available. For example, inspectors observed a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. However, due to the lack of appropriate storage in the centre residents' assistive equipment was stored in a number of resident areas including a lobby area used by residents, in a second residents' communal sitting room and in the visitor's room. This reduced the space available to residents in these communal areas.

A number of communal rooms were observed to be available to residents and were decorated in a comfortable and homely style. A secure outdoor area which was beautifully landscaped and contained appropriate seating and shading was available for residents' use. One resident was observed walking in this outdoor area and they knew the key code number which they used whenever they wished to go outside. The inspector observed that residents who were not able to use the key code to unlock the door were reliant on the support of staff to gain access to this safe outdoor area. This was discussed with the management team, who agreed to review the current arrangements.

In contrast , the inspector found a number of unlocked doors leading from residents' bedrooms to unsecured areas of the grounds. These doors could be manually opened with ease and no system was in place to alert staff if they were opened. A recent incident had been notified to the Chief Inspector where a resident had absconded from the centre through one of these doors. This inspection found that the provider had failed to take adequate precautions to prevent a similar incident occurring in the future.This finding was discussed with the centre's management who agreed to address this finding without delay to ensure residents at risk were safeguarded.

Residents' bedrooms were observed to be bright, nicely decorated and most bedrooms contained suitable furniture for residents. However, the layout of many of the twin bedrooms in the centre did not meet the needs of the residents accommodated in them. This is discussed further under the quality and safety section in the report

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these

arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that management and oversight by the provider of the safety of this service was not effective and residents with known risks to their safety were not adequately safeguarded. The provider was required to take urgent action to ensure all residents in the centre were appropriately safeguarded at all times. Satisfactory assurances regarding residents safety were received from the provider on 20 March 2023.

The previous inspection in the centre had took place in September 2021 and had identified non-compliance in relation to 16 regulations. The inspector found that the provider had satisfactorily completed improvement actions to bring Regulations 14: Person in Charge, 29, Medicines and Pharmaceutical services and 31: Notifications into compliance with the Regulations. Improvement actions to address the findings of the last inspection for 12 of the 16 non compliant regulations were progressed but not sufficiently completed to bring these regulations into compliance. No action had been taken to address the non compliant findings with Regulation 12: Personal possessions. As a result there were repeated non compliances on this inspection and the inspector was not assured that the provider had made available the resources that were required to bring the designated centre into compliance with the regulations and to ensure the quality and safety of the service provided for residents.

This was an unannounced risk inspection completed over one day to assess the provider's progress with completion of their compliance plan from the last inspection in September 2022 and to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on unsolicited information received since the last inspection completed in September 2022 alleging staff shortages, inadequate supervision of staff, residents' hydration needs not met and inadequate governance and management oversight of the service provided to residents. The inspector's findings partially substantiated the information received and these findings are discussed throughout this report.

The registered provider of Bailey's Nursing Home is Ougham Limited. The centre can accommodate up to 46 residents in single and twin bedrooms. According to the centre's Statement of Purpose, the management structure consisted of one of the two directors on the company board representing the provider entity, a person in charge, a general manager and two clinical nurse managers. The management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff. A new person in charge was appointed since the last inspection but a clinical nurse manager position remains vacant. Therefore, this inspection found the management structure in place did not reflect the centre's

statement of purpose. This is a repeated finding from the last inspection.

A new person in charge was appointed on 29 September 2022. The new person in charge meets regulatory requirements and previously worked in the role of clinical nurse manager in the centre.

The management team met regularly to review the service. Although a review of the service took place at this forum, it was limited as the there was not an effective quality assurance system in place to comprehensively monitor the quality and safety of the service and to inform necessary improvement actions.It is acknowledged that the provider arranged support from an external provider with implementing a system that would facilitate comprehensive monitoring of the quality and safety of the service and residents quality of life in the centre. This external provider was due to commence support in the weeks following this inspection.

The provider had recruited additional staff to ensure that cleaning and catering staffing levels were maintained at the weekends. this was an improvement since the last inspection. However, the findings of this inspection did not provide assurances that the provider's staffing strategy ensured short notice staff absences were covered to maintain staffing levels.

There was an induction process in place for new staff, which included competency assessments, ongoing supervision and three meetings with their supervisor during their probationary period. Records and discussions with staff members demonstrated that this process had been carried out with recently recruited staff. An annual appraisal was also in place for all staff.

Actions were taken to ensure staff had completed mandatory training. However, staff training in wound management and positive behaviour support was not completed by a number of staff to ensure they had appropriate skills and knowledge to meet residents' needs. The provider representative confirmed that these training needs had been identified by the management team and staff training in wound management and positive behaviour support for some staff nurses and carers was arranged to take place in the weeks following this inspection. Confirmation of this training was made available to the inspector.

The inspectors' observations of staff practices and discussions with staff gave assurances that staff were familiar with residents' needs. However, staff supervision in their day-to-day work was not adequate. For example, senior staff did not identify that staff were not documenting care records in line with good standards of record keeping and the centre's own policies and procedures. In addition, the standard of wound care procedures were not consistent and did not ensure that all practices in these areas were in accordance with professional standards. This finding is repeated from the last inspection.

A sample of staff files were reviewed by the inspector and were found to contain all of the information required by Schedule 2 of the regulations. The provider representative confirmed that the provider was not a pension agent for collection of any residents social welfare pensions.

Policies and procedures were in place and available to staff. These policies and procedures had been reviewed and updated within the last three years, as required by the regulations. However, the inspectors found that staff practices in relation to residents' wound care were not in line with the centre's own policies and procedures.

