



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

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	10 November 2022
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0038344

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 34 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses, which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via a stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day-to-day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Thursday 10 November 2022	09:35hrs to 16:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of activities and communal space available. It was apparent from observations on the day and from what residents told the inspector that the residents appeared content living in the Shrewsbury House Nursing Home. The inspector spoke with several residents, and those residents who could voice their opinion told the inspector that they felt safe and happy living in the centre.

This unannounced inspection was carried out over one day. Following an opening meeting with the person in charge, the inspector walked through the centre. The inspector observed that staff were busy assisting residents with their morning care needs while engaging in polite conversation. The residents were nicely dressed and well-groomed. It was evident from the walk around that the person in charge was well-known to all residents, as friendly interactions were observed.

The bedroom accommodation consisted of single rooms, double rooms and one triple room. The inspector observed that some residents' bedrooms were very personalised, and they had brought in memorabilia, blankets and pictures from home. The day/sittings rooms in the centre were bright and well-ventilated. While the centre provided a homely environment for residents, further improvements were required in respect of premises as outlined under Regulation 17 further in this report.

Residents were very complimentary about the food, and the inspector saw that residents were offered a choice. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals.

Resident meetings were frequent and well-attended. From a review of the minutes of residents' meetings, it was clear that issues raised by residents were addressed, and the feedback on the actions was recorded in the next meeting minutes.

There was a varied schedule of activities on offer led by the activity coordinator. In their absence, care staff were responsible for supporting residents in their activity programme. The inspector observed one of the residents playing on the accordion in the sitting room, which created a lovely atmosphere of camaraderie. Residents were seen singing along to the music.

The inspector met numerous visitors throughout the day. Visitors spoken with were particularly complimentary regarding the kindness of the staff and the level of care provided for their loved ones.

Overall, the residents were supported to enjoy a good quality of life in a centre which was laid out to meet their needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the

quality and safety of the service being delivered.

Capacity and capability

Overall the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre.

This was an unannounced risk inspection carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the information submitted to remove condition 4 of the registration. The inspector further reviewed the actions taken by the provider following the last inspection of the centre in December 2021. The inspector found that the provider had not taken action to address some of the findings of the previous inspection in respect of Regulation 17: Premises.

Shrewsbury House Nursing Home Limited is the registered provider for Shrewsbury House Nursing Home. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported by the general manager and Registered Provider Representative. There was also a clinical nurse manager, a team of nurses, healthcare assistants, catering staff, housekeeping staff, activity coordinators and maintenance staff. Staff vacancies were low, and the management team were actively recruiting for any vacant positions.

There was a comprehensive induction record for new staff signed off by the person in charge. Each staff had completed An Garda Síochána (police) vetting prior to joining the service, and registered nurses held an active registration with Nursing and Midwifery Board of Ireland (NMBI).

All Schedule 5 policies were available for review. They were detailed enough to inform and guide staff practice when supporting residents and staff; however, a small number of these policies had not been updated according to the latest professional guidelines and to ensure the safe operation of the service.

An audit schedule was in place, which included audit activity across clinical and environmental aspects of the service. Audit activity examples include falls audits and analysis of falls incidents, restraints, care plans, medication management audits, use of psychotropic medications audit and privacy and dignity.

While quarterly notifications were submitted as required, the notifications did not include details of all restrictive practices used in the centre as required by the regulations as outlined under Regulation 31.

An annual review had been completed for 2021, which included consultation with

residents and their families and a quality improvement plan for 2022.

The level of complaints in the centre was low, and each was recorded and investigated in line with the centre's policy. The complainant's satisfaction was recorded when closing the complaints.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application was submitted to remove condition 4 attached to the current registration.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the assessed needs of the 33 residents living in the centre on the day of the inspection. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps in some mandatory training were noted, which could impact on the safe delivery of care to residents. For example, approximately 10 staff had not received up-to-date training in manual handling, and 19 had not received it in safeguarding adults from abuse. The person in charge informed the inspector that there was a training schedule in place.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff members' personnel records and found that they included all of the required prescribed information, as set out in Schedules 2 and 4 of the Regulations. Other records, as required by the regulations, were well-maintained, securely stored and made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were clear systems in place for the oversight and monitoring of care and services provided for residents. However, not all issues found at the last inspection, as outlined under Regulation 17: Premises, had been addressed by the provider. Although the registered provider had submitted a compliance plan to the Chief Inspector in respect of those findings, including the timeframe for completion, the inspector found that they had not been achieved yet as another work was carried out in respect of the fire safety of the residents in the centre and the reconfiguration of some twin-occupancy bedrooms. Inspector was assured that there is a project plan in place to achieve compliance with Regulation 17.

While the centre's audits and management systems did identify restrictive practices in the centre's audits, the data was not appropriately analysed to distinguish between enablers and restrictive practice use and subsequently transferred to the centre's restraint register accordingly. Subsequently, not all restrictive practices had been appropriately submitted in the quarterly notifications to the Office of the Chief Inspector of Social Services.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care was reviewed, and residents had a written contract of care that included the services provided and fees to be charged, including additional services. They also included the room to be occupied and the other occupants of that room.

