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:	06 September 2022
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0037390

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:	39

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
Tuesday 6 September 2022	17:30hrs to 21:15hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 7 September 2022	09:30hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
Thursday 29 September 2022	09:00hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 6 September 2022	17:30hrs to 21:15hrs	Leanne Crowe	Support
Wednesday 7 September 2022	09:30hrs to 17:30hrs	Leanne Crowe	Support
Thursday 29 September 2022	09:00hrs to 18:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On arrival to the centre in the evening on the first day of this inspection, the inspectors were greeted by a staff member and guided through the centre's infection control procedures. An introductory meeting was commenced, followed by a walkabout of the premises. This gave inspectors the opportunity to meet with residents and their visitors, to observe the lived experience of residents in their home environment and to observe staff practices and interactions. During this time, residents were observed mobilising between the different areas of the centre, engaging in activities in the large sitting room or spending time in their bedrooms. Some residents had retired to bed but a large number of residents choose to stay in the sitting room until later in the evening. Residents appeared to be well-dressed and were neat and tidy in their appearance.

Inspectors met and spoke with several residents throughout the three days of inspection. Residents and visitors were positive in their feedback and expressed satisfaction about the care and service that they received, the support provided by staff, food provided and the standard of environmental hygiene. However, some residents expressed dissatisfaction with the social activities available and their access to the local town and amenities on the final day of the inspection.

Inspectors observed staff over the course of the inspection and found that they were responsive and attentive to residents' needs. Staff were knowledgeable regarding the residents' preferred daily routines, care needs, life histories and personal interests. Staff members' interactions with residents were kind, polite and respectful regarding their wishes. Residents who spoke with inspectors praised staff, saying that "you couldn't fault them", "so willing" and "special people". Visitors stated that they were very happy with the care that their loved ones received, stating that "it couldn't be better". A small number of residents stated that during busy periods, they might have to "wait a while for assistance". During the inspection, inspectors observed one occasion where there was a delay in attending to a resident and this was discussed with management during the inspection.

On the first evening of the inspection, fifteen residents were observed engaging in and enjoying activities such as reminisce therapy and the rosary in the large sitting room until 19:00hrs, when the formal activity programme concluded. The majority of these residents were still in this room as the inspectors were leaving at 21.15hrs, and were observed chatting to one another, reading the newspaper, watching TV or drawing. An activity schedule was displayed, which outlined the activities for that day, such as yoga stretches, art class and dog therapy. The activity coordinator confirmed that all activities took place as planned for the day.

The following day, a large proportion of residents were observed in this room, engaging in both individual and group activities at various times of the day. These included an Irish language word game, room visits and art. A physiotherapist also conducted a group exercise class on this morning and one-to-one sessions with

residents throughout the day. The activity coordinator confirmed that other external service providers also formed part of the activity programme, such as animal therapy. Residents who spoke with inspectors spoke positively about the activities that were available to them. A number of people expressed wishes to go on outings; some wanted to visit their home, their relatives or the local town while others spoke about wanting to visit a place of interest, such as Knock Shrine. This had also been recorded as a request from the most recent residents' meeting in July 2022. The management team informed inspectors that this had been organised but was unable to go ahead due to unforeseen circumstances.

On the final day of this inspection, care staff coordinated residents' social activities and residents were observed reading the newspapers and doing artwork. A live musician session was convened in the late afternoon and residents said they enjoyed it. Residents told the inspectors that this musician attended the centre regularly and they "loved the music and singing". One resident told the inspectors that she loved to sing her favourite songs, while another resident said she loved singing but was "too shy to sing in public". 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.

However, these observations were in contrast to the social care experience for residents with cognitive decline, especially those who spent their time in their bedrooms. The inspectors observed that while, staff attended these residents, these attendances were care related and there was an over dependence on watching the television for these residents. The inspectors observed that the programme showing on one resident's television was not age appropriate and this was discussed with the management team for review at the time of the inspection.

The centre was well ventilated and corridors and 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 inspected appeared visibly clean. A post outbreak deep clean was in progress on the day of the inspection.

Appropriate ancillary facilities were available. For example, inspectors observed a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. The laundry was observed to be clean and tidy.

Alcohol hand gel dispensers were available along corridors for staff use. The majority of staff had individual small bottles of alcohol hand gel to ensure it was readily accessible at point of care. 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) 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.

The centre was observed to be clean and tidy throughout the inspection. A number

of communal rooms were available to residents, each were decorated in a comfortable and homely fashion. Residents also had access to a secure outdoor area which was beautifully landscaped and contained appropriate seating and shading. One resident was observed doing their walking exercise in the garden and they told inspectors that they knew the key code number and went out to the garden whenever they wished. However the inspectors noted that throughout the three days of the inspection, the door to the garden was secured with the key code lock. Consequently, 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 garden. This was discussed with the management team, who agreed to review the current arrangements.

Residents' bedrooms were observed to be bright, nicely decorated and most bedrooms contained suitable furniture for residents. However, the layout of thirteen twin bedrooms did not ensure that the rooms met the needs of the residents accommodated in them. In the majority of these bedrooms, one side of one resident's bed was against was placed against the wall with the 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 without disturbing the other resident. In addition staff confirmed to inspectors that the configurations of rooms meant that they had to pull out the resident's bed which was closest to the door 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 have a locker and a comfortable chair beside their beds.

Residents were very complimentary regarding the variety and portions of food served to them, with one resident saying that "the food here is as good as a five star hotel, especially the bacon". Residents were observed enjoying various meals throughout the days of the inspection. Staff were seen to provide discrete assistance when appropriate as well as offering a range of drinks or additional servings to residents.

