



**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:	Announced
Date of inspection:	03 October 2023
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0039474

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 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 3 October 2023	09:00hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 3 October 2023	09:00hrs to 17:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

This inspection was an announced inspection carried out over one day. The inspectors met with residents, staff and members of the centre's management personnel. On this inspection, the inspectors observed that residents were supported by staff to make independent choices about their daily lives and to lead a full and quality life in the centre.

As part of this announced inspection process, pre-inspection questionnaires were provided to the residents to complete. Eighteen questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was mostly positive and all residents confirmed they were content, felt safe and were well cared for in the centre. Residents expressed their satisfaction with the quality and choice of food provided for them, however one resident commented that their meals were 'too big'. Another resident commented that they would like more space for their belongings in their bedroom. Residents reported that if they made a complaint, it was responded to without delay and to their satisfaction. Residents also confirmed their satisfaction with the social activities they could participate in and gave examples of the social activities they liked best and the opportunities they had to integrate in the local community.

There was a lively and happy atmosphere in the centre and inspectors observed that staff were attentive and responsive to residents' needs. Residents were observed to be very comfortable in the company of the staff caring for them and it was evident that staff knew residents' preferred daily routines, care needs, life histories and personal interests well. Staff drew on this information to chat with individual residents. Staff were also observed by the inspectors to take time to explain care procedures to residents and to get residents' consent before carrying out care interventions. The inspectors observed many of the residents talking and laughing with staff during the day. Residents' feedback regarding the staff included 'always have a smile and a laugh', 'they would put you in good form' and 'they are special people'.

The majority of the residents preferred to spend their day in the sitting room at the front of the building. The inspectors observed that some of the residents had become friends since coming to the nursing home and they like to sit and chat together in the sitting room and during mealtimes in the dining room. These preferences were facilitated by staff.

A new activity schedule was displayed for residents' information each morning and staff also reminded residents of the social activities planned for the day. The social activities scheduled were tailored to meet all residents needs including dog therapy, reflexology, arts and crafts and a live music session in the afternoon. The music session was interactive and some residents liked to sing their favourite songs and this was facilitated. The musician regularly attended the centre and knew the residents' names and songs that individual residents especially enjoyed. During the

day, the inspector observed that the social activities for residents were facilitated by the activity coordinator supported by care staff in the communal sitting/dining room. Some residents told inspectors that they enjoyed going out to the local cafe, the library and occasional fair days in the town. Other residents said they regularly went home with family members for a numbers of hours and these outings were 'special' and that they looked forward to them.

The inspectors observed that the centre was well maintained and adequately ventilated. The corridors and varied communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspector to be visibly clean. Appropriate storage and other ancillary facilities were available. Residents' bedrooms were observed to be bright, nicely decorated and most bedrooms contained suitable furniture for residents. However, the layout of many of the twin bedrooms in the centre did not meet the needs of the residents accommodated in them. This is discussed further under the quality and safety section in the report.

Residents had the use of a number of communal rooms and these were decorated in a comfortable and homely style. A secure outdoor area was landscaped with a variety of shrubs and plants and contained appropriate seating and shading for residents' use. The doors to the enclosed garden were unlocked and were accessible to all residents as they wished. One resident was observed out walking th the garden and they told the inspectors that they went for a walk in the garden every day regardless of the weather conditions.

The inspectors observed that hand sanitising stations were located throughout the centre. However, clinical hand wash sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effective hand hygiene procedures. The inspectors were told that a plan was being developed to install additional clinical hand wash sinks for staff use close to points of care in a number of locations around the centre.

The inspectors observed residents lunchtime meal and saw that most of the residents preferred to go to the dining room to eat their meals. Mealtimes were a social occasion and many of the residents were observed enjoying the social interaction with other residents and staff including the chef. There was a choice of menu available and residents said that they could have alternatives to the menu if they wished.

