

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 February 2017 10:00	14 February 2017 18:30
15 February 2017 09:00	15 February 2017 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. The inspection took place over two days. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The fitness of the provider entity and person in charge was assessed through an ongoing fit person process. They demonstrated some knowledge of the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016, in relation to their roles and responsibilities. This was evidenced in the progress found on actions to previous inspections and their ongoing engagement with the regulatory process.

As part of the inspection process, the inspector reviewed the documentation submitted, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation. The findings of the last inspection, a dementia thematic inspection in May 2016, and progress on the actions arising from that inspection, also formed part of this registration process. Progress on implementing improvements required was found in many areas. These included improvements to the variety of activities, both individually, and in groups, and opportunities for residents' to access the community.

Feedback from residents and relatives during the inspection was positive and complimentary with comments on the timely and patient response by staff to residents needs.

Residents' had access to medical officers and allied health professionals, such as physiotherapy and, speech and language therapists, and access to community health services was also available. Some improvements were required, including improvements to, risk management, meal service, documentation and the assessment, planning and recording of care.

The action plan of this report highlights the matters to be addressed. It also identifies where premises, did not conform to Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

The action plan response, submitted by the provider to some of the required actions, did not satisfactorily address all of the failings identified in the report. As some of the responses were not acceptable, HIQA have taken the decision not to include these responses in the published report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place. This structure consisted of a family operated service. The team includes: the person representing the provider entity, the person in charge and the administration/human resources manager.

They are supported by a team of clinical nurse managers, maintenance personnel and a director in the company who provides financial and budgeting supports.

Systems were in place to monitor quality and safety of care. Data was being collated on a monthly basis on key performance indicators (KPIs) of clinical care such as: falls, pressure injuries, and nutrition management. These KPIs are used as a way to assess the standard of care being delivered in the centre.

Regular meetings of the senior management team took place and a sample number of minutes of these meetings held were viewed. The senior management team considered clinical and non clinical risk indicators, and progress on quality improvement projects such as: staff training, and recruitment, equipment, and finance and future service developments. Plans were in place to provide staff training relevant to the resident profile and a plan for staff development linked to performance appraisals was also in development.

However, improvements to governance processes were required and are reflected in findings under Outcomes 8 Risk Management. In particular the management systems and arrangements in place to ensure safe evacuation processes required to be improved.

An annual review of safety and quality of care was in progress. A draft report was in preparation but not available on the day of inspection. A copy was subsequently provided and the inspector looked at this draft report. The report included some quality care indicators to indicate the standard of safety and quality of service being delivered and also stated that all the national standards were being met. However, it did not fully evidence how they were being met. It was noted that the report did not identify that issues related to fire evacuation and deficits in the premises were not addressed. Evidence that the annual review was prepared in consultation with residents or relatives was not identified.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed. A guide to the centre was available to all residents. This described the centre services, management and complaints procedure. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions and contact details for advocacy services.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

It was found that, overall, general records as required under Schedule 4 of the regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations. However, it was found that some policies in place were not fully implemented in practice. These included the policies on end-of-life care and restraint assessment. These are further referenced under outcomes 7 and 14.

Other policies also required to be revised to ensure they gave sufficient guidance to staff, reflected current best practice and the regulations. These include policies on complaints and risk management in particular related to management of absconsion and the emergency plan.

Improvements to the availability, retrieval and recording of care delivery were also required. More timely recording of all care interventions and more detail was required to enable meaningful analysis of the benefit of the interventions be made. Examples included more detailed recording of group and one-to-one activities to determine the benefit of the activities delivered to residents' health and well being, and the inclusion of the portion sizes offered to residents to determine whether food intake was sufficient to meet their nutritional needs. Although information required for review during the inspection was available, some improvements to accessibility and ease of retrieval were required in particular in relation to training records and accounting procedures.