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 following the resignation of the previous person in charge on 11 June 2022 the provider had failed in their regulatory responsibilities to appoint a person in charge of the centre who met the regulatory requirements. In addition the provider had failed to inform the Chief Inspector that the person in charge had left their post. At the time of the inspection this key clinical and leadership post was vacant and as a result, this inspection found that there was inadequate clinical oversight and staff supervision in the designated centre and this was negatively

impacting on the quality and safety of residents' care and well-being.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. In addition the inspectors followed up on unsolicited information of concern that had been received. The concerns related to alleged deficits in the quality of care, residents' rights, staffing, the absence of a person in charge and governance and management of the service. The inspectors' findings partially substantiated the information received and these findings are discussed throughout this report.

An outbreak of Norovirus had recently been declared in the centre. As a result, some visiting restrictions had been put into place. This outbreak was officially declared over by public health on the day of the inspection and the centre had reopened to visitors.

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 a person 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. This inspection found that the management structure in place did not reflect the centre's statement of purpose. At the time of this inspection, one of the two directors on the company board represented the provider, a general manager was also in place. A senior nurse in the role of family liaison officer supported by two clinical nurse managers formed the clinical management team. There was no person in charge appointed following the departure of the previous person on 11 June 2022 and the provider had failed to put appropriate arrangements in place to appoint a person in charge who met the regulatory requirements**.**

The previous inspection in the centre had taken place in November 2021 and had identified non-compliance in relation to staff training, governance and management, premises, infection control and residents' rights. On this inspection, inspectors found that actions to address the findings of the inspection were completed in relation to infection prevention and control and staff training and actions to bring the other regulations into compliance were being progressed. However, compliance was not sustained and these regulations were found to be non compliant again on this inspection.

Although the provider and management team met regularly to review the centre, the records of these meetings did not evidence a comprehensive review of the quality and safety of the service. Furthermore there was no reference to the absence of a person in charge in the centre in the records of the meeting discussions made available to inspectors.

There were quality and safety audits carried out including key areas such as infection prevention and control audits however, it was unclear what criteria were audited as audit tools were not available to view on the day of the inspection. Audit

reports were compiled, however, the inspectors' findings were not identified in audits done and audit scores were not recorded, tracked and trended to monitor improvements and compliance over time.

This inspection confirmed that the there was not an effective staffing strategy in place to ensure residents' needs were met. This was a particular issue at weekends when the numbers of staff available were reduced. In addition there was a reliance on the clinical nurse managers to work as the second staff nurse on-duty at the weekends which meant that they were not able to fulfill their management role on these shifts**.**

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.

While, there was a staff training programme in place, this inspection found that a small number of staff had not completed mandatory fire safety training.This had been identified by the management team and the training was being scheduled for the coming weeks. However the findings of this inspection also evidenced that staff needed further training in wound management, medicines management and the management of responsive behaviours. The provider representative confirmed that these training needs had been identified by the management team and staff training was being arranged to take place in the weeks following this inspection.

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Most nursing staff had completed antimicrobial stewardship e-learning training. However, inspectors identified through speaking with staff that additional education was required to ensure staff are knowledgeable and competent in the management of residents with known antibiotic resistant hospital acquired infections**.** Findings in this regard are further discussed under Regulation 27.

Infection prevention and control guidelines covered aspects of standard and transmission based precautions. Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of health care-associated infection. The provider had nominated a staff nurse, with the required training to the role of infection prevention and control link practitioner. However, inspectors found that a number of improvements were required in order to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). These findings are set out under Regulation 27.

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 the good standards of record keeping and the centre's own policies and procedures. In addition, the

standard of medicine management practices and wound care procedures were not consistent and did not ensure that all practices in these areas were in accordance with professional standards.

A sample of staff files was reviewed by inspectors and were found to contain all of the information required by Schedule 2 of the regulations.

A suite of policies and procedures were in place. These 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 medication management, nutrition and wound care were not in line with the centre's own policies and procedures.

Regulation 14: Persons in charge

The provider had failed to appoint a person in charge who met regulatory requirements. The post had been vacant since 11 June 2022 when the previous post holder left the centre.

Judgment: Not compliant

Regulation 15: Staffing

The inspectors found that there was adequate staff available to meet the needs of residents on the days of inspection. However, a review of the staff rosters evidenced that some staff grades were significantly reduced at the weekend, despite the needs of the residents remaining the same. When discussed with the provider, they were unable to provide a satisfactory rationale for the decrease in the staffing complement.

For example:

- Cleaning staff resources were reduced by an average of eight hours each Saturday and Sunday. Evidence gathered by inspectors confirmed that cleaning staff were unable to carry out the same breadth of cleaning tasks at weekends as they completed during the week, however, completed cleaning records did not reflect a reduced workload that aligned with the staffing complement. As a result inspectors were not assured that staffing resources were being assessed against the needs of residents or the operational needs of the centre.
- Catering staff resources were reduced at weekends even though resident numbers and residents' nutritional needs did not vary at weekends.

Judgment: Not 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.
- Two staff were not up to date with their mandatory training requirements in relation to safeguarding of residents from abuse and infection prevention and control.

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

- Documentation of residents' care records,
- Wound care
- The administration of medicines in accordance with professional standards at all times.
- Infection prevention and control.

Judgment: Substantially compliant

Regulation 21: Records

The information made available to inspectors confirming annual certification of the fire alarm system and annual certification of emergency lighting in the centre was not sufficient. Satisfactory assurances were forwarded to the inspectors following the second day of inspection.

While, the records of fire safety equipment checks were available, these records were not in sufficient detail to provide assurances that some items such as the fire alarm panel and fire doors were adequately checked and any action to remedy any defects found had been addressed. For example;

- Inspectors were told that the fire alarm panel was checked for faults each day however, the records showed that checks were only completed on a once weekly basis.
- Records of fire door checks confirmed with a tick that emergency exit and fire doors were operated as required, however the records were not adequate as

they did not reference the condition of the individual doors and whether any defects had been identified and addressed. The provider representative confirmed that the format of this record would be revised to comprehensively inform fire safety in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The 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. This is evidenced by the high number of non-compliances found on this inspection.