Regulation 14: Persons in charge

A new person in charge commenced in the role on 29 September 2022. The new person in charge is a registered nurse and works full-time in the centre. Their clinical and management qualifications and experience were also in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

Although, cleaning and catering staffing was increased since the last inspection, the inspector found that adequate numbers of nursing and healthcare staff were not available to meet the needs of 36 residents. Furthermore, an established process for replacing staff on unplanned leave was not in place. This was evidenced by the following inspection findings;

- The worked staffing roster for Saturday 18 March 2023 did not reference a nurse on duty from 17:00 - 20:00hrs. The provider representative and person in charge confirmed that there was a staff nurse on duty during this period.
- Although, a total of six healthcare assistant staff were rostered from 08:00-14:00hrs, this was not the actual number of staff available to meet residents' clinical care and social activity needs on the day of the inspection as one member of staff was unavailable due to unplanned leave and was not replaced until 11:00hrs. This meant that staff available was reduced for three hours on the morning of the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had access to appropriate training in line with their roles and responsibilities. This was evidenced by;

- Some nursing staff did not have appropriate knowledge and skills to ensure

that wound care was managed in line with best practice evidence and the centre's own policies and procedures. This finding is discussed further under Regulation 5, Individual Assessment and Care Plans and Regulation 6, Health care. This is a repeated finding from the previous inspection.

Supervision of staff was not adequate to ensure standards were maintained in the following areas;

- Documentation of residents' care records,
- Wound care
- Social activity provision

This is a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 21: Records

While, the format of fire safety equipment checking records was improved since the last inspection to give assurances that daily checks were completed on the operation of the fire alarm panel and that emergency exits were not obstructed, However, the checking procedures completed were not comprehensive. For example,

- a check on the fire alarm panel was referenced with a tick to confirm it was in working order but a fault had been identified and was referenced in the fault record.
- access to a designated fire exit in a twin bedroom was hindered by the location of the bed closest to this emergency exit door in a twin bedroom and had not been identified in the records of daily checks completed to ensure all fire exits were not obstructed.

The records of checks on the operation and condition of fire doors was also not sufficiently detailed and did not give assurances that comprehensive checking procedures were completed. For example, confirmation that emergency exit and internal fire doors operated as required was referenced with a tick and did not reference the condition and operation of each individual fire door. This finding is repeated from the last inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management and oversight systems in place were not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated

Centres for Older People) Regulations 2013 and ensuring that residents' care and services were delivered in line with the centre's statement of purpose.

The provider's staffing strategy for the centre did not ensure that an effective process was in place for replacement of planned and unplanned staff leave and the provider had not ensured that staffing resources available were in line with the centre's statement of purpose.

The provider had failed to provide the resources that were required to fully implement the compliance plan following the previous inspections. As a result the designated centre remained not compliant in a number of regulations which was impacting on the quality of life and safety of the residents.

The inspector found that risks were not identified and managed to ensure residents' safety and well-being. For example:

- A recent incident had highlighted a risk where a resident had absconded via an external bedroom door and had left the centre's grounds. The provider had failed to take appropriate action to mitigate risks to the safety of a number of residents in bedrooms with a similar layout where an external door was unsecured.. The provider was required by the inspector to take urgent action by 20 March 2023 to ensure all residents in the centre were appropriately safeguarded. Following the inspection the provider submitted a satisfactory compliance plan to address the risks identified.
- Failure to address risks posed to residents' safety by ineffective fire safety equipment checking procedures and failure to get assurances that residents' emergency evacuation needs would be met when the least number of staff were available in the event of a fire in the centre's largest compartment.

The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. Following the previous inspection, the provider had committed to sourcing additional management training from an external provider. However, this was not in place at the time of this inspection and as a result the provider did not have effective oversight systems in place. The absence of a robust monitoring system did not ensure that necessary improvements were identified and addressed. For example,

- The improvement actions taken following an incident where a resident's safety was compromised by them leaving the centre unaccompanied were not comprehensively reviewed to ensure that the improvements implemented was effective in mitigating this risk to all residents.
- While the inspector was given assurances that the pharmacist dispensing residents' medicines had visited the centre and carried out an audit since the last inspection, information regarding the findings of the audit completed by the pharmacist were not available at the time of this inspection. The person in charge was not aware if any improvement actions were identified and therefore could not be assured that residents were protected by safe medicines management in the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifications of specified incidents involving residents and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures were undated with the last three years and were made available to the inspector for review. The centre's nutrition policy was found to be implemented in practice on this inspection but action to ensure the centre's wound care policy was implemented by staff continued to be necessary. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff however, the layout of thirteen twin bedrooms was negatively impacting on the residents' privacy and choice. This inspection found that the provider had failed to bring about the improvements they had set out in their compliance plan following the previous inspection and as a result the designated centre remained non-compliant with a number of regulations which was impacting on the quality and safety of care for the residents.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and was discussed at management meetings. Regular residents' meetings were convened and a satisfaction survey was completed to facilitate this process. Residents' feedback was used to inform excursions to the local town and places of interest. Although residents' feedback regarding their dissatisfaction with the variety and structure of the social activities available in the centre was discussed at the most recent management meeting, there was no clear evidence that the provider had taken any actions to address this feedback.

Overall residents' nursing, health care and social needs were satisfactorily met and

residents had good access to their general practitioners (GP) and allied health professionals including tissue viability nurse expertise, However, the inspector found that one resident with complex wounds did not receive evidence based nursing care in line with their assessed needs. In addition, fluid intake monitoring practices for residents at risk of dehydration was not adequate.