Residents said they liked the food provided and it was 'very good', 'plenty of food', 'the best in the county' and when inspectors asked one resident if the food tasted nice, they responded 'its delicious'. Residents were offered drinks of plain and flavoured water and milk with their meal. The inspectors observed that there was enough staff available in the dining room to assist residents as needed and that assistance was provided discretely. The inspectors observed and were told by

residents that they had 'more than enough to eat' and that snacks were available throughout the day including soup, tea and coffee and biscuits throughout the day.

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 announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspectors also followed up on the actions the provider had committed to take following the previous inspection in March 2023 and on the statutory notifications and other information received since the last inspection. The provider had applied to the chief inspector to vary the conditions of their registration to reduce the maximum occupancy of the designated centre from 46 to 44 residents by reducing occupancy in two twin bedrooms and this application was reviewed as part of this inspection.

This inspection found that the service was well managed and that the provider had ensured they had good oversight of the quality, safety and effectiveness of the service provided for residents. The provider had commenced addressing the non compliances found on the last inspections to ensure the layout of thirteen twin bedrooms met residents' needs. The provider had reduced two twin bedrooms to two single bedrooms since the last inspection. This action had a positive outcome on the privacy and dignity of the residents accommodated in these bedrooms. However, the provider had not made adequate resources available to bring the remaining eleven twin bedrooms into compliance with the regulations and these bedrooms continued to negatively impact on residents' accessibility and privacy and dignity. As a result, non compliances are repeated on this inspection with Regulations 9: Residents' Rights and 17: Premises. The registered provider of Bailey's Nursing Home is Ougham House Limited.

The management structure consisted of one of the two directors on the company board representing the provider entity, a person in charge, a general manager and two clinical nurse managers. The management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff. A new person in charge was appointed on 12 June 2023 and their qualifications and experience meets regulatory requirements.

The management team met regularly to review the service. The provider has implemented a system to monitor the quality and safety of the service with the support of an external provider and although at an early stage, auditing of key areas of the service had commenced and was informing a continuous quality improvement process. However a quality improvement plan was not yet completed or resourced to address the non compliances with the layout of the remaining eleven twin

bedrooms. The person in charge had a system in place to ensure oversight of key clinical indicators that monitored the clinical effectiveness and safety of the service to residents.

Since the last inspection, the provider had recruited staff to vacant posts and to ensure staff leave was resourced. This action ensured there was adequate numbers of staff with appropriate skills to ensure consistency of the staff team and continuity of care for the residents. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training including training in wound management and positive behaviour support. The induction process in place for new staff included competency assessments and ongoing. The inspectors' observations of staff practices and discussions with staff gave assurances that they were familiar with residents' needs.

While the provider had agreed the terms and conditions of each resident's residency in the centre, the fees to be paid by residents was not clearly stated in some of the contracts reviewed by inspectors.

Records that must be maintained and available in the centre were in place, complete and were held securely. A directory of residents was maintained and referenced each resident's details as required.

There was a very low number of complaints received by the service since the last inspection and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Residents' views were valued and they were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2022.

Regulation 14: Persons in charge

The person in charge was appointed in June 2023 and their qualifications and experience met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff

were knowledgeable regarding the residents' individual needs and residents were assisted with meeting their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

The supervision of nursing staff involved in completing care plan for residents did not ensure that this information was completed to the required standards. This was not identified by senior staff and posed a risk that not all residents' care information would be effectively communicated. The inspectors' findings are discussed under Regulation 5: Individual Assessment and care plan.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents in the designated centre. It was available to the inspectors to review and the information contained in it was accurate and up to date. The directory included the information as set out in Schedule 3 of the regulations. For example, it included accurate dates of admission, transfer and discharges of residents that lived in the centre.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not made adequate resources available to ensure that the layout of residents' twin bedrooms met their needs and effective delivery of their care in accordance with the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

While, the registered provider had an agreement in writing with each resident regarding the terms and conditions of their residency in the centre, some of the residents' contracts made available for review by the inspectors did not reference the nursing home fee to be paid by the resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained all information as required by the regulations and accurately described the service provided to residents. The statement of purpose was recently revised by the provider to reference a change of purpose of two twin bedrooms to single occupancy bedrooms.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time-frames specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and had been updated in August 2023 and was in line with recent legislative changes. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose. Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated and the outcome was communicated to complainants without delay.