The provider had failed to meet their regulatory responsibilities to notify the Chief Inspector about the absence of the person in charge in the centre. At the time of the inspection the provider had failed to appoint a replacement person in charge who met regulatory requirements. The absence of a person in charge had led to a deterioration in compliance in the centre. In addition inspectors found that clinical oversight was not adequate and the management structure did not clearly identify the lines of authority and accountability.

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

- Risk to residents in relation to the safe administration of medications had not been identified or managed. Practices regarding transcription of residents' medicine prescriptions were not in line with safe administration or professional standards. This is addressed under Regulation 29
- The provider had failed to obtain final sign-off by a person competent in fire safety to ensure that all fire safety improvement works had been completed to the required standard and were in compliance with relevant legislation.
- Risk posed by insufficient arrangements for clinical oversight of residents' care had not been identified and addressed by the provider.
- The impact on residents' rights and quality of life due to the layout of thirteen twin bedrooms had not been identified and addressed.
- The impact on residents' privacy due to the length of travel to the nearest toilet/shower for their use had not been identified and addressed.

The quality assurance systems that were in place did not ensure the quality and safety of the service was effectively monitored. This was impacting on clinical effectiveness and residents' quality of life. For example, disparities between the consistently high levels of compliance reported in the centre's own infection control audits did not reflect the inspectors' observations during the inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had failed to notify the Chief Inspector of a suspicion or allegation of financial abuse, as required by the regulations. Inspectors confirmed that an investigation into the allegation was completed. The provider submitted the notification following the inspection.

The Chief Inspector was not notified of psychotropic medicines administered to residents on an 'as needed' (PRN) basis in the quarterly reports received from the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints log was maintained, which evidenced that recorded complaints were acknowledged and investigated in a timely manner. The outcome of investigations was communicated to complainants. The complaint appeal process in the centre referred complainants to the Ombudsman if dissatisfied with the outcome of investigation of their complaint by the centre's complaints officer.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures were up-to-date and were made available to the inspectors for review. However inspectors found that the centre's nutrition and wound care policies were not being appropriately implemented in practice.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff however, the layout of thirteen twin bedrooms and the restricted access to the outdoor areas was

negatively impacting on the residents' privacy and choice. Further effort was also required to bring the centre into compliance with Regulations 27, Infection Prevention and Control, 17, Premises, and 29, Medication Management.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and used in the operation of the centre. Regular residents' meetings were convened to facilitate this process. There was clear evidence that actions from these meetings were progressed.

Overall residents' nursing, health care and social needs were satisfactorily met however inspectors found that some residents with complex needs including those residents with wounds and responsive behaviours did not receive evidence based nursing care in line with their assessed needs. For example residents with cognitive decline not have adequate opportunities to engage in social activities that were meaningful and met their capacities.

Actions were found to be necessary to ensure residents' assessment and care documentation was of a standard that comprehensively informed their care and support needs and that referral pathways were in place to ensure residents had timely and appropriate access to multidisciplinary expertise.

The inspectors found that staff knew residents well and were observed to provide person-centred care and support to residents. Residents told the inspectors that their wishes and usual routines prior to coming to live in the centre continued and they choose when to get up in the morning and what time they went to bed at night. Staff were prompt to attend to residents' needs and interactions observed between residents and staff were patient, kind and respectful.

While a number of validated nursing tools were used to assess residents' care needs, inspectors found inconsistencies regarding completion of assessments and care planning documentation. Although, there was evidence that some residents' wounds were healed without delay, this was not found for all residents. Inspectors' found that documentation to inform care procedures for individual wounds was not completed to a satisfactory standard and wound care procedures in place did not reflect an evidence based approach to care. This posed a risk that pertinent information regarding care procedures for individual wounds was not communicated between staff and available to inform treatment plans.

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. Housekeeping staff were knowledgeable in cleaning practices and processes.

A review of residents' health records found that several residents had been identified as being colonised with antibiotic resistant bacteria while in hospital. However the provider had not ensured that information regarding the residents infection and MDRO (multi-drug resistant organism) colonisation status was communicated when residents were transferred from hospital back to the centre. As a result, staff were unaware of the required infection prevention and control measures that needed to be in place to keep residents and others safe. Details of issues identified are set out

under Regulation 27.

Although, residents had good access to their general practitioners (GP) and allied health professionals including tissue viability nurse expertise, inspectors found that referrals were not always completed in a timely manner. This posed a risk of deterioration in residents' health and well being. These findings are discussed under Regulations 5, Assessment and Care planning and 6. Health care.

Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection with few exceptions.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency, however the inspectors found that further assurances were necessary in relation to safe evacuation procedures and in the testing of fire equipment. Although, inspectors were told that fire safety works were completed, final sign-off by a person competent in fire safety to confirm satisfactory completion was not available at the time of this inspection. The findings are discussed under Regulation 28 in this report.

While inspectors were assured that residents received their correct medications and that there had been no adverse incidents affecting residents, the medicines management practices and procedures in the centre were not in line with professional nursing standards and posed a risk to residents' safety. These findings are set out under Regulation 29. 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.The outdoor areas surrounding the centre were landscaped and an included an enclosed, safe garden. However, access to the garden was locked with key pad access. 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 in order for the resident to access their outdoor space.

Residents were encouraged and supported to personalise their bedrooms and as a result 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. Inspectors reviewed the layout of residents' bedrooms and found that the layout of thirteen twin bedrooms negatively impacted on residents' privacy and dignity and the circulation space residents had to meet their needs.

While, there was adequate numbers of showers and toilets to meet residents' needs, two residents' privacy was impacted as they had to pass by the communal sitting/dining room and the lobby in the front of the centre 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.

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). While most were satisfactorily supported, this was not evident for all residents and was resulting in negative outcomes for their health and well being. Inspectors found that there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or unnecessary restriction on residents.