It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Suitable arrangements were in place for periods of absence of the person in charge. The fitness of the clinical nurse managers to replace the person in charge in the event of an absence was determined through observation and discussion during the inspection. They had the qualifications and experience required by the legislation.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Actions were required on the last inspection in May 2016 related to investigating allegations of potential verbal abuse and neglect. This was addressed and findings related to the management of complaints are included under outcome 13 in this report. Improvements related to the determination of resident's capacity to understand complex issues and make informed decisions were noted. This included the recent implementation of a revised process to assess a resident's capacity to make decisions on advanced healthcare interventions. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. Relatives also confirmed that they did not have any concerns for the safety of their loved ones. Staff spoken to by the inspector confirmed that they had received recent training on recognising abuse and were familiar with the reporting structures in place. Efforts to promote of a restraint free environment were on-going with continued use of alternative measures such as low-low beds, mat and bed alarms noted. Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed. Nevertheless, the assessments were not always consistent and rational for decisions made were contradictory in some cases. This is detailed under</p>

Outcome14 End-of-Life Care

The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire-fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors. A health and safety statement and related policies and procedures were in place.

Certification and servicing documents were available on fire-fighting equipment, emergency lighting and fire alarms. The building's fire and smoke containment and detection measures were appropriate to the layout of the building, and exits were free of obstruction.

Personal emergency exit plans (PEEPs) which identified the level of mobility and evacuation mode of each resident were in place for long stay residents, but, all staff were not aware or familiar with them. Staff were not provided with regular opportunities to become competent in evacuation procedures, and potential problems or hazards were not identified. This was evidenced by speaking to staff and documentation reviewed.

Means of escape at the rear of the building via the garden was between floor levels on the basement and ground floors. This required evacuation upwards on external fire escapes. The inspector noted that the gradient on these escape routes were relatively steep, and had concerns for the safety of both staff, and residents, in carrying out this type of evacuation. The inspector discussed this with the management team.

Subsequent to the inspection, the person in charge conducted a simulated evacuation, on the ground floor, that included external evacuation, by two staff, using the external escape route to a higher ground level. A detailed report on the learning from this simulated evacuation was forwarded to the inspector. It was noted that the simulated evacuation demonstrated the evacuation of one resident only, and the evacuation commenced at the bedside, and not at the fire panel. It was not demonstrated that all

residents in a specific compartmented area could be safely evacuated within a reasonable time-frame either through progressive horizontal evacuation or via the stepped escape routes if required, at times when staffing levels are lowest such as night time.

It is acknowledged that evacuation into the adjoining compartment is the primary means of escape, however, where this is not available, alternative escape is via stepped routes only and it was not demonstrated that adequate arrangements are in place to ensure that the residents could be evacuated via those stepped routes.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. There were arrangements in place to review accidents and incidents within the centre.

The inspector reviewed the emergency plan which detailed the procedures staff should follow in a variety of emergencies. It included contact details of emergency services and alternative arrangements for residents' accommodation.

Improved infection prevention and control practices were implemented were required. The inspector found that the general environment was visually clean but some of the cleaning equipment, and assistive equipment was not maintained in a hygienic condition. Mop heads, to which clean mop cloths were attached on a daily basis, hoists and shower chairs were found to be unhygienic.

This was addressed prior to the end of the inspection, the inspector noted the condition of the mop heads had improved and the system in place to clean all equipment was revised to clarify the role and responsibilities of staff.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions required from the last inspection in relation to prescribing practices and supporting guidance for nurses were addressed.

Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in an individual

monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication errors and stock control checks were in place and audited.

Nursing staff, administering medicines to residents during the morning administration rounds, were observed. The administration practice was in line with current professional guidance.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs.

On the last inspection it was found that the care plan system was not sufficiently detailed to guide staff and assessments were inadequate. Evidence of efforts to improve care planning and assessment were found, although further improvements continue to be required.

There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist reviews.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident file reviewed had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for most identified needs.

A sample of clinical documentation was reviewed and it was noted that although some care plans were detailed and person centred such as care plans in place for personal care needs, others did not contain sufficient information to guide staff on the appropriate management of residents needs. Examples included: end-of-life care plans, medication management and mood and behaviours.

Risk assessments tools to check for signs of clinical and functional deterioration were used including; risk of falls, levels of cognitive impairment, skin integrity, pain, continence and communication. However, it was noted that some of the assessment tools used were not comprehensive enough to gather all the information required to make a fully informed clinical decision. It was also noted that some were not fully completed.

Although reviews of care plans were regular, they did not always reference effectiveness of the plan to manage the resident's needs.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions required from previous inspections with regard to improving the premises to meet the requirements of the regulations and standards were not addressed. Ongoing efforts to maintain the premises to a good standard and provide a warm, comfortable living environment were noted.

The centre is situated in a row of town houses, facing the seafront promenade. It is laid out over 4 floors.

