



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

Issued by the Chief Inspector

Name of designated centre:	Shannagh Bay Nursing Home
Name of provider:	Shannagh Bay Healthcare Limited
Address of centre:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0000095
Fieldwork ID:	MON-0034554

About the designated centre

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

Shannagh Bay is located on the seafront in Bray, Co Wicklow. The designated centre is a short distance from the sea front, DART train and bus stations, shops and other amenities. The centre provides accommodation for both female and male residents over the age of 18 years. Residents' accommodation is provided over four floors serviced by a mechanical lift. Residents' bedroom accommodation consists of 14 single bedrooms, five of which have full en suite facilities and nine have en suite toilet and hand basin facilities. There are 13 twin bedrooms, six of which have full en suite facilities and seven have en suite toilet and wash basin facilities. One bedroom with three beds and full en-suite facilities is also provided. The centre's reception area, residents' dining room and a quiet room/relatives' room is located on level one. A sitting room and a conservatory for residents' use is located on level two. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 1 February 2022	11:30hrs to 18:45hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

The inspector followed the infection control procedure on entering the designated centre. This included hand hygiene, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the person in charge, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspector on a walk-through of the centre. Management was present for a portion of the walk through of the centre.

The centre was laid out across four floors, with bedrooms at each level. Residents day spaces were located on the lower two floors comprising dining room and quiet room at Level one, and a large sitting room and separate conservatory overlooking the sea at level two.

There was an extension being constructed to the rear of the designated centre and this had progressed further since the previous inspection. The secondary escape route from each upper floor was now through the extension and the external metal stairs previously forming the secondary escape route was now removed. The inspector observed that there was no active construction work in the extended area at the time of inspection and the escape routes were clear and unobstructed. There was emergency lighting and escape signage along the routes through the extended area. The evacuation procedure for the upper floors was a combination of progressing down a concrete stairs or using the dedicated evacuation lift.

The evacuation lift was functional and serving levels one to four. Staff spoken with were able to relay the procedure on how to use the evacuation lift. However, there was no signage identifying its presence, nor were there instructions for its use displayed which would be beneficial in the event of a fire, in particular for newer staff less familiar with the procedure.

The inspector observed fire precautions in the occupied areas of the designated centre. There was ongoing phased fire safety upgrade works in the centre. Fire doors at the lower ground floor and some on the upper levels had been replaced. There were appropriate labels affixed to the door to identify the rating of the door. They were fitted with devices which afforded residents the choice to have their bedroom door open and the door closers on these doors were not an impediment to their manoeuvrability through the building. Once the fire alarm activates, the doors would close. These doors were being replaced as rooms were renovated. It was explained to the inspector that when replaced, the doors were widened where practicable to improve evacuation from these rooms.

The inspector saw discreet pictorial symbols on residents beds which guided staff to the residents dependency and supervision requirements. The inspector also saw tools used by management to ensure staff knowledge of fire precautions. For

example, this included a schedule of various fire safety equipment, exits, escape routes and fire compartments and staff were encouraged to locate these on floor plans.

There were floor plans on display throughout the centre and they included pertinent fire safety information. The inspector was told that newer updated drawings had been commissioned and they were awaiting delivery of printed copies of same and these floor plans would include the location of fire compartment boundaries identified for phased evacuation.

There were staff lockers located on a bedroom corridor at Level two.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to review fire precautions.

The inspector assessed the measures in place to manage fire precautions in the centre during the construction of an extension to the rear elevation of the building.

Shannagh Bay Healthcare Limited were the registered provider for Shannagh Bay Nursing Home. The management team were available in the centre and comprised of a general manager, the person in charge and were supported by a team of nursing staff and health care assistant staff.