Judgment: Compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time-frames and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include the use of chemical restraint, including psychotropic medicines administered on a PRN (as required) basis and all physical restrictive practices used in the centre, including chair and bed mats.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure that met the requirements of the regulation. The complaints policy identified the nominated complaints officer and included an appeals process. The inspector saw that the complaint log was well-maintained, and there were no open complaints on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The medicine policy was not updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020).

While the emergency policy was in place, it did not clearly outline the arrangements in place in case of a power outage, as there were no arrangements for providing the generator for the centre.

Judgment: Substantially compliant

Quality and safety

The impact of an effective governance and management structure was observed in the quality of care provided to residents. The inspector found that residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. Nonetheless, some action was required to comply with Regulation 17: Premises.

Residents living environment was decorated in a traditional style that was familiar to residents in the centre, and they could access the outdoor gardens and courtyards as they wished. Following the inspection in December 2021, the provider made improvements to the premises by reconfiguring the layout of a double and triple-occupancy bedroom to ensure each resident has sufficient personal space in line with regulatory requirements. Improvements had been made to uphold each resident's rights to privacy and dignity by adjusting the position of curtains and removing an old cupboard to create additional space.

Residents had access to medical care, with the residents' general practitioners (GP)

providing reviews in the centre as required. Residents were also provided with access to other healthcare professionals in line with their assessed needs.

The centre promoted a restraint-free environment, and there was a restraint register maintained in the centre.

Residents were supported to maintain contact with their families and friends, and their visitors were welcomed into the centre.

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. The laundry was well-managed, and there was ample storage space in bedrooms for clothing and personal possessions

Judgment: Compliant

Regulation 13: End of life

A holistic assessment of residents' end-of-life-care needs and wishes was completed on admission and reviewed at intervals not exceeding four months as part of the care plan review process. The centre had access to community palliative care services for further advice and support with regard to supporting residents during their end-of-life care.

Judgment: Compliant

Regulation 17: Premises

The premises, while designed and laid out to meet the needs of the residents, required storage and maintenance improvements. These findings were also identified on the previous inspection in December 2021. The inspector noted the following:

- The 'dirty' utility room on the ground floor was not reconfigured to include a separate hand-washing sink and a sink for washing residents' equipment.
- The storage space in the centre remained limited as the inspector observed that the commodes, chairs, and hoists were stored in the residents' bedrooms.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Copies of information provided when a resident was transferred in or out of the service were available in residents' files, and the inspector saw that relevant information was provided to the receiving care facility to ensure the resident could receive appropriate care in accordance with their current needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were identified as displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). From a review of residents' records, it was evident that the centre was managing these behaviours with behavioural support plans, which contained sufficient detail regarding the triggers of the behaviour and the de-escalation techniques. There was also evidence of a planned multidisciplinary approach involving psychiatry and gerontology services.

Judgment: Compliant

Regulation 8: Protection

The provider was a pension agent for a few residents, and there were robust systems in place for managing and protecting residents' finances and invoicing for care and extras such as hairdressing. Residents reported feeling safe in the centre. Improvements were acknowledged with regard to the safeguarding training, which was scheduled shortly after the inspection.

Judgment: 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	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 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0038344

Date of inspection: 10/11/2022

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 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>A new staff training matrix has been devised. it includes a clearer description of the training of each staff member. It can be referenced quickly and is more concise. A copy of the new training matrix template that is in use has been submitted with this compliance plan.</p> <p>In house manual handling training has been scheduled for the new year. All staff have completed online safeguarding vulnerable adults training from the HSE and HIQA. The majority of staff have also completed in house training on safeguarding vulnerable adults, with a small remainder of staff scheduled for training in the new year also.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In relation to the fire safety concerns we are working in conjunction with a fire safety engineer to make sure all concerns are dealt with, we have applied for an application to vary for 6 months in regard to completing all works.</p> <p>There has been a review of the restrictive practices policy and procedures within the center. What is now recognized as restrictive, is more clearly defined, and includes the use of audible mat alarms for falls prevention. The restrictive practice register has been</p>	

updated accordingly. Additionally, it includes reference to the use of PRN psychotropic medication as a form of chemical restraint.

Regulation 31: Notification of incidents

Substantially Compliant

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

Restrictive practices policy and procedures have been reviewed and updated. The restrictive practice register now reflects the use of environmental, physical & chemical restraints that are in use in the center. In future, the quarterly notifications submitted, will reflect the practices in use

Regulation 4: Written policies and procedures

Substantially Compliant

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

Medication Management policy has been updated to include NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020).

Emergency Policy will be reviewed and updated with contacts of Generator supplier in the event of a power outage.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is a plan to reconfigure a dirty utility room on the ground floor to include a separate hand washing sink, a sink to clean resident equipment and a bedpan washer.

To address the limited storage space in the centre, we have upgraded the water systems within the nursing home, and we are planning on using the old water storage tank areas into large storage presses. This will create additional internal storage for equipment such as commodes.

The dining area will be reconfigured also. The removal of an unused unit will create

additional space for the storage of larger equipment such as hoists .

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	31/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
Regulation 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	30/06/2023
Regulation 31(3)	The person in charge shall provide a written	Substantially Compliant	Yellow	01/12/2022

	report to the Chief Inspector at the 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(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/02/2023