The inspectors found that the records of complaints evidenced that agreed actions to address the issues raised were implemented. Residents knew who they could talk to if they had a complaint and also that they could access advocacy services to support them if needed. An appeals process was in place if a complainant was not satisfied with the outcome of investigation of their complaint.

There was evidence from review of the complaints received that the provider representative and person in charge maintained good levels of communication with complainants and ensured agreed actions were taken to resolve any dissatisfaction with the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures were updated within the last three years and were made available to the inspectors for review. The policies had been adopted and implemented by staff. This was evidenced by review of practices and speaking to the staff and residents.

Additional policies and procedures to those set out in Schedule 5 had been prepared, adopted and implemented since the last inspection and were made available to staff. These included a wound care policy and the notifications of incidents policy.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff however, the layout of eleven twin bedrooms was negatively impacting on residents' privacy and

choice. The provider and person in charge had implemented actions that significantly improved residents' care and their quality of life in the centre since the last inspection. As a result the inspectors found that residents' nursing, health care and social needs were satisfactorily met. In particular the changes helped to ensure that residents had timely access to their General Practitioner (GP) and allied health professionals including tissue viability nurse expertise as necessary.

Residents were encouraged at all levels to be involved in the running of the centre. Residents' views and feedback were valued and was discussed at management meetings. Regular residents' meetings were convened and a satisfaction survey was completed to facilitate this process. Residents' feedback was used to inform the day-to-day running of the centre and excursions to the local town and places of interest.

A comprehensive review of the format of residents' care planning documentation had taken place since the last inspection. This had resulted in improvement in the detail regarding the care that must be provided to meet each resident's individual needs. However, the inspector found that inconsistencies continued in some residents' care plan documentation regarding how their needs were to be met. This posed a risk that pertinent information regarding residents' care needs and their prescribed care plans would not be effectively communicated to the relevant staff caring for these residents. These findings are discussed under Regulation 5: Individual Assessment and Care planning.

It was evident that staff knew residents well and residents told the inspector again on this inspection that their wishes and usual routines prior to coming to live in the centre continued. Residents told the inspectors that they chose when to get up in the morning and what time they went to bed at night. Some residents told the inspectors they liked to stay up late into the evening watching television in the sitting room. The provider ensured that residents had opportunities to participate in meaningful social activities and this added to their quality of life in the centre.

The provider had measures a number of assurance processes in place in relation to the standard of environmental hygiene and infection prevention and control. These included cleaning specifications and checklists, a flat mop cleaning system and colour coded cloths to reduce the chance of cross infection and equipment was cleaned and tagged after each use. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use and staff were observed to perform hand hygiene appropriately. However, barriers to effective hand hygiene practice were observed during the course of this inspection as the hand wash sinks available in a number of areas including in the room where staff prepared residents' medicines did not comply with the recommended specifications for clinical hand wash basins.

The provider had measures in place to ensure that residents were protected from risk of fire and staff were knowledgeable regarding the procedures they must follow in the event of fire to ensure residents' safety.

Residents' living environment was well maintained and was decorated in a traditional style that was familiar to residents. Communal spaces were bright and comfortable

and most were well used by the residents on the day of the inspection. An outdoor landscaped area was safe for residents' use.

Notwithstanding the improvements made by reducing two twin bedrooms to single occupancy, the inspectors found that the layout of eleven other twin bedrooms negatively impacted on residents' privacy and dignity and that there was limited circulation space available to residents to mobilise safely or to sit out beside their bed.

Residents were encouraged and supported to personalise their bedrooms and bedrooms were individualised to reflect residents' individual preferences. However as found again on this inspection, provision of one television set in twin bedrooms did not afford each resident personal choice regarding their television viewing and listening.