Inspectors found that residents enjoyed varied and meaningful social activities on the first two days of inspection. However, the inspectors found on the final day of this inspection that the activities and recreational opportunities for residents with cognitive decline and those less able to participate in group activities in the sitting room were limited and mainly consisted of viewing the television in their bedrooms. This was not in line with the interests and capacities of these residents.

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 able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. All staff interactions with residents observed by the inspectors were exceptionally kind and caring.The majority of staff had completed up-to-date training in the prevention, detection and response to abuse. Inspectors spoke with a small number of staff during the inspection and they were able to outline how to respond to any allegations or suspicions of abuse.

Regulation 11: Visits

Visits from residents' friends and loved ones were encouraged and facilitated with appropriate precautions to manage and mitigate infection risks. Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. While, details of visiting hours were displayed in the communal areas, staff stated that flexible visiting arrangements were in place to ensure that residents met with their visitors outside

of these time if 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 and was not an adequate space for storage of a resident's clothing.

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;

- Ten twin bedrooms numbered 20 to 29 with floor space varying in each of these bedrooms from 14.8 to 14.9 square meters were not laid out in a way that facilitated each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed. In each of these bedrooms the inside bed which was closest to the window was placed against the wall. Many of the residents who occupied the inside beds needed specialist equipment and two staff to support their transfer needs into and out of bed. This necessitated moving the bed closest to the door away to provide adequate space for passage of assistive equipment and for access between the bed and the wall. As a result the residents in the beds closest to the corridor were regularly disturbed to allow staff to meet the needs of the other resident in these rooms.
- 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. Due to limited floor space, there was not sufficient space for the residents to have a comfortable chair beside each bed without encroaching on the area around the wash basin and preventing access to the wash basin. In addition due to a lack of room beside one resident's bed their bedside locker was placed against the wall opposite the bed and was therefore inaccessible to the resident when resting in bed.
    - Bedroom number two - Part of the floor space available in this twin bedroom was a window alcove and as a result the space available in

the rest of the room was reduced and did not provide adequate space between the residents beds and the privacy curtain screening. As a result those residents who required assistive equipment for getting in and out of bed had to move the bed out of their bed space and could not fully close the privacy curtains during transfers. This arrangement did not ensure that they could transfer into and out of bed in private and without disturbing the other resident in the room.
    - Bedroom number three - The layout of this twin bedroom was compromised by a double door to the outside of the centre. The wash basin was located in 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.
- The closest toilet and shower facilities for use by two residents in bedroom number four was at the end of a short corridor located off the centre's front lobby area. This meant that these residents had to pass the centre's main entrance and the communal sitting/dining room at the front of the centre on their way to the shower. Therefore, inspectors were not assured that the privacy and dignity needs of these two residents would be met.

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

- The paint on the surface of one hoist in use to assist residents was chipped and missing and therefore could not be effectively cleaned.
- Grab rails were fitted on only one side of some toilets and handrails were missing in some showers. These findings did not support residents' independence and safe mobility.
- There was inadequate storage for residents' assistive equipment and other equipment in the centre. For example, a hoist and a floor cleaning unit were stored during charging in a lobby area where three corridors converged. Two hoists were stored in one of the communal sitting rooms designated for residents' use. This meant that the space available in the sitting room for residents was reduced and the equipment stored in the lobby area potentially hindered their access.
- Redundant bed screen rail fittings were in place on the ceiling in one communal sitting room and in one twin bedroom.
- The inspectors found that temperatures in the corridors in the centre varied during the final day of inspection. A system to monitor environmental temperatures was not in place to ensure that they were maintained at recommended levels to ensure residents' comfort needs were met.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with a varied diet and residents confirmed that they could have alternatives to the menu offered if they wished. Residents' special dietary requirements were known to catering staff and dishes were prepared in accordance with residents' assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available throughout the day. Inspectors observed that residents were offered a varied light options for supper in the later evening including semolina pudding.

Mealtimes were facilitated in the communal sitting/dining room located at the front of the centre. Some residents preferred to eat their meals in their bedrooms and their preferences were facilitated. There was sufficient staff available at mealtimes to assist residents as needed. Inspectors observed that mealtimes were unhurried and discreet assistance was provided by staff to meet residents' individual needs as necessary.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- The volume of antibiotic use was monitored each month. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress the quality of antibiotic usage within the centre. For example, antibiotic use was not tracked to inform quality improvement initiatives and there were no antimicrobial stewardship audits available.
- Staff and management did not know which residents were colonised with MDROs. If a resident is a carrier of (colonised with) a bacteria that is resistant to commonly used antibiotics, these bacteria are living on or in their body. They may not be sick with an infection, but can spread the bacteria. If appropriate infection prevention measures are not followed, MDRO infections can become serious.
- The provider had not ensured that transfer forms containing details of infections and MDRO screening and results were received for a large number of residents that were transferred back from the acute hospital. This meant that staff were unaware of results of routine MDRO screening done on admission to hospital
- There were no guidelines available on the care of residents with colonised with Carbapenemase-Producing Enterobacter (CPE). CPE are bacteria that mostly live harmlessly in the gut (colonisation). Rarely, they can cause infection which can be difficult to treat with most antibiotics). As a result staff

lacked an awareness of how to prevent and control the spread of CPE.

