



**Health  
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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:	23 November 2021
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0034418

## 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. All rooms have ensuite facilities that include a shower/bath, toilet and wash hand basin. There is a variety of sitting areas where residents can spend time during the day and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas, offices, sluice facility and cleaning room. The laundry is located in an external building close to the centre. The centre is a family run business that has operated since 1995. The objective of care as described in the statement of purpose is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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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 23 November 2021	09:30hrs to 17:00hrs	Lorraine Wall	Lead
Tuesday 23 November 2021	09:30hrs to 17:00hrs	Martin McMahon	Support

## What residents told us and what inspectors observed

Overall the inspectors found that residents received a good standard of care in this centre and their preferences for care and support were respected.

On arrival to the centre inspectors met with some members of the management team. Inspectors spoke with residents throughout the day of the inspection. Inspectors also observed how the residents spent their day and how they were supported by staff in the centre.

Most residents who spoke with the inspectors spoke positively about the care that they received. Residents described the centre as a comfortable place to live and expressed that they felt safe. Residents told the inspectors that it was 'lovely' living in the centre, that they were well supported, had access to appropriate media and papers and enjoyed the activities provided.

Residents reported that they enjoyed the food in the centre and that there was a good choice of meals. Residents with high dependency needs were observed to receive support to enable them to enjoy their meals.

The centre is a purpose-built two-storey building. The hall inside the front door was being used as a visiting area and inspectors were told that this was mostly used by residents who reside in double bedrooms. There was another visiting room situated at the other end of the building. Residents told inspectors that visitors could visit them in their bedrooms or in one of the visiting areas and were happy to have a choice between both. An inviting courtyard was situated in the centre of the building and inspectors observed some residents spending time there. The centre had two communal areas, however one of these areas appeared to be unused by residents and was used for storage of hoists and chairs on the day of inspection.

The atmosphere in the centre was relaxed and residents were observed spending time in one of the communal areas and their bedrooms. Some residents preferred to spend most of their time in their bedrooms where they had access to television, radio, local and national newspapers. Residents bedrooms all had suitable ensuite facilities. Bedrooms were a good size and were seen to be personalised with residents own personal items and photographs. Residents told the inspectors that they had enough storage for their personal belongings.

Interaction between staff and residents was observed to be kind and respectful. It was evident that staff knew residents well and had an awareness of the resident's care plans. Residents told inspectors that staff were always very kind to them. All of the residents who spoke with the inspectors were satisfied with the quality of food in the centre, stating that the food was good and that they were offered a good choice of menu. Inspectors observed mealtime and found that residents were assisted in a dignified and respectful manner.

There was an activities coordinator working in the centre on the day of the inspection who was very engaging and enthusiastic. Activities were facilitated in one of the two communal areas and there was provision for activities to be facilitated on a 1:1 basis with residents who preferred to spend time in their bedrooms.

Inspectors observed a number of residents actively participating in an exercise class, word searches and singing in the communal area.

Some residents expressed that they would like more opportunity to get out and about in the local community and felt that this was not facilitated, stating that they felt "locked up" during the COVID-19 pandemic.

Residents told the inspectors that they felt comfortable bringing their concerns to the management team. Residents were aware of the process of making a complaint and told inspectors that any concerns raised were addressed.

Inspectors observed that resident's meetings had good attendance and were effective in giving residents the opportunity to discuss issues and to be involved in decisions around their care.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under the areas of Capacity and Capability and Quality and Safety.

## Capacity and capability

This was an unannounced risk inspection to monitor ongoing regulatory compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Ougham House LTD is the registered provider for Bailey's Nursing Home. The centre had a clearly defined governance structure in place with associated roles and responsibilities. The senior management team included the provider, person-in-charge, a general manager and two clinical nurse managers. Managers and staff were clear about their roles and the reporting structures in place.

The centre had completed a comprehensive COVID-19 preparedness plan following a review of the outbreak which occurred in the centre. This review also included feedback and analysis from resident's families on aspects of care and communication during the outbreak. It was evident that the centre had identified learnings from the outbreak and was implementing any recommendations made.

The staffing levels and skill mix on the day of inspection were sufficient to meet the assessed nursing needs of the residents living in the centre.

Staff had access to a comprehensive suite of training modules including human

rights, end of life care, fire safety and falls prevention training. The person in charge had oversight of staff training and a training matrix was available for review. However, inspectors found gaps in mandatory training which is detailed under Regulation 16. Staff were appropriately supervised in their work by clinical nurse managers and the person in charge.

The centre had a complaints policy and procedure in place. A review of the complaints records found that resident's complaints and concerns were promptly investigated and responded to in line with the regulatory requirements and there was a comprehensive record kept, which detailed the complainants level of satisfaction.