While a number of validated nursing tools were used to assess residents' care needs, the inspector found inconsistencies regarding completion of care planning documentation in relation to how the resident's needs were to be met. This posed a risk that pertinent information regarding care procedures such as wound care was not communicated to the relevant staff providing care for the resident. Furthermore the inspector found that the wound care procedures that were in place did not reflect an evidence based approach to care. For example, recommendations made by the tissue viability nurse specialist regarding wound treatments and monitoring had not been implemented for one resident. These findings are discussed under Regulations 5: Assessment and Care planning and 6: Health Care.

It was evident that staff knew residents well and residents told the inspector again on this inspection that their wishes and usual routines prior to coming to live in the centre continued and they chose when to get up in the morning and what time they went to bed at night. Although, staffing resources were impacted by a short notice absence on the morning of this inspection, staff were attentive to residents' care and support needs and interactions observed between residents and staff were observed to be patient, kind and respectful.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection and equipment was cleaned after each use.

Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. Staff wore face masks as recommended throughout the day of inspection. However, barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were only two hand wash sinks (in the sluice room and clinical room which was also a staff office) dedicated for staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. Findings in this regard are presented under Regulation 27. Infection Control.

The provider had measures in place to ensure that residents were protected in the event of a fire emergency. However, the inspector found that further assurances were necessary in relation to safe evacuation procedures and in the testing of fire equipment. Although, actions were taken to improve fire safety equipment checking since the last inspection, the fire safety checks completed and reviewed by the inspector did not provide adequate assurances regarding the operation of this equipment. The findings are discussed under Regulation 28.

The provider had ensured that residents received their correct medications and that

there had been no adverse incidents affecting residents, Medicines management practices and procedures in the centre were improved since the last inspection and were found to be in line with professional nursing standards and ensured residents' safety. Medicines were stored securely and procedures were in place to return out-of-date and unused medicines to the dispensing pharmacy. Multi-dose medicine preparations were labelled with the date when they were opened and as such informed safe use timescales.

Residents' living environment had been recently painted and the decor in the centre, especially in communal rooms, was in a traditional style that was familiar to residents. Communal spaces were bright and comfortable and were generally well used by the residents on the day of the inspection. An outdoor landscaped area was safe for residents' use. However, access to the garden was locked with key pad access on the day of inspection. Although, a small number of residents were aware of the key code number to unlock the doors, most residents were not and required staff to be available to assist them to access their outdoor space. Confirmation was received in the days following the inspection that access to the outdoor areas for residents without needing the assistance of staff to unlock key coded doors was now available.

The inspector reviewed the layout of residents' bedrooms and found that the layout of thirteen twin bedrooms negatively impacted on residents' privacy and dignity and that there was limited circulation space available to residents to mobilise safely or to sit out beside their bed. The inspector observed that one resident did not have adequate wardrobe storage space for their clothing and another resident did not have space bedside their bed for a locker. In the majority of twin bedrooms located along one corridor, one side of one resident's bed was located in close proximity to the outside wall which had a window in it. This meant that when the resident's privacy curtain was pulled around their bed the other resident in the room could not access natural daylight or see out of the window. In addition, staff confirmed to the inspector that the configurations of rooms meant that they had to move the resident's bed which was closest to the door aside, in order to gain access for assistive equipment such as hoists for use by the resident accommodated in the inside bed. The current layout of these rooms also meant that there was not enough space for both residents to rest in a comfortable chair beside their beds.

Residents were encouraged and supported to personalise their bedrooms and bedrooms were individualised and laid out in line with the resident's individual preferences. However provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

While, there was adequate numbers of showers and toilets to meet residents' needs, the privacy and dignity of two residents was negatively impacted as these residents had to pass by the main lobby to the front of the centre and the communal sitting/dining room in order to access the shower and toilet nearest to their bedroom. This arrangement did not ensure that these residents could carry out personal activities in privacy.

Although storage facilities were available, there was not sufficient storage facilities

for residents' assistive equipment and items of assistive equipment was stored along corridors and in communal rooms. These findings are discussed under Regulation 17: Premises.

A small number of residents experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector found that these residents were satisfactorily supported on this inspection.

The inspector found that residents had opportunity to participate in scheduled social activities such as art work and a live music session. However the activities available were not of interest to some of the residents and some residents told the inspector that they would prefer different activities. This had also been raised at resident meetings and was recorded in the minutes of the meetings reviewed by the inspector. In addition, a number of residents were unable to participate in the activities that were on offer due to their physical or cognitive abilities. As a result, the inspector found that the provider had failed to ensure that all residents had access to meaningful activities in line with their preferences and capacity to participate. This finding is repeated from the last inspection.

Residents were supported to practice their religions and a local mass was streamed to the centre on a daily basis. Clergy from the different faiths were available and accessed as residents wished. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services.

Regulation 11: Visits

Visits from residents' friends and loved ones were encouraged and facilitated with appropriate precautions in place to manage and mitigate any infection risks. The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The space available in a wardrobe for one resident's clothing in one twin bedroom was significantly limited due to the size of the wardrobe. This resident was in receipt of long-term care and the wardrobe did not provide adequate space for them to hang their clothes. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of thirteen twin bedrooms in the designated centre did not adequately meet the needs of residents in accordance with the statement of purpose. This was evidenced by;