The basement floor consists of: two twin bedrooms, one with full shower en suite and one with toilet and wash hand basin en suite: and a three bedded room with toilet and wash hand basin en suite. This floor also has a bathroom with accessible bath; reception area, main kitchen, dining room, small visitors' room, visitors' toilet, administration office, laundry, staff change room and canteen, and a cleaners' store.

The ground floor consists of: two single bedrooms with toilet and wash hand basin en suite: three twin bedrooms, two with full shower en suite and one with toilet and wash hand basin en suite. This floor also contains: a dirty utility room, one communal accessible toilet, a large store room, a large bright conservatory, two sitting rooms divided by fold back doors to create one large sitting area and a nurses' office.

The first floor and second floors each consist of: six single bedrooms, three with full shower en suite and three with toilet and wash hand basin en suite: four twin bedrooms, two with full shower en suite and two with toilet and wash hand basin en suite. Both floors also contain: two fully accessible shower rooms with toilet and a separate communal toilet.

The inspector found that all of the single and twin bedrooms were sufficiently spacious to enable both residents spend time in the room either together or with their visitors. However, the layout of the three bedded room made it difficult for staff to meet the residents' personal care needs, without moving beds, or other items of furniture or equipment.

The centre's statement of purpose dated 20 February 2017 sets out the aims, objectives of the service. These include: to deliver the highest standard of care to residents, with a philosophy to provide dignity and respect at all times, incorporating personal and family

centred care. The statement also upholds residents' rights to privacy and maintaining social and personal relationships without restrictions

The inspector found that the overall design and layout of the building was not suitable for the purpose of achieving all of the aims and objectives set out in this statement of purpose, examples include:

- Lack of toilet and shower facilities, accessible to residents with limited or no mobility negatively impacted on the provision of personal care as evidenced under outcome 16 of this report.

- Shower and toilet en suites were available in some bedrooms. However, the showers available were not amenable for use by the residents accommodated in some of these bedrooms, where the residents required the use of mobility aids.

- A communal toilet was not available for residents to use, on the basement floor, where the main dining facilities were located.

- The cleaning store room did not contain a wash-hand basin or racking for storage or drainage.

- A safe accessible garden area for residents was not available.

Improvements to make the centre more easily accessible to residents with dementia continue to be required. Signage, such as, lettering or pictures were in place on some but not all toilet doors and were not in place on bedroom or bathroom doors. Colour schemes although muted throughout, did not include contrasting colours on toilet seats or doors to aid recognition and way-finding.

The provider was aware of the limitations of the centre and had engaged an architect to develop plans to renovate the centre. However, difficulties were experienced resulting in delays to plans previously notified to HIQA. The inspector clarified that a time-framed costed plan was required to address the deficiencies of the premises.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The findings of the last inspection in May 2016 required actions to ensure that a detailed investigation was conducted into all complaints made. Reviews of satisfaction further to resolving the complaints also required to be documented.

This action was partially addressed. The inspector viewed the complaints record and found that complaints made, since the last inspection, were investigated. However, all of the records did not contain sufficient detail to ensure that the investigations were in a timely and thorough manner. Records of historical complaints did not always contain a review of the satisfaction of the complainant.

On review of the most recent complaint the inspector did note that the record was detailed and the investigation into the allegations made were thorough and timely. This issue was not yet resolved and a determination of level of satisfaction was not yet recorded.

Amendments to the complaints policy were found to be required to identify the responsible person for ensuring appropriate investigations and responses were recorded and to rectify an inaccurate reference to the role of HIQA in complaints procedures. A revised complaints procedure that addressed these findings and fully meets the regulations was subsequently received.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence of appropriate medical and clinical care, and access to specialist palliative care services. The process to elicit resident's preferences for advanced care and end-of-life care decisions was recently reviewed. The person in charge had commenced using the 'Let me Decide', assessment process to determine a resident's decision making capacity for future care options. The assessment had not been carried out for many residents at the time of inspection, but where it was in place, it was noted that further training and familiarisation was required, to ensure the assessment was conducted properly.

End-of-life care plans were in place for residents. These referenced resident's religious preferences but did not refer to spiritual support, ceremony or funeral arrangements. It was noted that there was reluctance by staff to have these conversations as they did not wish to upset residents or their loved ones.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Actions from the last inspection were required. These related to task orientated interactions; diet sheets provided to catering team were not up to date and the chef was familiar with residents' dietary needs. These actions were partially addressed.