There were low levels of 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) in the centre. Inspector observed that staff took a positive and supportive approach to managing these behaviours.

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 to residents as they wished. Residents had access to telephones and newspapers and were supported to avail of advocacy services.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and staff were aware of their needs. However, residents who had visual needs did not have a care plan in place setting out what care and support interventions were required. This posed a risk that not all staff would be aware of pertinent information regarding these residents' needs.

Judgment: Substantially compliant

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents access to their visitors was not restricted and they could meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

The space available in a wardrobe for a resident receiving long-term care in one twin bedroom did not give them sufficient space for them to hang their clothes. On the day of this inspection, there was only one resident occupying this bedroom and an additional wardrobe was placed in this bedroom for this resident's use. However, this additional wardrobe space was not located within their bedspace area and this meant they could not control access to their clothing in the event of another resident being admitted into this bedroom. This is a repeated finding from the last two inspections and has not been adequately addressed by the provider.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of eleven twin bedrooms in the designated centre did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs and the findings are repeated from the previous two inspections. This was evidenced by;

- The layout of ten twin bedrooms numbered 20 to 29 located along both sides of one corridor did not meet the residents' needs. These bedrooms varied in size from 14.8 to 14.9 square meters and in a number of these bedrooms the layout of the room did not facilitate each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed.
In many of these twin bedrooms one side of the inside bed, which was closest to the window was placed close to the wall. A number of the residents who occupied the inside beds needed specialist equipment and two staff to support their personal care needs and their transfer needs into and out of bed. The space available in these rooms was not sufficient to facilitate the passage of assistive equipment along the bottom of the bed closest to the doors without moving the other bed aside and as a consequence, the residents in the other bed were regularly disturbed to allow staff to use the assistive equipment that was needed for the second resident in the bedroom.
- The layout of one twin bedroom located on a short corridor off the centre's lobby area did not meet the needs of two residents in this bedroom. This twin bedroom was occupied by one resident on the day of the inspection and the second bed, which was vacant. The layout of this twin bedroom was compromised by a double door to the outside of the centre located along the outside wall which reduced the overall wall space in the room against which furniture and utilities could be placed. This meant that the wash basin in this

bedroom was located within one of the resident's bed spaces and as such, the other resident could not use the wash basin without entering the first resident's bed space. In addition, access to the wash basin would not be available to the second resident when the first resident's privacy curtains were closed around their bed.

Judgment: Not compliant

Regulation 27: Infection control

A number of infection prevention and control improvement measures had been implemented since the last inspection. However a repeat finding on this inspection was that there were not sufficient clinical hand wash sinks available for staff use. Whilst the provider had a plan in place to install additional sinks this had not been completed at the time of this inspection to ensure compliance with Regulation 27 and to ensure residents were protected from risk of infection.

- Hand hygiene sinks were not available outside of those provided in residents' bedrooms and communal bathrooms/toilets which meant that the sinks in residents' bedrooms were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff. This posed a risk of cross contamination and did not support effective hand hygiene procedures. This finding is repeated from the previous two inspections.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire and the fire safety policy was up-to-date and available to staff. Each resident's evacuation needs were assessed, documented and regularly updated. Simulated emergency evacuation records made available to the inspectors confirmed timely evacuation of residents and confirmed that the provider had assured themselves regarding residents' timely and safe evacuation from each of the fire compartments when the least number of staff were available in the centre.

Fire safety checking procedures were regularly completed and there were no gaps in the records viewed by the inspectors. All emergency exits were free of obstruction, the fire alarm system panel was checked daily to ensure no faults were registering and checks were completed to ensure all fire doors were operational and would effectively contain smoke and fire in the event of a fire in the centre. The centre's

fire alarm was sounded on a weekly basis to ensure it was operational at all times. Regular servicing of the fire alarm and emergency lighting systems were completed.