- The layout of ten twin bedrooms numbered 20 to 29 located along both sides of one corridor did not meet the residents' needs. These bedrooms varied in size from 14.8 to 14.9 square meters and in two of these bedrooms the layout of the room did not facilitate each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed.
  In many of the twin bedrooms one side of the inside bed, which was closest to the window was placed close to the wall. A number of the residents who occupied the inside beds needed specialist equipment and two staff to support their transfer needs into and out of bed and their personal care needs. However. the space available in these rooms was not sufficient to facilitate the passage of assistive equipment along the bottom of the bed closest to the doors without moving these beds aside and as a consequence, the residents in these beds were regularly disturbed to allow staff to use the assistive equipment that was needed for the second resident in the bedroom. There was not enough room to place a bedside locker beside one bed in Room 21.
- The layout of three twin bedrooms numbered one to three located on a short corridor off the centre's lobby area did not meet the needs of residents as follows;
  - Bedroom number one - This twin bedroom was occupied by one resident at the time of the inspection. The layout of the bedroom limited the circulation area around each resident's bed space. As a result, there was not sufficient space for both residents to have a comfortable chair beside their beds without encroaching on the area around the other resident's bed. In addition, one bed is located in close proximity to the wash basin which would not be accessible to the other resident or to staff if the resident in this bed wished to rest in a chair beside their bed.
  - Bedroom number two - This bedroom was vacant on the day of inspection. Part of the floor space available in this twin bedroom consisted of a window and door alcove and the space available in the rest of the room was limited. This impacted on the space available to residents inside their privacy curtains. Furthermore one bed had to be moved aside to facilitate care of residents who required assistive equipment for getting in and out of bed. This arrangement did not ensure that the residents could transfer into and out of bed in private and without disturbing the other resident in the room.
  - Bedroom number three - This twin bedroom was occupied by one resident at the time of the inspection. The layout of this twin bedroom

was compromised by a double door to the outside of the centre. The residents' wash basin in this bedroom was located within one of the bed spaces and as such, one resident could not use the wash basin without entering the other resident's bed space. In addition access to the wash basin would not be available to one resident when the bed screens were closed around the other resident's bed space without compromising the other resident's privacy.

The provider had not ensured that the premises was in compliance with Schedule 6 of the regulations. This was evidenced by;

- There was inadequate storage for residents' assistive equipment and other equipment in the centre. For example, two hoists were stored during charging in a lobby area used by residents where three corridors converged. A hoist was stored in a second residents' communal sitting room and other items of assistive equipment were stored in the visitor's room which was also available to residents as an area for quiet relaxation and rest. This meant that the space available in the communal rooms for residents was reduced and the equipment stored in the lobby area potentially hindered residents' access and posed a risk of injury.
- Redundant bed screen rail fittings were in place in one twin bedroom.

These findings are repeated from the last inspection.

Judgment: Not compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented since the last inspection and plans were under way to fit appropriate hand wash sinks for staff use, this had not been completed at the time of this inspection to ensure compliance with Regulation 27: Infection Control and to ensure residents were protected from risk of infection;

- A designated clinical hand-wash sink located in the room where residents' treatments were prepared did not meet the recommended specifications for clinical hand-wash basins. This is a repeated finding from the last inspection.
- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effective hand hygiene procedures. This finding is repeated from the last inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to ensure residents safe evacuation and to protect residents and others from risk of fire as follows;

- Although, the records of simulated night-time emergency evacuation drills given to inspectors on the second day of the inspection gave assurances regarding residents' timely evacuation, the staffing resources used to complete these drills did not reflect the actual number of staff rostered each night. In addition, as a simulated evacuation was not available that referenced evacuation of either of the centre's two largest compartments that provided accommodation for eight residents in each. Therefore, the provider could not be assured that residents' evacuation needs would be met in the event of a fire in the centre. This is a repeated finding from the last inspection.
- The inspector was told that all fire safety checks were completed, however, the records made available to the inspector referencing the fire safety equipment checks completed were incomplete and did not give adequate assurances regarding fire safety management in the centre.
- Access to a designated fire exit in a twin bedroom was hindered by the location of the bed closest to this emergency exit door in a twin bedroom. No residents were residing in this bedroom on the day of the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicine prescriptions were signed by their general practitioners and were administered as prescribed. Nurses' medicine administration practices were in line with professional guidance and standards. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and were correct. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded. Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although, residents' nursing needs were met, the information in some residents' care plans was incomplete and therefore did not clearly direct staff on the care interventions they must complete to ensure each residents' needs were met in line with their preferences and wishes.

This was evidenced by the following findings;

- Where a resident had more than one wound, a care plan for each wound was not in place to provide direction for staff on recommended treatment procedures for each wound. For example, one resident had five wounds but did not have a care plan in place for each wound detailing the care interventions needed for each wound. required to effectively guide and direct the care needs of some of these wounds. This finding did not ensure that specific information regarding the care of each of this resident's wounds was clearly communicated to all nursing staff.
- The directions of the tissue viability nurse specialist regarding care of a resident's wounds in relation to frequency of wound dressings and photographic monitoring were not implemented. For example, dressings were not completed at least every two days as and weekly wound photographs were not completed. The inspector was told that photographs were completed but these were not available for review in the resident's records.
- The format of care plans did not ensure that each resident's specific care needs were separately described. For example' the care interventions referencing care of residents' wounds was incorporated into the care plan referencing personal hygiene and dressing, skincare and expressing sexuality needs.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to the management of wounds as discussed under Regulation 5: Assessment and Care Planning, and monitoring of fluid intake for residents at risk of dehydration in the centre did not ensure that residents received a high standard of evidence based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, residents' fluid intake records were not totalled by staff to ensure the amount of fluid these residents drank met their needs and that their fluid intake as recommended by their doctor was achieved. Therefore this incomplete information could not be relied on to assess treatment effectiveness and to inform timely alternative interventions to mitigate these residents' risk of dehydration.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

While, staff training on positive behaviour support had commenced in February 2023 and further training was scheduled, not all staff had been facilitated to attend this training at the time of this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had not taken adequate measures to ensure that where a resident had a safeguarding care plan in place that this care plan was fully implemented by staff to ensure the resident was kept safe at all times. This was evidenced by a recent incident that had occurred in the designated centre and that was followed up by the inspector during this inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Improvement actions were found to be necessary to ensure residents' rights were met and compliance with Regulation 9: Residents Rights. This was evidenced by the following findings;