Residents were provided with food and drink at times and in quantities adequate for their needs. A two week rolling menu was in place to offer a variety of meals to residents. Snacks were available and health options such as fruit pieces, smoothies and yogurts were observed being offered. A list of all special diets required by residents was compiled on foot of the individual resident's' reviews, and copies were available in the main kitchen. However, it was noted that the menu had not been reviewed by a nutritionist to ensure the nutritional content of the menu would meet all residents needs.

The chef was very familiar with the preferences and special diets of all residents and was observed checking resident's satisfaction with the food throughout the lunch service.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Independence was promoted, and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Additional findings related to residents rights during meals are detailed under outcome 16 of this report.

Improvements to the service of meals to residents who choose not to have their meals in the dining room were required. Tray service of meals did not ensure all elements of

the meals remained at the appropriate temperature for safety and enjoyment. All elements of the meal including the tea or coffee were served on a tray at the same time. This meant that for residents who ate slowly due to reduced dexterity, swallow impairment or reluctance to eat, some parts of the food or beverage were becoming cold.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions required from the last inspection were related to; the activities programme in place was not linked to residents' preferences or interests as these were not assessed or documented; Residents were not fully supported to exercise their civil or political rights in relation to voting or choices in rising or returning to bed; Access to community events was limited for residents.

These actions were addressed or in progress.

The provider had written to the Registrar for elections requesting inclusion of the centre as a polling station. A response had not yet been received. Improvements to access to the community were found. Residents were regularly facilitated with walks along the promenade, going for coffee and assisted to shop for clothes and toiletries. The inspector noted that the management team and staff were not risk averse and promoted resident's autonomy (further to appropriate risk assessment) to independently access the wider community.

Improvements to the level and variety of activities provided to residents within the centre were found, linked to residents' interest and capacity. Two activities coordinators delivered the programme which included both group and one to one activities. The programme included a mix of activities designed to provide both physical and mental stimulation, such as: arts and crafts: quizzes: and exercises to improve dexterity. On the day of inspection the staff were organising a St Valentine's day party. There was a karaoke session, which the residents thoroughly enjoyed, singing along to all their favourite tunes. Cakes and drinks were also served and the rooms were decorated with banners and bunting which resident's had helped to make.

The inspector was told that one to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Other dementia relevant activities were included in the programme such as reminiscence and sensory stimulation. However, the inspector noted that records were not detailed enough to determine the frequency or duration of the one-to-one interactions in order to determine the derived benefit to the resident.

Regular resident meetings were held, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run.

Evidence of actions taken as a result of these meetings was found.

Residents were very positive in their comments about staff, in particular, they commented on the kindness of staff and the attention to detail. They said staff responded quickly to their needs and regularly enquired if they were ok.

However, evidence was found that residents' rights to privacy and dignity were not fully upheld.

Assistance provided to residents during meal times was observed. Staff sat beside the resident to whom they were giving assistance. The inspector observed that assistance was given with patient encouragement, but it was noted that some staff were assisting two residents with their meals at the same time. It was also noted that interventions were task-orientated. Conversation between staff and residents during the lunch was limited and opportunities to assess resident's mood or enquire about families or interests were missed. The deficiencies of the physical environment, detailed under outcome 12 of this report, negatively impacted on residents' privacy and dignity during personal care and toileting. The lack of toilets and accessible showers or baths on every floor meant residents had to travel between floors to utilise these facilities. The inspector observed residents being brought between floors to facilitate personal care and toileting. The inspector identified an issue related to personal care assistance the inspector learned that a resident had not received a shower due to the insufficient facilities.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were arrangements in place for regular laundering of linen and clothing and the

safe return of clothes to residents.

A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions required from the last inspection were fully addressed in relation to; Garda vetting and personnel records requirements and information on staff rotas.

Suitable and sufficient direct care staffing and skill mix were found to be in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided within the current staff complement.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety; first aid; dementia care and food hygiene.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was recently established to discuss the continuous

performance and training of staff with each staff member.

Effective staff supervision and development processes were in place and there was an emphasis on team spirit. Good recruitment processes were in place including a Garda vetting process. Identity checks were also conducted for all overseas staff recruited. The inspector verified that all nurses were registered with the Irish Nursing Board.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Date of inspection:	14 and 15 February 2017
Date of response:	1 August 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some aspects of the management and governance systems in place were not fully effective to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

monitored.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Evidence that the annual review was prepared in consultation with residents or relatives was not identified.

2. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:

Surveys were sent to relatives and residents and the results have been collated. As stated it was a draft Annual Review that was submitted and the matters set out in the inspection report will be included in the final document. This is now planned for W/e 25th August following our audit.

Proposed Timescale: 25th August, 2017

Proposed Timescale: 25/08/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements to the availability, retrieval and recording of care delivery including more timely recording of all care interventions and more detail to enable meaningful analysis was required.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:**Outcome 08: Health and Safety and Risk Management****Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems to support good infection prevention and control were not found. Infection and prevention control practices were not being effectively monitored.

4. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Documented evidence, subsequently submitted, was not sufficient to demonstrate, that the alternative means of escape and external evacuation process were fit for purpose. The inspector noted that the means of escape from some areas required review.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Drill practices and documentation were insufficient to demonstrate, that the arrangements for evacuation in the event of a fire, were fit for purpose.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

Since the inspection multiple simulated evacuations have proven that a compartment can be evacuated under the recommended time frame of 2 minutes 30 seconds as recommended by our Fire consultant. Ongoing training, drills and simulations, including updates on PEEPs are now held fortnightly and the results thereof closely monitored and scrutinised for continued compliance and, where possible, continuous improvement.

Proposed Timescale: Complete and Ongoing

Proposed Timescale: 02/08/2017

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

7. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Complete comprehensive assessments were not carried out for each resident in respect of every identified need.

8. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Evidence that all care plans were fully reviewed for effectiveness as residents' needs changed was not found.

9. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

Care Plans are reviewed as per Reg 05(4). Since inspection and in conjunction with a review of the IT system a review has taken place of all care plans to ensure consistency and effectiveness of appropriate interventions as the needs of residents change. We have ensured that all care plans are complete and that the effectiveness of the plan is recorded.

Proposed Timescale: Complete and Ongoing

Proposed Timescale: 02/08/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some aspects of the design and layout of the building as set out in this report were not suitable for the purpose of achieving the aims and objectives set out in the statement of purpose, for example, to deliver the highest standard of care to residents, while also ensuring their rights to privacy, dignity and respect.

This is a recurrent action from previous inspections.

10. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The premises did not fully meet the requirements of schedule 6 of the regulations in particular in relation to:

- Adequate accessible shower/bathing and toilet facilities, that meet the needs of the current resident profile.
- The cleaning store room did not contain a wash-hand basin, or racking for storage or drainage.
- A safe accessible garden area for residents was not available.

11. Action Required:

Under Regulation 17(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the

report.

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All complaint records did not contain sufficient detail to ensure that the investigations were in a timely and thorough manner. Records of historical complaints did not always contain a review of the satisfaction of the complainant

12. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The process in place to elicit residents will and preference for end-of-life care was not fully implemented.

13. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

We are vigilant and compassionate as to the manner in which we deliver end of life care. We note the gap as to ceremony / funeral arrangements and the recording of spiritual needs as referred to and have alerted staff to this so as to update existing care

plans and inclusion in new care plans. Existing care plans have been reviewed in this regard and will be part of a major audit scheduled for 18th August.

Proposed Timescale: Complete and review on 18th August

Proposed Timescale: 02/08/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Resident's privacy and dignity was not fully maintained through inadequate person centred attention at meal times.

14. Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale:

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Tray service of meals did not ensure all elements of the meals remained at the appropriate temperature for safety and enjoyment.

15. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

Please state the actions you have taken or are planning to take:

To ensure that residents retain choice, we have once again asked Residents as to their wishes as to meal times outside of the dining area as this can affect the temperature of the meal. We have purchased flasks to provide warm beverages with tray service.

Residents have always been provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

We will provide ongoing monitoring of the situation.

Proposed Timescale: Complete and Ongoing

Proposed Timescale: 02/08/2017

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The menu had not been reviewed to ensure the nutritional content of the menu would meet all residents' needs.

16. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:

An independent nutritional assessment has been completed as has an assessment by a dietician. Ongoing assessments will be carried out.

Proposed Timescale: Complete

Proposed Timescale: 02/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The physical environment limited the choice for some residents to undertake personal activities in private.

17. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

The action plan submitted by the provider, for this action was not acceptable to HIQA, as it did not satisfactorily address all of the failings identified in this outcome of the report.

Proposed Timescale: