

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:	23 November 2021
Centre ID:	OSV-0000095
Fieldwork ID:	MON-0034970

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:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 November 2021	09:45hrs to 12:45hrs	Helen Lindsey	Lead

What residents told us and what inspectors observed

Due to the outbreak in the centre, and the main communal room being out of use, most residents were in their bedrooms during the inspection. The few residents who spoke with the inspector were positive about the support they received from the staff and the management team, and felt 'They couldn't do enough for you'.

Staff were observed to be engaging positively with residents, and conversations were upbeat, and focused on topics that were meaningful to residents. The food trolleys going to each of the floors had a selection of drinks and snacks, and staff were heard asking residents what they wanted to eat and drink. The inspector observed staff supporting residents sensitively to have their lunch.

Records showed that visiting had been taking place in line with the government guidelines, but had been suspended while there was an outbreak in the centre. A resident told the inspector this had been explained to them, and they understood the reason why.

There were sign-in procedures and routine safety checks on arrival for anyone entering the centre, which included taking temperatures and ensuring the correct personal protective equipment (PPE) was being used.

The inspector saw signage was in place throughout the centre relating to COVID-19 guidelines and procedures, and to advise what PPE was required in each area.

Capacity and capability

This was a risk inspection carried out following information received from the provider about an outbreak of COVID-19 and a leak which occurred in the centre. The inspector found the provider was taking steps to manage the outbreak, and that works were ongoing to repair the damage that occurred in the centre following a water leak.

At the time of the inspection five residents and six staff had tested positive for COVID-19. The registered provider had links with the public health team, HSE and local employment agencies to source additional staff. An outbreak meeting had been held, and the provider confirmed they had taken the recommended steps to manage the outbreak, including setting up zones for those residents who had tested positive for COVID-19 and those who were not detected.

The management team were available in the centre, with the person in charge overseeing the clinical care and monitoring of residents. The general manager was

focusing on ensuring appropriate staffing levels were maintained and that testing was taking place as required. The management team were organised in their approach to the outbreak, and had learned from the experience of a previous outbreak of COVID-19 in the centre in 2020.

The provider had introduced a new role for a staff member to oversee practice in the centre, which included daily checks, and completing the monthly audit programme. On a daily basis checks were completed by this staff member of staff temperature checks, infection control arrangements, roster changes, organisation of staff training, meetings and information sharing with the staff team.

The provider had clear policies and procedures in place relating to managing an outbreak of COVID-19, and was implementing them in practice. Infection and prevention procedures had been improved since the previous inspection.

Renovation work was ongoing in the centre, and a replacement lift was being fitted as part of the schedule of works. The provider had risk assessed this work, and ensured appropriate arrangements were in place while the work was being completed to the rear of the building.

Regulation 14: Persons in charge

The person in charge was also one of the directors of the company who run the designated centre. They have the relevant skills and training to undertake the role effectively.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available to meet the needs of residents. Due to the outbreak, a number of regular staff were unavailable, but the registered provider was making arrangements for agency staff to cover shifts as required. This included care staff, and ancillary staff, such as cleaners and kitchen staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training, including hand hygiene, donning and doffing of personal protective equipment (PPE). Staff were seen to be putting this training in to practice effectively.

Judgment: Compliant

Regulation 23: Governance and management

There was a management team in place, with clearly defined roles. The addition of 'duty managers' had strengthened the oversight processes in place, and enabled the nursing staff to focus on clinical care issues.

The provider was working to resolve the issues relating to the water leak, and progress was being made, in line with the arrangements in the centre during the outbreak.

Judgment: Compliant

Quality and safety

Residents were receiving a good quality of care, and there were sufficient staff to meet their needs. There were infection prevention and control arrangements in place, and the provider had made improvements since the last inspection. Two areas required action from the provider to ensure the service was fully safe. One was the arrangements for escape from the building if the fire alarm went off, and the other was in relation to repair works required in the centre.

The centre had been set up in to two zones. Staff had been allocated to work in either the areas where residents had tested positive for COVID-19, or where they had received 'not detected' results. There were arrangements in place to limit movement through the centre, and this included using the lifts to deliver the food and kitchen supplies to each of the floors, and ancillary staff not entering the residential areas of the centre. Staff were working additional hours and the provider was bringing in agency staff to cover shifts. This was a challenge for the management team, but they did have sufficient staff available in the centre.

The provider was aware of current guidance around managing an outbreak of COVID-19. Staff had received updated training on November in relation to hand hygiene and putting on and taking off personal protective equipment (PPE). Staff seen during the inspection were wearing PPE appropriately.

There were clear cleaning arrangements, with daily oversight in the centre. The provider had put enhanced cleaning arrangements in place, and the centre was seen to be visibly clean. Cleaning trolleys were clean, and there were appropriate equipment and cleaning solutions available. There were clinical waste bins available for staff. Clean linen storage had been improved, with separate storage arrangements in place on each floor. The cleaning stores had been improved to ensure surfaces could be cleaned effectively, and designated storage for equipment including mops. There was a wash-hand sink with soap and paper towels for staff to use. Laundry was done by a contractor, and the covered skips were taken out to the front of the building for collection. The storage arrangements at the front of the centre had been made more secure.

Staff spoken with were clear on the arrangements for cleaning bedrooms, communal areas, and high touch point areas. Staff were also clear of the arrangement for preparing cleaning solutions, and cleaning arrangements for the spray bottles. Daily cleaning records were in place, with a spot check and overview arrangement in place by the management team.

There were trained staff in the centre to administer the swabs, and the staff on duty were clear of the arrangements for getting the tests processed.