Residents rights to exercise their choice was impacted by the following;

- The doors to the outdoor garden were locked which meant that the majority of residents were not able to choose to go outside without a member of staff being available to open the door for them. Assurances were provided following the inspection that the doors to the outdoor garden was unlocked and accessible to residents as they wished.
- The provision of one television in the twin bedrooms did not support both residents' choice of programme viewing or listening

Residents' privacy and dignity rights were negatively impacted by the layout of thirteen twin bedrooms. For example;

- The location of the beds and the bed screen curtains in some twin bedrooms did not allow for ease of access by staff to both sides of the beds to carry out

care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms.
- The impact on residents' privacy due to the length of travel to the nearest toilet/shower for their use had not been addressed. This finding is repeated from the previous inspection.

Although, residents were supported to access amenities in the local town and to visit local places of interest since the last inspection, the evidence available from review of the records of the social activities residents participated in, the inspector's observations on the day of inspection and residents' satisfaction survey feedback did not give adequate assurances that the range of activities that were on offer in the centre met the needs and preferences of the residents.

The impact on residents' rights and quality of life due to the layout of thirteen twin bedrooms had not been addressed. This finding is repeated from the previous inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0039452

Date of inspection: 15/03/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
1. The Statement of Purpose and Function was reviewed and updated to include:
- The new organisational structure within Bailey's Nursing Home.
- The most up to date staffing complement.
Completed April 2023

2. A staffing plan was developed for 2023 to ensure adequate staffing levels in Bailey's Nursing Home at all times, including to support an emergency event that would require evacuation procedures. The staffing plan will be reviewed annually at a minimum.
Completed 31/03/2023

3. Resources available and the agreed staffing plan for Bailey's Nursing Home will be discussed at the monthly Management Team Meetings. Where staffing issues are identified, these will be minuted, actioned and overseen by the Registered Provider and PIC.
Commenced 31/03/2023 and ongoing

4. A staffing contingency plan was developed to address planned and unplanned staff leave, including:
- Staffing levels will be considerate of residents' needs and dependency levels. Skill mix will be ensured at all times to respond to the residents' needs.
- Planned staff leave will be reviewed and addressed in a timely manner to ensure adequate staffing levels at all times.
- Supernumerary staff will support the care team while replacement arrangements are in progress for unplanned staff leave.
- As a last resort, agency staff arrangements will be actioned to ensure appropriate staffing levels at all times. Agency staff induction/orientation to be completed at all instances upon arrival.
Commenced 31/03/2023 and ongoing

5. The Management Team will evaluate the effectiveness of the Staffing Contingency

Plan on a monthly basis as part of the Management Team Meetings. Where staffing issues are identified, these will be minuted, actioned and overseen by the Registered Provider and PIC.
Commenced 26/04/2023 and ongoing

6. The roster will be reviewed by the PIC/ADON on a weekly basis to ensure that the Rota documentation is reflective of the home's daily staffing levels.
Completed 31/03/2023 and ongoing

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
1. A Training Plan for 2023 was developed in line with regulatory requirements and staff training needs, to ensure that all mandatory and as required training is scheduled and completed in a timely manner.
Completed 31/01/2023 and ongoing

2. A Wound Management Champion to oversee the management of all wounds in the home was appointed and provided with appropriate required training.
Completed April 2023

3. Wound Management Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice.
To be completed 22/05/2023

4. Wound Management Competency assessment will be carried out by the PIC/ADON to ensure that all nursing staff is knowledgeable and skilled in relation to wound care.
To be completed 31/05/2023

5. Any resident sustaining wounds will be reviewed to ensure that these are being managed according to their individual needs and as per GP/TVN guidance, and that the wound care plan and treatments are appropriately implemented and documented.
To be completed 30/04/2023 and ongoing

6. Residents Assessment and Care Planning Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice. All staff nurses completing care planning training.
To be completed 31/05/2023

7. Residents Assessment and Care Planning Competency assessment will be carried out by the PIC/ADON to ensure that all nursing staff is knowledgeable and skilled in relation

to residents' assessments and care planning.
To be completed 30/06/2023

8. Staff training on the provision of evidenced based therapies programme is arranged for 26/05/2023. A number of care staff are scheduled to attend the training to ensure contingency planning and appropriate access of meaningful activities for resident's dependency on the outcome of their PAL activities assessment. Additional interventions and updates are included within Regulation 5 Care Planning.
Commenced 26/05/2023-Compeltion of training for staff 26/06/2023

9. All residents' records will be reviewed to ensure that these are being managed according to their individual needs and preferences, and that appropriate care plans are implemented and documented.
To be completed 31/07/2023

Note: A new process for documenting residents' care plans was approved and implemented in April 2023. Education and training of staff in the new process commenced in April 2023. 40% of all residents care plans have been transferred to the new layout, with the residents and/or their family input, and a sign off by the PIC/ADON. Bailey's Nursing Home Assessment and Care Planning Policies and Procedures have been updated and communicated to all relevant staff.