### Regulation 15: Staffing

There was sufficient staff on duty with an appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the training records for staff found that there were training gaps in the following areas:

- Management of responsive behaviours. This training was not identified on the training matrix.
- Safeguarding vulnerable adults

Judgment: Substantially compliant

### Regulation 23: Governance and management

Improvements were required in the governance and management of the centre. This was evidenced by:

- the management systems in place were not effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored.
- there was a lack of audits available for review on the day of inspection. The compliance plan submitted by the provider following the last inspection had given assurances that audit training had been completed by key personnel,

along with development and agreement of an audit schedule. An audit schedule was not available for review during inspection.

- a review of the risk register found that all identified risks were rated as low or green risk and some lacked any risk rating indicating ineffective risk assessments.
- an annual review for 2020/2021 was not available for review.
- there was a lack of documented meetings between members of senior management. Where meetings between management were recorded, they lacked an appropriate action plan to address issues identified.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place and complaints were dealt with in line with the requirements of Regulation 34.

Judgment: Compliant

### Quality and safety

Overall the inspectors found that that the residents care needs were met and those who lived in the designated centre were well supported to live a good quality of life.

Inspectors identified some areas for improvement in the areas of infection prevention and control, residents rights and premises.

Inspectors reviewed a number of resident's individual care plans and assessments. There was evidence of a comprehensive assessment being undertaken by suitably qualified staff before admission and on an ongoing basis thereafter. Care plans were completed to a good standard, were person-centred and reviewed regularly in line with regulatory requirements.

Core assessments were completed using validated assessment tools and where necessary, multidisciplinary involvement was evident.

Residents in the centre had access to appropriate health care and allied health professionals including a general practitioner, occupational therapist, dietician, speech and language therapist, tissue viability specialist and podiatrist. Residents healthcare needs were regularly reviewed and recommendations were implemented. The inspectors also spoke with staff who were knowledgeable surrounding the healthcare needs of residents.



The provider had addressed the lack of storage space identified on the last inspection. Inspectors reviewed minutes from a meeting held with residents in September 2020 during which they were consulted about their preferences regarding storage. Where residents requested more storage this was facilitated. Residents had also been consulted about the sharing of televisions in double rooms. The provider had purchased ipads for residents who shared rooms, however staff acknowledged that these were rarely used by residents.

Since the last inspection, an activities coordinator had been employed and residents felt that they had benefited from the introduction of this resource. The inspector observed activities being facilitated throughout the day and these were tailored to meet the needs of the residents. While there was evidence that the provider had worked hard to make improvements in this area, further improvement was required. For example, an activities schedule was not available for review and the assessment of each resident's social care needs had not been completed, as outlined in the previous inspection completed in August 2020.

The provider had completed upgrades on the premises since the last inspection, however, further improvements were required to ensure that the design and layout met the individual and collective needs of residents. For example, some of the paintwork in resident's rooms and along the corridor was showing signs of wear and tear. Additionally, it was observed that one of the two communal areas available for residents was used to store hoists and chairs and was not inviting for residents to use.

The centre had an updated risk management policy. While a risk register was in place, it was not comprehensive and risks have not been rated appropriately as outlined under Regulation 23, Governance and Management.

Overall, the centre was clean and tidy. The centre had a good system in place for laundry. Laundry staff were knowledgeable about their roles and responsibilities. An external infection prevention and control audit has been completed in October 2021 and some recommendations had been implemented while others were still in progress. Inspectors identified some areas which required improvement to ensure that residents were protected, as detailed under Regulation 27.

## Regulation 11: Visits

The centre had a system in place to safely facilitate visits, which was in line with national guidance.

Judgment: Compliant

## Regulation 12: Personal possessions

There was evidence that the provider had addressed the non compliances in relation to storage space for residents found on the last inspection.

Judgment: Compliant

### Regulation 17: Premises

Some areas required improvement:

- Some resident bedrooms and areas throughout corridors required painting. The registered provider informed the inspectors that this was scheduled for completion.
- There was a lack of storage space in the designated centre for storing hoists and resident chairs. A number of hoists and chairs were stored in a resident's communal area.
- Some corridors were quite cluttered with equipment and cleaning trolleys until after lunchtime on the day of inspection. This made it difficult for some residents to mobilise freely around the centre.
- Some of the residents rooms required reconfiguration of furniture to ensure that they were provided with adequate space and could freely access their bedside table and a comfortable chair.

Judgment: Substantially compliant

### Regulation 26: Risk management

The centre had a risk management policy in place which met the requirements of schedule 5.

Judgment: Compliant

### Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspectors on the day of the inspection:

- A loop mop system was used in the centre, however there was no system in place to ensure that water was changed between each resident's room or

that mops were appropriately cleaned after use each day. The provider gave assurance that mop heads were changed between each room and that a flat mop system was in the process of being introduced.

- Some cleaning trolleys had bins attached which did not have a lid.
- Cleaning schedules did not include the sanitising of frequently touched surfaces.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents individual assessments and care plans reviewed were completed to a good standard, were person-centred and reviewed regularly in line with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and health care.