The ground floor had been renovated. It had been redecorated, had new flooring fitted, and new doors. The provider confirmed the other floors would be upgraded on a phased basis. A new lift was being fitted in the centre, which would support evacuations from the four storey building. Building works to the back of the premises had required the re-location of the fire exits. The inspector noted they were all accessible from the existing building, but the provider must ensure they remain clear while building works are ongoing, as one example was seen of a temporary barrier and storage on one of the exit routes.

The provider had notified the Chief Inspector of a leak in the centre which had affected two bedrooms and two communal rooms. All of the rooms had been taken out of use while the leak was assessed and repair work was carried out. The fire safety system had been assessed and repaired as required. There were arrangements for the other required repairs to be carried out to bring the rooms back in to use. There was one communal room available on the first floor, but it was not being used on the day of the inspection due to the arrangements in place to manage the COVID-19 outbreak.

Regulation 11: Visits

Records showed that prior to the outbreak that residents had been meeting with their relatives, both in the centre, and also accessing the local community.

On the day of the inspection visiting was suspended due to the COVID-19 outbreak.

Judgment: Compliant

Regulation 13: End of life

A review of records confirmed that all residents had an end of life care plan in place. They reflected the resident's preferences and wishes for care at the end of their life, and also their chosen funeral arrangements.

Judgment: Compliant

Regulation 17: Premises

Ongoing maintenance was required in the centre to ensure the full premises was available to the residents:

- a leak had damaged two bedrooms and two communal rooms, which meant they could not be used. Work was ongoing to bring the rooms back in to use
- a bathroom on the ground floor was out of use due to a drainage issue
- paintwork, surfaces and flooring were worn on floors 2, 3 and 4 which would impact on the ability to clean surfaces effectively

Judgment: Not compliant

Regulation 27: Infection control

The provider had clear policies and procedures in place that were being followed by staff. This included ensuring staff training was up to date, clear guidelines and oversight of cleaning arrangements, effective arrangements for hand hygiene and auditing of practice, and the availability of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

This regulation was not fully assessed. The inspector was shown the fire exits that have been relocated at the back of the premises while the building works are ongoing.

The provider advised drills had not been carried out in line with the current dependency needs of residents, and the current evacuation equipment that was available in the centre.

One exit was partially obstructed and this was addressed by the registered provider when it was pointed out.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had care plans in place that set out their current needs and how they were to be met. Records showed these were reviewed four monthly, or more frequently as required. The inspector noted regular updates to the care plans of residents with changing needs.

Judgment: Compliant

Regulation 6: Health care

Staff were monitoring residents closely, and were clear of the symptoms of COVID-19. Records showed that any changes in the residents' presentation was being identified quickly and acted on. Records showed regular temperature checks, and discussions with residents about how they were feeling.

There were links with the general practitioner, who was reviewing residents as required. There were also links with the local HSE outbreak team, should any additional clinical advice be required.

Care records clearly set out residents health needs, and key information such as allergies.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection a number of residents had moved rooms to support the zoning of the centre in to areas for people who had tested positive for COVID-19 and those who had not. The small number of residents who spoke with the inspector had agreed to moving, and understood the reason.

At the time of the inspection activities were limited due to the outbreak, but records showed that prior to the outbreak a range of entertainment was available in the centre, and also residents were supported to go outside and enjoy the promenade.

There was a choice of meals offered to residents, with a selection of snacks and beverages available through the day.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shannagh Bay Nursing Home OSV-0000095

Inspection ID: MON-0034970

Date of inspection: 23/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The leak that caused damage to communal rooms and bedrooms has now been identified as a burst heating pipe. To negate the re-occurrence of this problem all pipework in the affected rooms have been removed and replaced with new pipework and fittings. Communal rooms have been repaired, renovated and have been available for use by residents and staff since 11-12-2021. We are waiting for flooring in order to commence a refurbishment of two bedrooms, however it has been assessed the rooms can be used if required in the meantime.</p> <p>The bathroom on the Level 1 is at the moment out of commission as a bathroom due to underground sewer problems at a specific point. A grease trap removal contractor has been contracted to identify the problem using CCTV at which time the issues can be discussed with engineer to seek a solution. The decommission has not caused any problems as there is limited use by the residents at that level due to Covid.</p> <p>The corridors on levels 2 .3. 4. are in a process of refurbishment on an ongoing basis. This process also includes the bedroom and bathroom doors being widened where possible or even site changed and therefore has to take account of this work. We are also experiencing issues with contractor availability as this is a specialist job, and problems with material supply. In the interim we will be replacing the current floor with another temporary flooring.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire training with our external consultants was scheduled for the 26/11/21 however due</p>	

to the outbreak this was rescheduled to 27/01/22 and additional session organised for 03/02/22. During these sessions all staff whose certs have expired will undergo fire theory, practical evacuation drills and in-house fire policies and procedures. Any staff who still have a valid annual training cert will undergo refresher training to include fire evacuation drills and in-house fire policies and procedures. We have also upgraded our secondary means of evacuation to include the recently upgraded lift. Training has been completed with all staff, however during the dates mentioned above further refresher training will take place. As part of the daily fire checks, the DM/RGN will now continuously check all fire escapes to ensure there is nothing blocking or impeding the evacuation routes, which will be reinforced to all staff at all further trainings. Fire Safety audits will commence within the next quarter on a monthly basis and will be reviewed in conjunction with the GM/Fire Safety officer. PIC/DON continues to check all fire escapes and other communal areas including walkways daily to ensure that these areas are free from obstruction. Ongoing fire training will continue and a refresher training to be implemented and scheduled based on any identified actions and observations from audit.

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.	Not Compliant	Orange	31/03/2022
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	Substantially Compliant	Yellow	11/02/2022

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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