The environment and supplies were not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and boxes. Cleaning equipment was inappropriately stored within the sluice room. This increased the risk of contamination.
- There were a limited number of clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
  Inspectors were informed that used wash-water was emptied down residents sinks which posed a risk of cross contamination.
- Clean and used linen was transported on the same trolley. This increased the risk of cross contamination.
- Soap in seven of the eight dispensers checked had passed its expiry date. This may have impact its effectiveness.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with regulation 28, Fire precautions 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 night-time staffing rostered. Repeated evacuation drills with actual staff resources were forwarded to the inspectors during the course of this inspection
- The inspectors were told that all fire safety checks were completed, however, the records made available to the inspectors regarding fire safety equipment checks were incomplete.
- Assurances were not available that the fire safety works as identified in the Fire Safety Risk Assessment dated August 2022 and confirmation of satisfactory completion by a person competent in fire safety.
- Although tied back, full length fabric curtains were in place over emergency fire exits in one communal sitting room and in two occupied twin bedrooms.
- Signage in place on corridors to advise the route to the nearest emergency exits in the event of a fire in the centre were not visible on exiting several residents' bedrooms and therefore assurances regarding evacuation in the event of a fire were not available.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medicines were administered in accordance with the directions of the prescriber. This was evidenced by;

- A number of medicines on residents' prescriptions were not signed and dated by the residents' general practitioners.

Assurances were not available that the pharmacists who dispensed residents' medicines were facilitated to meet their obligations to residents.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Records reviewed for a number of residents who had wounds or infection prevention and control needs showed that the residents did not have a comprehensive assessment of their needs. For example; Residents' wound and Infection prevention and control assessments and care plans were incomplete and did not ensure or direct the care they required to meet their needs. This was evidenced by the following findings;

- Admission assessments did not include a comprehensive infection and MDRO (multidrug resistant organism) assessment.
- Assessments completed regarding the condition and health of wounds were not not comprehensive.
- Photographs to assess wounds and monitor wound healing were not appropriately labelled and referenced and therefore could not be relied on to assess treatment effectiveness or progress with healing. In some records photographs that had been taken to monitor wound healing were not available for review.

Care plans reviewed for a number of residents with infection prevention and control needs and wounds did not have a clear and up to date care plan in place to guide staff. This was evidenced by;

- Where a resident had more than one wound, their wound care plan information did not provide adequate direction for staff on recommended treatment procedures for each wound.
- The frequency of wound dressing treatments were not informed by adequate wound assessment procedures.
- Care plans viewed did not set out all of the interventions required to

effectively guide and direct the care needs of residents known to be colonised with an MDRO. If a resident is a carrier of a bacteria that is resistant to commonly used antibiotics, these bacteria are living on or in their body. They may not have an infection, but can spread the bacteria. In some people, like those who are weak or ill, MDRO infections can develop and become serious.

-

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to the management of wounds, the monitoring of resident's nutrition needs and the safe administration of medicines 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. This is evidenced by the findings set out below;

- Residents' drug administration prescriptions were transcribed by nursing staff including when instruction was emailed by residents' GPs for administration of additional. The transcribed prescription were not signed and verified by two nurses and a copy of the original prescription from the residents' GPs was not attached as required by the centre's own 'Transcription of Medication Prescriptions' policy. This policy also required that transcribed prescriptions were signed by the residents' GPs before administration commenced.
- Two residents with unintentional weight loss did not have weekly weight monitoring completed in accordance with the centre's own nutrition policy. The systems in place for monitoring residents food and fluid intake were incomplete. For example, fluid intake/output records completed for individual residents, at risk of dehydration, were not totalled at regular intervals by staff to inform need for alternative hydration treatments.
- There was evidence of delay in referring a resident with deteriorating health including a wound that was not healing. The records showed that the resident had last been assessed by the tissue viability nurse on 13 September 2021. Since that specialist review the records showed that the resident's wound had deteriorated however the resident was not re-referred for a medical review of dressing treatment or referred for reassessment by the tissue viability nurse specialist.
- Contact precautions were not appropriately applied for the care of a resident with a suspected MRSA wound infection which was exudating and could not be covered.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

One resident's responsive behaviours that were posing a risk to their health and well being were not being appropriately managed. Further to review of the staff training records, inspectors observed that the majority of staff had not been facilitated to attend training on managing responsive behaviours.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse. An up-to-date safeguarding policy was available and informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

The provider did not act as pension agent for collection of any residents' social welfare pensions.

Judgment: Compliant

Regulation 9: Residents' rights

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

- The doors to the outdoor gardens 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.
- 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;

- There was not enough space for each resident to rest in a chair by their bedside if they wished.
- The location of the beds and the bed screen curtains in these rooms 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.

Inspectors found and were told by three residents that they did not have sufficient access to community resources and events in line with their assessed needs and wishes. Inspectors also found that some residents with higher levels of social and cognitive needs who did not attend the sitting room and spent their days in their bedrooms were not adequately supported to participate in meaningful social activities to meet their interests and capacities.

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	Not compliant
Regulation 15: Staffing	Not 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	Substantially compliant
Regulation 34: Complaints procedure	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 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0037390

Date of inspection: 29/09/2022

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A Person in charge has been appointed. A fitness to practice interview was completed on the 26th of October 2022. A leadership and management QQI Level 6 course has been completed. BNH are awaiting the results and certification which is expected the end of November 2022. All Required documentation as requested has been submitted to the Chief Inspector. As part of BNH staffing contingency and succession planning a second staff member is also in the progress of completing a leadership and management QQI Level 6 course.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of the staffing roster has been completed by the Governance Team in BNH and a documented staffing plan has been agreed. The staffing plan will be reviewed regularly in line with resident dependency assessments and holistic needs. To achieve this outcome, the Head of Household and Household Supervisor will review the roster with Provider or Person in Charge to identify potential gaps prior to the roster being posted for Household staff: Catering: One additional catering staff has been recruited. Upon receipt of Garda Vetting the new employee will be inducted to post. The adjusted Catering Team whole time equivalent will be 4:4.35 to meet residents' needs. Cleaning: As we continue to interview additional cleaning staff, BNH's current cleaning staff have been working additional hours to ensure high standards are met.	