The registered provider was seeking advice and input from a fire safety professional and the general manager spoken with was very clear that the safety and protection of residents was a priority while the extension was under construction. The temporary evacuation routes were well managed, but this was not documented. The inspector requested the risk assessment for fire safety during construction and found that there was no documented plan for managing the risk of fire safety in a construction site for the next phase of the work. The general manager confirmed that a full assessment would be completed before the next phase of construction would commence, in order to manage the risk of fire and confirmed that a third party fire safety professional would be assisting with this.

Regulation 23: Governance and management

Improvements were required in the systems of oversight and management of fire safety to ensure the risk of fire was effectively managed while the extension was

being constructed. The inspector found the temporary interim escape routes through the rear extension were well managed, however there was no documented assessment in place for this current arrangement, nor was there a documented plan in place to ensure a safe system of managing the risk of fire during construction when work would recommence in the extension.

Judgment: Substantially compliant

Quality and safety

Overall there was a good standard of fire safety awareness and practices to protect residents from the risk of fire. Staff were found to be knowledgeable on the evolving evacuation requirements in the centre while work was ongoing. The general manager was very committed to driving improvements in fire safety as evidenced in this report. However, further improvements were required with containment, evacuation drills and procedures displayed, to come into full compliance with Regulation 28 Fire Precautions.

The inspector was guided through the new evacuation routes by the general manager and the person in charge. These routes were now through the extended area which was under construction. There was no active construction work taking place and the routes were clear and unobstructed. The evacuation procedures were now significantly different to before.

The secondary escape route from each level of the building was through the extended area. The routes consisted of concrete walls and floors. Windows and doors were not fitted and the roof was not yet in place. The handrails to the stairs were temporary in nature. There was exit signage and emergency lighting along the full length of the routes. The evacuation routes to the rear consisted of evacuation across level, stepped and ramped routes and a dedicated purpose built evacuation lift.

The evacuation lift provided an alternative means of escape from each level. The upper levels required bringing residents into the extension to access the evacuation lift or down the new concrete stairs. The primary escape route from each level was through the existing central stairway. This was fitted with an automatic opening vent connected to the fire alarm system at the top of the stairs, which would purge smoke from the stairway when activated. The inspector saw records where staff were guided through the updated evacuation procedures for all four levels and staff spoken with confirmed this and were knowledgeable on the bespoke procedure for evacuation, including the use of the evacuation lift.

Each of the upper levels were sub-divided into small compartments with a maximum of five residents in any one compartment. The largest compartment in the centre was at the lowest level and this had capacity for seven residents, from which

alternative escape routes were available.

As mentioned above, the new fire doors where installed were well fitted and provided an effective barrier to fire and smoke.

The annual training for staff, which had been due for 27 January and 03 February, had now been rescheduled due to a COVID-19 outbreak, to 21 and 24 February.

There was a fire safety register in place and this included a log of the in-house checks of escape routes and fire safety equipment.

There was an L1 type fire detection and alarm system. The main fire alarm panel was located near the main entrance, with a repeater panel at each level throughout the height of the building. This meant that staff response to the fire alarm would be more effective. The fire alarm panel was noted to be free of fault and was fully functional.

The centre was also provided with emergency lighting and fire fighting equipment such as fire extinguishers, suppression system in the kitchen and fire blankets.

At the previous inspection, there had been a leak in the centre which had affected two bedrooms and two communal rooms and these had been taken out of use. These areas were now back in use. During the inspection, flooring at Level three was being replaced on one corridor. There was no risk assessment documented for this work taking place. Although not documented, the person in charge verbally confirmed the measures that were put in place to manage the risk. These included appropriate signage, a review of residents who would be using the area and staff supervision in the vicinity.

There was a comprehensive Fire Safety Policy and Strategy document in place, and this was effective from April 2021.

Regulation 17: Premises

This regulation was not fully assessed. A bathroom on the ground floor was out of use due to a drainage issue. The provider was waiting for a review of the drains serving this bathroom to inform the required repairs.

A small number of ceiling tiles at the lowest level had been damaged by a leak, these required replacement.