10. A monthly audit in relation to residents' assessments and care plans will be carried out by the PIC/ADON to ensure that the residents' individual care is appropriately assessed, planned, implemented and documented.
To be commenced 31/05/2023

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
1. A new fire safety checklist was developed and implemented to comply with regulatory requirements and incorporate the HIQA Fire Safety Handbook - A guide for providers and staff of designated centres (2021).
Completed April 2023

2. Each fire door and emergency exit door in Bailey's Nursing Home have been assigned a designated number to ensure any individual faults and/or risks identified are appropriately recorded and addressed in a timely manner. An appendix to the fire safety checklist is available with reference to all designated doors.
Completed April 2023

3. Fire Safety Education and Training will be provided to all relevant staff completing fire safety checks, to ensure that any faults and/or risks are appropriately identified and

communicated accordingly in a timely manner.
Completed 19/04/2023 and ongoing

4. Bedroom No. 2 will be converted into a single room and its layout will ensure that the emergency exit door is not obstructed at all times.
To be completed May 2023

5. Spot checks will be carried out by the PIC/ADON to ensure that fire doors and emergency exit doors are not obstructed and in good working order at all times. Fire safety checks are appropriately completed and documented and that faulty equipment is identified and addressed as required in a timely manner.
Commenced 31/01/2023 and ongoing

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. Bailey's Nursing Home strives to continually improve the quality and safety of care provided to residents on an ongoing basis to assure that the service is safe, appropriate, and consistent. A comprehensive review of Bailey's Nursing Home Quality and Safety Management System was completed and expanded to include an oversight and monitoring of clinical and non-clinical Key Performance Indicators, including but not limited to:
- Incidents
- Complaints
- Resident and Family Feedback
- Staff Training
- Staff Supervision
- Recruitment
- Admissions, Discharges and Complex Care Needs
- Resources/Budget
- Medication Errors
- Falls
- Wounds

Where improvement is required, Quality Improvement Plans are developed and implemented to address the issues and trends identified.
Complete: 30/06/2023 and ongoing

2. An Audit Programme for 2023 was developed and implemented to ensure that all regulations outlined in S.I. No. 415 of 2013, the HIQA Standards and Guidelines, and where applicable, Public Health and other evidence-based best practice documents will be used for self-assessment to identify any gaps.
Completed 31/03/2023 and ongoing

3. In line with Bailey's Nursing Home Risk Management processes, the risk register will be reviewed following any incidents, audits or complaints to ensure a reflective risk rating and that appropriate controls are in place. Any changes to the risk register will be discussed at Management Team Meetings on a monthly basis and communicated to relevant staff.
Ongoing

4. As per Regulation 15, the Statement of Purpose and Function was reviewed and updated to include:
- The new organisational structure within Bailey's Nursing Home.
- The most up to date staffing complement.
Completed March 2023

5. As per Regulation 15, a staffing plan was developed for 2023 to ensure adequate staffing levels in Bailey's Nursing Home at all times, including to support an emergency event that would require evacuation procedures. The staffing plan will be reviewed annually at a minimum.
Completed 31/03/2023

6. As per Regulation 15, resources available and the agreed staffing plan for Bailey's Nursing Home will be discussed at the monthly Management Team Meetings. Where staffing issues are identified, these will be minuted, actioned and overseen by the Registered Provider and PIC.
Commenced 28/03/2023 and ongoing

7. As per Regulation 15, a staffing contingency plan was developed to address planned and unplanned staff leave, including:
- Staffing levels will be considerate of residents' needs and dependency levels.
- Planned staff leave will be reviewed and addressed in a timely manner to ensure adequate staffing levels at all times.
- Staff shortages will be communicated to all staff as soon as possible and as required via encrypted group chat to allocate a replacement in a timely manner.
- Supernumerary staff will support the care team while replacement arrangements are in progress for unplanned staff leave.
- As a last resort, agency staff arrangements will be actioned to ensure appropriate staffing levels at all times.
Commenced 28/03/2023 and ongoing

8. As per Regulation 15, the Management Team will evaluate the effectiveness of the Staffing Contingency Plan on a monthly basis as part of the Management Team Meetings. Where staffing issues are identified, these will be minuted, actioned and overseen by the Registered Provider and PIC.
Commenced 26/04/2023 and ongoing

9. As per Regulation 21, a new fire safety checklist was developed and implemented to comply with regulatory requirements and incorporate the HIQA Fire Safety Handbook - A guide for providers and staff of designated centres (2021).
Completed April 2023

10. As per Regulation 21, each fire door and emergency exit door in Bailey's Nursing Home have been assigned a designated number to ensure any individual faults and/or risks identified are appropriately recorded and addressed in a timely manner.
Completed April 2023

11. As per Regulation 21, Fire Safety Education and Training will be provided to all relevant staff completing fire safety checks, to ensure that any faults and/or risks are appropriately identified and communicated accordingly in a timely manner.
To be completed 19/04/2023 and ongoing

12. As per Regulation 21, Bedroom No. 2 will be converted into a single room and its layout will ensure that the emergency exit door is not obstructed at all times.
To be completed May 2023

13. As per Regulation 21, Spot checks will be carried out to ensure that fire doors and emergency exit doors are not obstructed and in good working order at all times. Fire safety checks are appropriately completed and documented and that faulty equipment is identified and addressed as required in a timely manner.
Commenced 31/01/2023 and ongoing

14. A new alarm system was installed to alert staff when an external door and/or an emergency exit door have been opened.
Completed March 2023

15. A Fire Safety Audit has been completed by an external provider. A Quality Improvement Plan has been developed and implemented to address any issues identified.
Completed March 2023 and ongoing

16. A Fire Drill Programme have been developed for 2023, including announced and unannounced drills with different scenarios, to ensure that all staff have an opportunity to participate in drills where evacuation procedures and/or staffing levels during night times are simulated.
Complete: 31/05/2023

17. A Medication Management Audit has been scheduled with an external provider. A Quality Improvement Plan will be developed and implemented to address any issues identified.
To be completed May 2023 and ongoing

18. A meeting was held with the Pharmacy to review audits completed and their outcomes. A copy of all audit reports concerning any audit completed by the Pharmacy in Bailey's Nursing Home in 2022/2023 have been requested. A Quality Improvement Plan have been developed and implemented to address any issues identified. For all future audits completed by Pharmacy, feedback with be sought by Bailey's Nursing Home on the day of the audit, with a copy of the audit report being circulated in a timely manner.
Complete 31/05/2023 and ongoing