Similarly, the Person in Charge, in conjunction with the ADON, will likewise review the roster on an ongoing basis to ensure that the compliment of nursing staff is in place to meet the needs of the Residents.
Nursing:
Two new nurses have been appointed to the team. One has commenced employment and the second staff nurse will commence on 7th November 2022.
Healthcare Assistant:
An additional Healthcare Assistant has accepted a position and is due to commence in early December, upon completion of Garda Vetting.
BNH have a recruitment campaign, interviews for cleaning staff are being held this week beginning 7th November 2022 to expand the weekend cleaning hours.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
BNH Governance Team identified a number of staff training requirements staff based on resident holistic needs. As a priority all mandatory training will be completed 30th November 2022.

A number of additional training requirements have been identified as part of the preventative measures for non-compliances identified within this report. An external regulatory support provided training on Governance of a Nursing Home, attended by Registered Provider, Persons Participating in Management and Clinical Nurse Managers. Status: Completed, 26th October 2022.

Additional courses on wound management, medicines management and the management of responsive behaviors including antibiotic resistant hospital acquired infections have been sourced and are in the process of being contracted. A strategy has been drafted with the aim of ensuring all staff that require training have the training completed. On 23rd November 2022, attendace at the INMO Eduction course on Wound Management has been scheduled. A Trainer has been contacted to provide training in Positive Behavior & Restrictive Practice, and has confirmed availability for the week of 28th November 2022.

All nursing staff have read and understand policies related to Wound Assessment and Care. In addition, an update of residnets wounds and skin condition will be included in the safety pauses.

A Clinical Nurse Manager is nominated every shift for supervision to ensure a high Quality Standard of Care Delivery and ensure that all practices are delivered in accordance with professional standards.
An external company has been engaged to provide training in Care Planning to all staff

nurses and healthcare assistants. While we await a confirmation date, we are in receipt of materials that are being reviewed by staff in preparation for attendance at onsite course.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Fire:
A review of the documentation maintained for fire checks has been completed using HIQA's Fire Safety handbook, 2021 as a comparative document to review practices.

Amendments have been made to the existing fire safety documents which include daily checks of the fire panel, indicators of compliance or defects for all firefighting equipment with a particular emphasis on the guidance appendix 3. A member of the nursing team is nominated on each shift to be responsible for adhering to the requirements of the guidance document and ensuring the required checks are completed and records maintained.

During the monthly management team meeting the findings from all fire safety checks, drills/evacuations are discussed.
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Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
As discussed in the response under Regulation 15 Staff Training and Development an external regulatory support organisation provided training on Governance of a Nursing Home. The training was attended by Registered Provider, Persons Participating in Management and Clinical Nurse Managers and was completed 26th October 2022. The training included:

Legislation, Regulation, Standards and Guidelines
• S.I. No. 415 of 2013
• Other relevant Legislation

Roles and Responsibilities within the Residential Care Centre
• Board of Management

• Registered Provider
• Person in Charge
• Person Participating in Management

HIQA Inspection Report Findings
• Corrective Actions and Preventative Actions

Introduction to Risk Management
Roles and responsibilities for RP & PIC in Risk Management

Monitoring Compliance
• Audit
• Annual Review
• Strategic & Operational Planning
Change Management
• Information Governance
• HR & Staffing

The Registered Provider is committed to ensuring that a high-quality service is in place and delivered to the residents of BNH, this will be completed though the provision of ensuring that there is clear roles and responsibilities, teams and committees, line management structure, strong monitoring and evaluation of the service though audit and key performance indicators.

External Regulatory support has been sought to provide support in implementation of best practice in key areas such as Risk Management, Monitoring, Oversight Audits and Data Collection.

The findings from this inspection report have been documented on an incident report and each area of noncompliance with be accessed in detail to ascertain the root cause of the noncompliance and preventative action to be put in place to reduce the risk of recurrence.

Introduction to Risk Management
Roles and responsibilities for RP & PIC in Risk Management

Monitoring Compliance
• Audit
• Annual Review
• Strategic & Operational Planning
Change Management
• Information Governance
• HR & Staffing

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The findings from this inspection report have been documented on an incident report and each area of noncompliance with be accessed in detail to ascertain the root cause of the noncompliance and preventative action to be put in place to reduce the risk of recurrence.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Safegaurding

BNH Submitted the Notification for suspicion of financial abuse following the inspection.

BNH will ensure that all notifications in relation to psychotropic medicines administered on a PRN basis will be notified on the quarterly reports. A weekly audit has been implemented for use of psychotropic medications. The audit carried out by the Clinical Nurse Manager is based on the requirements BNH P&P on Restrictive Practices which is in line with the national policy, Towards a Restraint Free Environment in Nursing Homes.

BNH continues to work toward a restrictive free environment and each resident, the environment will be reviewed with a particular emphasis on appropriate treatment to reduce symptoms of medical conditions and identification of chemical restraint and or environmental restraint. The findings of the weekly audited will be accessed, analysed, trended by the PIC and discussed at the management team meetings.

All staff have been provided with a notice of Monitoring Notifications, Registration Notifications and External Reporting requirements and key staff have been provided with training on Monitoring notifications handbook Guidance for registered providers and persons in charge of designated centres for older people (HIQA, 2018). A number of notices have been displayed in key areas where staff document in resident records.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
A review of BNH Nutritional and Wound care policies has taken place. A thorough review has been provided to staff on HSE National Wound Management Guidelines (HSE, 2018). A weekly audit has been implemented to monitor adherence to best practices. The audit carried out by the Clinical Nurse Manager is based on the requirements policy. The findings of the weekly audits are assessed, analysed, trended by the PIC and discussed at the management team meetings. The individual delivery of care for residents with wounds is discussed further under Regulation 5 Care Plans and Regulation 6 Healthcare.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
A comprehensive review of all residents' wardrobes was carried out in BNH. A Quality Improvement Plan has been identified to provide additional wardrobe spaces for some residents. The residents have been consulted regarding the required changes and have consented. Some minor carpentry works will need to be carried out to facilitate the bigger wardrobes.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A risk-based review of each twin room bedroom 20-29 was undertaken.
• Privacy and Dignity
• Use of Specialist Equipment
• Location of Bed
• Individual Residents Abilities/risk factors
• Access to bed locker or appropriate location of bed locker where risks are identified such with the use of floor mats at nighttime*

From the review it was identified that there was a risk whereby the resident closest to the door was disturbed. As such control measures were implemented using the Human Rights Based approach and being conscious that the rooms are the residents' homes. The residents that require the use of specialist equipment were consulted and or their families and the risk was explained to them. Consent was received to move the residents with the need for specialist equipment to another room. A risk management plan and care plan has been implemented including orientation and support in new environment to support the residents change of room.