The housing of a sink unit in a ground floor bedroom was chipped and may impact on the ability to clean it's surface effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the ongoing programme of fire safety upgrades and good practices in place, improvements were required to come into full compliance.

There was extensive ongoing upgrade works through the designated centre, the inspector noted improvements were required in some areas for the containment of fire. There was a store under the stairs at ground floor which was not adequately enclosed in fire rated construction.

The nurse station at level one had a hole in the plasterboard which required sealing. Some service penetrations were noted through fire resisting construction which also required sealing up.

The inspector saw gaps to some of the older fire doors and some small storage rooms were not fitted with fire doors to contain a fire.

The door leading to the extension at each level was not a fire rated door. Before construction work recommenced, a comprehensive risk assessment would be required to ensure adequate containment of fire between the construction site and the occupied nursing home, to protect residents safety. An active construction site presents a risk of fire and the occupied areas of the nursing home should be protected from the risk of fire occurring in, and spreading from, the construction site to the occupied areas of the nursing home.

There was a ramped route leading from the extension and this formed part of the secondary escape route for levels two, three and four. This route hadn't been tested as part of the practiced drills. It was confirmed to the inspector that this would be completed in the days following the inspection to test the feasibility of staff moving residents along this route. There was also another route through the extension at level two leading to a place of safety, depending on the residents assessed evacuation requirements.

There were drill records to show that evacuation techniques were well practiced and staff were informed and guided through the evolving evacuation procedure. Notwithstanding the good practices noted, full compartment fire drills had not been practiced in line with the centres own Fire Safety Policy and Strategy document, to ensure adequate arrangements were in place to evacuate and for the safe placement of residents.

The general manager confirmed that a drill simulating the evacuation of a full compartment would be completed later that week.

There were floor plans and fire instructions displayed around the centre. There was no instructions displayed explaining the procedure for the use of the evacuation lift

nor was it referenced in the centre's own Fire Safety Policy and Strategy document.

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
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Shannagh Bay Nursing Home OSV-0000095

Inspection ID: MON-0034554

Date of inspection: 01/02/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Meetings have been completed with the project team and consultants with regards the next stage of the construction and fire evacuation. Risk assessments have been completed and an evacuation strategy devised based on these assessments. Written documentation of these assessments and the fire evacuation strategy is expected in the coming weeks. These documents will be reviewed and updated if required before works commence on each stage.</p> <p>Evacuation floor plans are being updated by our fire consultant, these plans will now show the compartments.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We have made contact and are awaiting contractor to investigate issue with drains. Once this investigation is complete and report received we will be able to programme works to be completed</p> <p>Ceiling tiles have been replaced</p> <p>The housing of the sink on Level 1 in the communal toilet has been replaced with a wipable surface</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The store under the stairs has been enclosed in fire rated construction. The hole in the nurses station and other areas requiring sealing up have been completed.</p> <p>Fire doors are being reviewed, any doors needing replacement will be identified and will be replaced along with doors on storage areas.</p> <p>The door leading to the extension at Level 2,3 and 4 has been risk assessed within the reviewed fire strategy during construction and has been addressed.</p> <p>Inhouse evacuation training has been completed with all staff, and annual fire awareness training and practicals have been completed by all staff whose cert was out of date or nearing expiration. Our consultant has advised on Fire drills with them, which will include evacuation with multiple manikins using different escape routes. Dates have been booked for these drills.</p> <p>The current fire safety policy and strategy is currently being updated to include the new evacuation lift. There are only a selected few staff trained in the use of the lift and there is ongoing refresher training in this, so those staff are competent and confident in its use. A notice has been placed inside and outside the lift on its use.</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 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	25/02/2022
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	01/04/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/04/2022
Regulation 28(1)(c)(ii)	The registered provider shall	Substantially Compliant	Yellow	01/04/2022

	make adequate arrangements for reviewing fire precautions.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	24/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2022

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/04/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	15/03/2022