Staff were facilitated to attend fire safety training and staff who spoke with the inspectors were aware of the evacuation procedures in the centre. A floor plan of the centre clearly identified the centre's fire compartments to inform the centre's evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Actions were found to be necessary to ensure that a care plan was developed to meet some residents' assessed communication needs and where care plans were developed, that the information therein clearly directed staff on the care and support interventions they must complete to meet residents needs. These findings posed a risk that this pertinent information regarding residents' care and support needs would not be effectively communicated to all staff. This was evidenced by the following findings;

- two residents needing support due to medical conditions that affected their vision did not have a care plan in place to direct staff regarding the support and care interventions they complete to ensure these residents communication needs.
- the strategies that staff must complete to effectively de-escalate one resident's responsive behaviours were not clearly stated in their behaviour support care plan.
- while, residents had appropriate access to the dietician and speech and language therapy specialists, their recommendations were not detailed in some of residents' care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met and they had timely access to their General Practitioner (GP). Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. An on-call medical service was accessible to residents out-of-hours as needed. Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours.

A low number of full-length bedrails were in use and assessment was completed which included a multidisciplinary approach in consultation with each resident or their representative and the resident's general practitioner (GP). Regular assessments were completed to ensure continued use of the bedrails was necessary. Procedures were in place to ensure residents' safety when restrictive equipment was in use and to ensure that use was not prolonged. Alternatives to full length bedrails were in use and there was evidence of use of these alternatives which included grab rails, sensor equipment and low profile beds.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard 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.

Judgment: Compliant

Regulation 9: Residents' rights

While, the provider had reduced two twin bedrooms to single occupancy since the last inspection, the impact on residents' rights and quality of life due to the layout of eleven other twin bedrooms had not been addressed. This finding is repeated from

the previous inspections. Residents' privacy and dignity rights were negatively impacted by the layout of eleven twin bedrooms as follows;

- The location of the beds and the bed screen curtains in some twin bedrooms did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms.
- The location of the inside bed against the wall with the window in it, in a number of twin bedrooms meant that when the screen curtains were closed around the bed closest to the window, the other resident could not choose to access the window and natural light in their bedroom was reduced.
- The provision of one television in the twin bedrooms did not support both residents' choice of programme viewing or listening.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0039474

Date of inspection: 03/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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> <ol style="list-style-type: none"> 1. All nursing staff have completed care planning training both online and in person. 2. CNMs complete a weekly audit of care plan's and PIC then audits this. (2 Tier auditing system as seen by the inspector on the day of inspection) 3. All residents updated care plans will be discussed with all nursing staff to ensure appropriate communication and supervision of care delivery to the residents, this happens at handover times. 4. Structured daily communications during handover will be facilitated by the nursing team about any update of resident care plans: here the person responsible for updating will be allocated to specific care plans for that day to ensure they are update in a timely manner. 5. PIC is implementing a meeting with each nurse to discuss their allocated residents careplans, to facilitate support and guidance and ensure more continuity in the content of careplans <p>Responsibility: Person in charge and the nursing team Timescale: 31/01/2024</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The provider had not made adequate resources available to ensure that the layout of residents' twin bedrooms met their needs and effective delivery of their care in accordance with the centre's statement of purpose.

The provider has planning awaiting approval for extension, ensuring twin rooms will be changed to single rooms.

Since previous inspection the PIC and Provider have made alterations and changed 2 twin rooms to singles to this date, this variation has been submitted to make the home 44 bedded.

All residents in twin rooms have had their needs and preferences assessed through discussion and questionnaire to ensure their needs are being met to their personal preferences.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The PIC has undertaken an audit of contracts to ensure that all the necessary details are included. A monthly audit of contracts of care will continue by PIC.

Responsibility: PIC

Timescale: 31/01/2024

Regulation 10: Communication difficulties

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

All care plans of each resident with communication difficulties will be reviewed and updated by the nursing team, to reflect their individual needs and any aids used.

Specific support interventions using Picture Exchange Communication System is available for those who require it to support their needs.