*Any resident with the ability to independently access their bedside locker has their own locker beside their bed within reach, where bedside lockers do not pose a risk to the resident for example falls prevention, they are positioned in accordance with their safety plan.

Three twin bedrooms numbered one to three
An architect has reviewed the floor space in this room to determine if the room can be configured to accommodate the requirements of the regulations and privacy. A report from the findings is due to be submitted to BNH in two weeks.
Where reconfiguration of the rooms is not an option. BNH Board of Management will need to assess the risks associated with a reduction in bed occupancy and impact to the viability of the business. The Registered Provider will liaise with the Chief Inspector A in relation to the findings.

Bedroom number four – An alternative toilet and shower facility has been identified in close proximity to this room and is away from main entrance and communal sitting/dining room. Resident in this room have been informed and are pleased with this arrangement.

Draft plans are in progress and it is the intention of Provider that this particular room will revert back to its original designation as an oratory. Works will commence once Planning Permission has been received.

The paint on the surface of one hoist in use to assist residents was chipped and missing and therefore could not be effectively cleaned. –
- Chips in hoist will be corrected and painted by the week ending 20th November 2022.
• Grab rails were fitted on only one side of some toilets and handrails were missing in some showers. These findings did not support residents' independence and safe mobility.
- Our Contractor has been contacted and will be fitted by 18 November 2022.
• There was inadequate storage for residents' assistive equipment and other equipment in the centre. For example, a hoist and a floor cleaning unit were stored during charging in a lobby area where three corridors converged. Two hoists were stored in one of the communal sitting rooms designated for Residents' use. This meant that the space available in the sitting room for residents were reduced and the equipment stored in the lobby area potentially hindered their access.
- Storage area identified and staff were reminded to keep communal areas clear of equipment immediately after inspection, 30 September 2022.
• Redundant bed screen rail fittings were in place on the ceiling in one communal sitting room and in one twin bedroom.
- Completed.
• The inspectors found that temperatures in the corridors in the centre varied during the final day of inspection. A system to monitor environmental temperatures were not in place to ensure that they were maintained at recommended levels to ensure residents' comfort needs were met.
- Non-mercury thermometer gauges are being sourced and will be put in place throughout BNH by 30 November 2022, and once installed, will be monitored on a

regular basis and any significant change in temperature will be immediately addressed.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Recommendations outlined in HIQA's submission to the Department of Health to inform its second National Action Plan on Antimicrobial Resistance (AMR) 2021-2025 (iNAP). have been reviewed in the context of antimicrobial use in BNH. It was identified that BNH P&P for Medication includes antimicrobial stewardship is appropriate, the P&P will be implemented fully in by the end of November 2022. As part of the assessment process all residents that are in receipt of antibiotics have been reviewed by their GP. A local audit tool has been implemented which includes the start and end dates of treatment, name of antibiotic, dosage, frequency and duration, reason for treatment and outcome of treatment. A weekly audit has been implemented to monitor adherence to best practice. The audit carried out by the Clinical Nurse Manager and IPC Nurse Lead is based on the requirements policy. The findings of the weekly audited are accessed, analysed, trended by the PIC and discussed at the management team meetings.

To ensure staff are aware of the colonization status of residents. BNH have introduced a MDRO document which includes

• Infection screening completion
• Up to date infection status

This information will be obtained upon admission or transfer from a hospital to ensure effective receipt of infection status and or colonization information during handover report from hospitals or community. IPC Measures for all residents are included in the BNH Safety Pauses carried out twice daily.

A management of CPE P&P is in place. All staff have read and understand the P&P. All known residents with MDROs have standard precautions in place and care plans have been updated with appropriate measures for the management in MDROs.

To reduce the risk of environmental transmission, the following has been implemented:
• A designated area for cleaning equipment in the outside storeroom has been identified and it is no longer stored in the sluice room.
• Clean and used linen are transported separately to reduce the risk of cross contamination.
• All staff have been re-educated regarding the risks and implications of emptying used wash water basins into sinks.
• A hand sanitizer and soap weekly audit has been undertaken and currently all in use products are within date.

Clinical Hand Washing Sinks
BNH are in the process of completing an assessment using the Guidelines for hand hygiene in Irish healthcare settings Update of 2005 guidelines January 2015, specifically HBN 00-10 Part C Sanitary Assemblies. The introduction of additional designated Clinical Hand Washing Sinks meeting the requirements will require structural works and as such as project plan with IPC, Fire and multidisciplinary input is required. In the interim to reduce IPC cross contamination risks. BNH have identified a number of sinks that can be used to expand the available handwashing sinks.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A night-time evacuation simulation was completed, using the complement of night staff for high dependency compartment on with timely evacuation achieved. The Chief Inspector has been provided with a Comprehensive Report.

A fire drill programme has been developed and a drill will be repeated every three months and shall include the outcome of each drill including the scenario practiced and its result, including any problems encountered.

BNH have identified a nominated person to ensure safety checks are completed as outlined in Regulation 21: Records.

All fire signage will be updated within three weeks by the approved contractor to ensure that they are visible in case of emergency a report of same has been submitted to the Chief Inspector.

Curtains have been removed from the communal dining room and two twin rooms on 15 November 2022.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All residents receive a review from their GP every three months, this review includes a review of their medications. BNH has a transcribing P&P in line with best practice. All nursing staff have been educated on the P&P. All kardexes must be signed by the GP within 24 hours where any changes have been made a person has been appointed to

bring the kardex to the GP for signing where they are unable to facilitate a visit to the nursing home to sign the amended kardex.

A weekly audit has been implemented to monitor adherence to P&P. The audit carried out by the Clinical Nurse Manager and is based on the requirements policy. The findings of the weekly audited are accessed, analysed, trended by the PIC and discussed at the management team meetings.

The approved pharmacy supplier has committed to their responsibilities for auditing and in person for any required medication counselling and advice.

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:
BNH have a suite of P&P to support the assessment and development of Care Plans for residents. A review all residents care plans will be undertaken to ensure that their care plans are reflective of their needs and abilities. Initially the focus will be on wound care to ensure all wound care is carried out as per best practice guidelines. Wound care is now being managed as per supporting P&P and includes:

- Comprehensive Assessments including condition and health of the wound
- Wound Measurement
- Photography of wound twice weekly
- Status of Wound
- Robust clear documentation and care plans

For residents with wounds seen by TVN, it is required that TVN give a clear written instruction for the management of the wound for example appropriate dressings, frequency of dressing change. All care plans include the instructions of Allied Health Professionals, and a record of the correspondences will be included in the therapies section of the resident record, verbal recommendations will not be accepted.

As outlined in response to Regulation 27 Infection Control, BNH have revised and updated the preadmission assessment document and introduced a new handover document for receiving residents returning from hospital, to include MDRO status, this is then entered in a care plan for that resident to direct care and outline the appropriate IPC protocol required, by their assigned key nurse. The IPC precautions required are mentioned in safety pause to ensure all staff are aware.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
A suite of evidenced based P&P is available to guide nursing practices in relation to the management of wounds, the monitoring of resident's nutrition needs and the safe administration of medicines. All nursing staff have read an understood the P&P.

Medication:
Addressed in Regulation 29 Medicines Management

Nutritional Needs:
Staff have been educated and supported to complete fluid intake output records and understand the importance of ensuring these records are accurate and are totalled to guide care required for those at risk of dehydration. A nominated person has been identified for each shift to oversee the management of nutrition for each shift.

Wound Management:
Addressed in Regulation 5: Individual assessment and care plan.
Where a resident presents with Complex wound healing as per P&P a multidisciplinary meeting will be held. Attendees may include, GP, tissue viability, dietician, community geriatrician, mental health care, advocacy services, family. All complex cases will use the Guidance on a Human Rights-based Approach in Health and Social Care Services (HIQS, 2019) as an ethical framework to inform the care delivery. A detailed report regarding one complex case has been provided to the Chief Inspector.

MRSA Contract precautions:
A suite of P&P in relation to transmission-based precautions is available and reflective of evidenced based practice. A review of all residents' infection status has been completed. All residents with infection have the correct IPC precautions in situ.

Residents with infections have appropriate care plan in place which include details of the contact precautions.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
BNH have access to old age psychiatry in the local area. All residents that present with responsive behaviours will be reviewed initially by their GP and then by old age psychiatry.

In November 2021 and May 2022, all staff attended Dementia training that made reference to the topic of Responsive Behaviour. We have identified and added the Responsive Behaviour course to our mandatory training list for all staff. Onsite training for Responsive Behaviour is tentatively scheduled for the week of 5 December 2022. Staff have been informed that this is mandatory training and rosters will be scheduled to ensure full attendance.

All residents with behaviours that require support have been reviewed by old age psychiatry team or geriatrician. Care Plans include non-pharmacological approaches where PRN medications have been prescribed and a behavioral assessment is undertaken to out rule any causes such internal, external or environmental factors that may be contributing to the behaviors. Care Plans are drafted using the Human Rights Based Approach and the Guidance Towards a Restraint Free Environment in Nursing Homes.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Environmental restrictive practices have been reviewed. The access key code to the external Gardens is now disabled during the day.

The provision of activities in the nursing home is being reviewed to ensure that the suite of activities includes inhouse activities and community activities. Planned outings to local areas, identified by residents as places of interest are commencing this week, with staff and transport allocated.

At each residents meeting staff will discuss the residents' preferences for outings in line with community activities.

Several therapeutic activities for residents that do not wish to engage in community activities have been introduced and include:
• Reflexology
• One to one reading local newspapers
• Nail painting and hand massage
• Art
• Talk and reminiscence therapy
• Dog therapy
• Audio Books.

A schedule of activities is displayed in the sitting rooms and residents are informed daily by care staff of the activities available to them daily.

A survey will be carried out with each resident in relation to their bedrooms and access to individual TV's to ascertain their preference for individual TV's and or radios. A change control plan will then be implemented pending the findings to ensure each residents'

preference is respected and adhered to.

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	30/11/2022
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	30/11/2022
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	Not Compliant	Orange	30/11/2022

	Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
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	30/11/2022
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	30/11/2022
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	Substantially Compliant	Yellow	07/10/2022

	for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/11/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/11/2022
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	Orange	30/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	30/11/2022

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/11/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	07/10/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	12/09/2022
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	Substantially Compliant	Yellow	12/09/2022

	residents.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Not Compliant	Orange	14/11/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	30/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	14/11/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the	Substantially Compliant	Yellow	14/11/2022

	end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
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	14/11/2022
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	14/11/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	14/11/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Not Compliant	Orange	14/11/2022

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(1)	The registered provider shall, having regard to 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.	Not Compliant	Orange	14/11/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	14/11/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	28/11/2022

	to their role, to respond to and manage behaviour that is challenging.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	14/11/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities	Not Compliant	Orange	30/11/2022

	in private.			