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

1. As per Regulation 16, a Wound Management Champion to oversee the management of all wounds in the home was appointed and provided with appropriate required training.
Completed April 2023

2. As per Regulation 16, Wound Management Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice.
To be completed 22/05/2023

3. As per Regulation 16, Wound Management Competency assessment will be carried out by the PIC/ADON to ensure that all nursing staff is knowledgeable and skilled in relation to wound care.
To be completed June 2023

4. As per Regulation 16, any resident sustaining wounds will be reviewed to ensure that these are being managed according to their individual needs and as per GP/TVN guidance, and that the wound care plan and treatments are appropriately implemented and documented.
To be completed 30/04/2023 and ongoing

5. As per Regulation 16, a monthly audit in relation to residents' assessments and care plans will be carried out by the PIC/ADON to ensure that the residents' individual care is appropriately assessed, planned, implemented and documented.
To be commenced 31/05/2023

6. As per Regulation 16, supervisory arrangements are in place in Bailey's Nursing Home to ensure that all staff is supervised and supported at all times. The Management Team will oversee and monitor the quality and safety of care provided to ensure that:
- appropriate and up to date documentation is maintained to all individual residents.
- Wound care is appropriately managed at all times, according to the residents' individual needs, in line with evidence-based best practice and Bailey's Nursing Home policies and procedures
Completed 31/07/2023 and ongoing

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
1. All twin bedrooms will be reviewed to ensure appropriate accommodation is provided for the residents, in line with regulatory requirements, including adequate space for their personal belongings.
To be completed 31/07/2023

2. As per Regulation 23, an Audit Programme for 2023 was developed and implemented to ensure that all regulations outlined in S.I. No. 415 of 2013, the HIQA Standards and Guidelines, and where applicable, Public Health and other evidence-based best practice documents will be used for self-assessment to identify any gaps. This includes Regulation 12.
Completed 31/03/2023 and ongoing

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. All twin bedrooms will be risk accessed to ensure appropriate accommodation including;
• room size,
• fire,
• absconsion,
• privacy,
• dignity, and rights regulatory and best practice requirements.
Commencing 29/05/2023 – completion 02/06/2023.

Note: there is a long-term plan for Bailey's Nursing Home to have a total of 60 beds with the twin bedrooms converted into single occupancy rooms in the next 3 years. Rebuilding and reconfiguration proposals from the home's architect are currently under review. A full plan shall be provided to the Chief Inspector where required.

1. As per Regulation 21, bedroom No. 2 will be converted into a single room and its layout will ensure that the emergency exit door is not obstructed at all times.
To be completed May 2023

2. A full review of storage areas and arrangements in Bailey's Nursing Home was completed. A space will be allocated for the storage of the residents' residents' assistive equipment, including hoists. Plans for the extension will include appropriate storage for all assistive equipment.
Completed 31/08/2023

3. Spot checks will be completed to ensure that residents' assistive equipment and other equipment will be appropriate stored outside of residents communal areas.
Commenced 01/05/2023 and ongoing

4. Unnecessary bed screen rail fittings will be removed.
Completed 02/05/2023

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Hand hygiene sinks will be implemented in clinical and non-clinical areas, outside of residents bedrooms and toilets, so that staff can appropriately perform hand hygiene as required. Adequate number of hand sanitizer dispensers are also provided to all staff, residents, and visitors.
To be completed 31/07/2023

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. As per Regulation 15, a staffing plan was developed for 2023 to ensure adequate staffing levels in Bailey's Nursing Home at all times, including to support an emergency event that would require evacuation procedures. The staffing plan will be reviewed annually at a minimum.
Completed 31/03/2023

2. As per Regulation 21, a new fire safety checklist was developed and implemented to comply with regulatory requirements and incorporate the HIQA Fire Safety Handbook - A guide for providers and staff of designated centres (2021).
Completed April 2023

3. As per Regulation 21, each fire door and emergency exit door in Bailey's Nursing Home have been assigned a designated number to ensure any individual faults and/or risks identified are appropriately recorded and addressed in a timely manner.
Completed April 2023

4. As per Regulation 21, Fire Safety Education and Training will be provided to all relevant staff completing fire safety checks, to ensure that any faults and/or risks are

appropriately identified and communicated accordingly in a timely manner.
To be completed 19/04/2023 and ongoing

5. As per Regulation 21, Bedroom No. 2 will be converted into a single room and its layout will ensure that the emergency exit door is not obstructed at all times.
Complete 31/05/2023

6. As per Regulation 21, Spot checks will be carried out to ensure that fire doors and emergency exit doors are not obstructed and in good working order at all times. Fire safety checks are appropriately completed and documented and that faulty equipment is identified and addressed as required in a timely manner.
Commenced 31/01/2023 and ongoing

7. As per Regulation 23, a Fire Safety Audit has been completed by an external provider. A Quality Improvement Plan has been developed and implemented to address any issues identified.
Completed March 2023 and ongoing

8. As per Regulation 23, a Fire Drill Programme have been developed for 2023, including announced and unannounced drills with different scenarios, to ensure that all staff have an opportunity to participate in drills where evacuation procedures and/or staffing levels during night times are simulated.