All care plans of each resident with communication difficulties will be reviewed and updated by the nursing team.

Support care intervention will be included in the weekly care plan discussion meeting of the nursing team and daily handovers.

Responsibility: Registered Provider and Person In charge
 Timescale: 31/01/2024

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:
 The PIC has undertaken an audit of storage in resident bedrooms, this has been a visual check of storage along with discussion with residents and families, to ensure all residents have appropriate storage space.
 Storage in the outlined bedroom has been repositioned to be contained in the residents bedspace.
 A new wardrobe has been allocated to a resident and also bookshelves have been purchased for use in 2 other resident rooms, where storage was an issue.
 As part of the refurbishment plan, dividing partitions to be fitted to the resident wardrobes to give residents individual space for personal items within the resident's bed space area.
 Additional drawer units will be provided and to be used as storage for the residents.
 Responsibility: Registered Provider
 Timescale: 31/01/2024

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The inspector has reviewed the provider compliance plan. The action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.
 Plans are in place and drawn up, awaiting planning permission to be granted for extension which will facilitate all twin rooms to be changed to single rooms.
 Currently twin rooms will be reviewed for any changes that may be needed to better facilitate the needs of the residents.
 This will be a phased process, with an expected completion date of 2027.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff have hand hygiene training, Regular audits on hand hygiene knowledge and practice are undertaken by PIC, as well as all having individual hand gels in their pockets to use at point of care. The hand hygiene sinks were ordered and delivered – completed The hand hygiene sinks will be strategically placed around the centre to support effective hand hygiene procedures therefore eliminating the risk of cross contamination –</p> <p>Responsibility: Registered Provider Timescale: 28/02/2024</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. Visual impairment assessment and care plan will be developed by the nursing team to incorporate the required support in the care service delivery. The assessment will identify the degree, type, assistive devices (such as eyeglasses), remaining visual abilities, and level of independence. 2. Care plan will be developed based on this information to identify the required support for the residents. Sensory impairment daily checks will be implemented to ensure effective communication and support to the residents. 3. Communication symbols will be placed in the residents' room. Information about the resident's care plan will be supported during daily handovers and care plan discussion meetings with the nursing team. This will ensure appropriate guidance and will direct staff to their daily care service delivery. <ol style="list-style-type: none"> 1. All residents' responsive behaviour care plans will be reviewed and updated. This is to clearly include the non-invasive techniques used to support residents and to de escalate the situation, clinical review as necessary to outrule underlying causes for the behaviour with the use of PRN medications as a last resort. 2. Information about the resident's care plan will be supported during daily handovers and care plan discussion meetings with the nursing team. This will ensure appropriate guidance and will direct staff to their daily care service delivery. 3. PIC will continue to ensure positive behaviour training is available to all staff coming on board. <p>The PIC and nursing team have met to arrange a plan to ensure MDT recommendations are promptly and clearly transcribed as part of the care plan, this information correlates to the copy of the recommendation also being available in the care plan.</p>	

1. All residents' care plans will be reviewed and updated. The details of clinical reviews and recommendations were already included.
2. Information about the resident's care plan will be discussed during daily handovers and care plan discussion meetings with the nursing team. This will ensure appropriate guidance and will direct staff to their daily care service delivery.

Responsibility: Person in charge and the nursing team

Timescale: 31/01/2024

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The provider has planning awaiting approval for extension, ensuring twin rooms will be changed to single rooms.
 Since previous inspection the PIC and Provider have made alterations and changed 2 twin rooms to singles to this date, this variation has been submitted to make the home 44 bedded.
 All residents in twin rooms have had their needs and preferences assessed through discussion and questionnaire to ensure their needs are being met to their personal preferences.

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident’s care plan prepared under Regulation 5.	Substantially Compliant	Yellow	31/01/2024
Regulation 12(a)	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 a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/01/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/01/2024

	are appropriately supervised.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/01/2027
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	28/02/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2027
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/01/2027