There was support available from a range of allied health care professionals and any recommendations made by the allied health care professionals was incorporated into the residents care plans.

Judgment: Compliant

### Regulation 9: Residents' rights

A number of improvements were required under this regulation:

- An activities schedule was not available for review on the day of inspection.
- An assessment of the residents social care needs had not been completed.

However, inspectors acknowledge that the activities coordinator was new to the post and was making progress on the development of residents social care plans with input from residents and their families.

Two residents informed the inspectors that they would like to be supported to get out more within the community. Staff informed inspectors that this was assessed on an individual basis in line with the resident and families wishes. However, there was

no evidence of such assessments available on the day of inspection.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0034418

Date of inspection: 23/11/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Gaps in mandatory training:</p> <p>The training needs of staff have been reviewed. The two staff members required Safeguarding training have completed the HSE online course on Safeguarding and are scheduled for Safeguarding Training onsite.</p> <p>Management of Responsive Behaviours:</p> <p>On 22nd and 25th of November 2021 Training on The Management of Responsive Behaviours was carried out in BHNH. The nursing home has now received evidence of training and attendance certificates from the course facilitator. The training matrix has been updated with attendees.</p> <p>Training has been added to the Management Team agenda. The training will be scheduled as far as reasonable practice prior to the expiry date and will be overseen by the General Manager and any resource requirements communicated at team meetings.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management systems:</p> <p>Currently, clinical Key Performance Indicators are collected and trended weekly by the Person In Charge (PIC).</p>	

Non Clinical Key Performance Indicators have been agreed and will be trended monthly at the Management Team Meeting. They shall include:

- Compliance Audit Schedule
- Complaints
- Incidents
- Feedback
- Training needs
- Staff Supervision
- Recruitment
- Admissions, Discharges and Complex Care Needs
- Resources/Budget
- Preventative Maintenance Schedule for furnishing, compliance

#### Audits:

An audit schedule has been developed and agreed for 2022 which covers all of the regulations outlined in the Health Act SI 415/2013, HIQA Standard and Guidelines. Where applicable Public Health and other best practice documents will be used for self assessment to identify any gaps.

#### Risk Register:

The risk register will be reviewed following any incidents, audits or complaints to ensure a reflective risk rating. Any changes to the risk register will be discussed at the Management Team Meeting and communicated to relevant staff.

#### Annual review:

An annual review for 2021 is in progress following feedback on previous events and this will be monitored and supervised by the Person In charge.

The annual review report for 2021 includes more details to ensure a comprehensive review of all Regulations and Standards.

#### Meetings:

Meetings for 2021 were held frequently and recorded in our minute diary however on the day of inspection the diary was misplaced and could not be viewed as they were not typed. To rectify this a schedule of meetings has been developed for 2022 and communicated to all relevant parties.

An administrator has been employed with effect from 04th January 2022 to assist in maintaining documentation to support the meetings held in BNH. Standardised Agendas and Minutes have been developed which include actions and timeframes for issues identified.

#### Activities:

Each resident has been assessed by the newly appointed activities coordinator. The activities in BNH are based on the residents preferences. A schedule of activities has been drafted and is displayed in the high traffic areas of the nursing home, additionally, care staff inform all residents throughout the day of activities and encourage the residents to



attend.

The activities coordinator records on an activity attendance sheet daily for the activities attended by each resident. Residents feedback regarding activities is discussed at the residents meetings.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Refurbishment:

A documented refurbishment plan has been developed 2022 and will be reviewed on an ongoing basis. A risk based approach plan has been put in place to ensure safe refurbishment, painting decorating. The time to complete the refurbishment is more lengthy than previous years due to additional risks with Covid for example isolation requirements, which limits the availability of additional rooms.

Storage:

As an interim solution to the additional storage requirements, a room has been designated to store the hoists and resident chairs. BNH will explore a long term solution to storage, and resident room design.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Cleaning System:

Training was provided to all staff on the new cleaning system which includes flat head mop and closed bins. The system is now in use since 15 January 2022.

Cleaning Schedules:

The cleaning schedule has been amended to document the frequency of high touch areas.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Community Activities and outings:</p> <p>Prior to residents leaving the nursing home for community activities or outings a documented risk assessment is available however, this is being reviewed to ensure that there is a comprehensive risk assessment document filed in the residents care plan. This in turn will be used to update each residents social care needs. Residents have already indicated their outing and activity preferences and management team will work in conjunction with the activity coordinator to support residents in this area.</p>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2022
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	28/02/2022
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.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(d)	The registered provider shall ensure that there	Not Compliant	Yellow	31/01/2022

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2022
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	31/01/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant	Yellow	15/01/2022

	implemented by staff.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	31/01/2022
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	Yellow	31/01/2022
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	24/01/2022