9. Baileys House external Fire Trainer completed a simulated fire and evacuation drill with staff on 19/04/2023. The 8 high dependency residents' Zone 1 compartments 3a were selected for the drill using night time staffing levels. A comprehensive report is available for review and the response times were in line with best practice. Additionally, a simulated fire drill is scheduled for 29/05/2023. Zone 1 compartment 3b has been selected which uses 8 residents' high dependency in 4 single rooms again night time staffing levels

The annual fire drill plan has been revised in consultation with the newly appointed competent fire person. The plan includes regular simulated fire evacuation drills for the home including:
Total number of fire compartments in the service:
• Zones - 3
• Compartments- 7 with residents' rooms.
Complete 29/05/2023 and ongoing

Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and care plan:
1. As per Regulation 16, a Wound Management Champion to oversee the management of all wounds in the home was appointed and provided with appropriate required training.
Completed April 2023

2. As per Regulation 16, Wound Management Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice.
To be completed 22/05/2023

3. As per Regulation 16, Wound Management Competency assessment will be carried out by the PIC/ADON to ensure that all nursing staff is knowledgeable and skilled in relation to wound care.
To be completed June 2023

4. As per Regulation 16, any resident sustaining wounds will be reviewed to ensure that these are being managed according to their individual needs and as per GP/TVN guidance, and that the wound care plan and treatments are appropriately implemented and documented.
To be completed 30/04/2023 and ongoing

5. As per Regulation 16, Residents Assessment and Care Planning Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice.
To be completed 31/05/2023

6. As per Regulation 16, Residents Assessment and Care Planning Competency assessment will be carried out by the PIC/ADON to ensure that all nursing staff is knowledgeable and skilled in relation to residents' assessments and care planning.
To be completed 31/05/2023

7. As per Regulation 16, all residents' records will be reviewed to ensure that these are being managed according to their individual needs and preferences, and that appropriate care plans are implemented and documented.
To be completed 31/07/2023

8. As per Regulation 16, a monthly audit in relation to residents' assessments and care plans will be carried out by the PIC/ADON to ensure that the residents' individual care is appropriately assessed, planned, implemented and documented.
To be commenced 31/05/2023

9. As per Regulation 16, supervisory arrangements are in place in Bailey's Nursing Home to ensure that all staff is supervised and supported at all times. The Management Team will oversee and monitor the quality and safety of care provided to ensure that:
- appropriate and up to date documentation is maintained to all individual residents.
- Wound care is appropriately managed at all times, according to the residents' individual needs, in line with evidence-based best practice and Bailey's Nursing Home policies and procedures.

Completed 31/07/2023 and ongoing

Note: A new process for documenting residents' care plans was approved and implemented in April 2023. Education and training of staff in the new process commenced in April 2023. 40% of all residents care plans have been transferred to the new layout, with a sign off by the PIC/ADON. Bailey's Nursing Home Assessment and Care Planning Policies and Procedures have been updated and communicated to all relevant staff.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1. Nutrition and Hydration Training will be organised for all nursing staff to ensure their knowledge and skills is up to date with the requirements and evidence-based best practice.
To be completed 31/07/2023

2. All residents will be reviewed to ensure that their fluid intake is being managed according to their individual needs and as per GP guidance, and that the care plan and fluid intake records are appropriately implemented and documented.
To be completed 31/03/2023 and ongoing

3. Weekly spot checks will be carried out by the PIC/ADON in relation to residents' fluid intake to ensure that residents' individual hydration needs are being met at all times.
Commenced 31/03/2023 and ongoing

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
1. As per Regulation 16, a Training Plan for 2023 was developed in line with regulatory requirements and staff training needs, to ensure that all mandatory and as required training is scheduled and completed in a timely manner.
Completed 31/01/2023

2. Positive Behaviour Support Training will continue to be delivered to all staff on a ongoing basis.
Ongoing

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. As per Regulation 23, a new alarm system was installed to alert staff when an external door and/or an emergency exit door have been opened.
Completed March 2023

2. A Safeguarding Audit will be carried out. A Quality Improvement Plan will be developed and implemented to address any issues identified.
To be completed May 2023 and ongoing

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. A pressure system will be installed on all doors leading to the outdoor gardens and surroundings, ensuring a safe and easy access to the gardens by all residents.
Completed 31/07/2023

1. As per Regulation 17, all twin bedrooms will be reviewed to ensure appropriate accommodation is provided for the residents, in line with regulatory requirements.
To be completed 31/08/2023

Note: there is a long-term plan for Bailey's Nursing Home to have a total of 60 beds with the twin bedrooms converted into single occupancy rooms in the next 3 years. Rebuilding and reconfiguration proposals from the home's architect are currently under review. A full plan shall be provided to the Chief Inspector where required.

2. The main bathroom available for those residents was in close proximity to the bedroom via a short route towards the back of the building. A review of all residents' access to toilet and bathroom facilities was completed to ensure all residents have easy access and residents' privacy and dignity is upheld.
To be completed 31/10/2023

3. AS per Regulation 15 and Regulation 5, a review of Bailey's Nursing Home Social Activities Programme has commenced. A variety of daily activities has been provided including, external trips to areas of interest, visiting library service to the nursing home, reflexology, fit for life, pet therapy, music events.
Commenced and ongoing

4. Bailey's Nursing Home Social Activities Programme will be reviewed regularly, incorporating residents' feedback, by the Management Team.
Commenced April 2023 and ongoing

5. AS per regulation 17 Baileys Nursing Home have a redevelopment and structural change plan in place for conversation of all twin rooms. A comprehensive survey was conducted with all residents and a number of electronic tablets are now available for residents where they would like to ensure residents have the right to choose what they wish to view

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	09/05/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	09/05/2023

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/05/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(a)	The registered	Not Compliant	Orange	30/06/2023

	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	20/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/05/2023

	testing fire equipment.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/05/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/06/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	20/03/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2023
Regulation 6(1)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/07/2023

	the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	09/05/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	20/03/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	26/05/2023

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	03/10/2023