



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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:	08 July 2019
Centre ID:	OSV-0000095
Fieldwork ID:	MON-0024987

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:	33
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How we inspect

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
08 July 2019	10:00hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead
08 July 2019	10:00hrs to 16:00hrs	Sheila Doyle	Support

Views of people who use the service

Residents expressed satisfaction with the care they received, staff caring for them and food provided for their enjoyment. Some residents said they prefer to stay in the day-room for their meals rather than going to dining room. Several residents said the food was very good, while one commented that staff always give you what you ask for. Residents spoke highly of the home baking, in particular the scones.

Residents said they liked living in the centre, they felt safe, staff were kind to them and that there was a nice atmosphere in the centre.

Residents knew they could make a complaint or raise issues as they wished and the owners of the nursing home were always around to sort out any issues quickly.

One resident said they enjoyed some of the activities particularly outside of the centre. Another commented that they would like more to do during the day. Some residents told inspectors how much they liked the hand massages and nail care. Residents said their visitors were always made to feel welcome.

Capacity and capability

This inspection was unannounced. A condition on the centre's registration requires the provider to refurbish the premises which includes provision of an outdoor area suitable for residents by December 2020. While the area to the back of the centre was still a building site and not accessible to residents, works were progressed since the last inspection in August 2018. The provider was monitoring progress closely to ensure refurbishment works were completed by December 2020.

There were 10 actions required in the compliance plan from the last inspection. With the exception of one action to bring the centre premises into compliance, all other actions were satisfactorily completed.

The provider ensured that the centre's governance and management structure was clearly defined and all staff were aware of their roles and responsibilities. The providers worked in the centre with the person in charge on a day-to-day basis ensuring that a member of the senior management team was always available to respond to any issues or queries without delay. Regular management meetings were convened and a system was in place to review and monitor the quality and safety of the service. Residents' quality of life in the centre was monitored and the provider and person in charge were committed to ensuring residents enjoyed

meaningful lives in the centre..

Arrangements were in place to ensure staffing resources were closely monitored and informed by residents' needs. Resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Following a review of the staff rosters, residents' care records, dependency needs and feedback from residents, inspectors were satisfied that, on the day of inspection, there were sufficient staff on duty to meet residents' needs. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. Robust recruitment and induction procedures were in place. Assurances were given to inspectors that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

Inspectors were satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. Systems were in place to provide relief cover for planned and unplanned leave.

A robust induction programme was in place for new staff which included working through the Employee training and development workbook. This outlined various policies and procedures and provided information to the staff member on issues such as confidentiality, fire safety, and sick leave and this was signed off once completed.

Judgment: Compliant

Regulation 16: Training and staff development

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Staff who spoke with inspectors confirmed that a variety of training programmes had been provided to them.

All staff were supervised in accordance with their roles. Staff training needs were informed by annual appraisals and residents' needs. Staff were facilitated to attend training to ensure they had the appropriate skills and knowledge to meet residents'

care and support needs.

Judgment: Compliant

Regulation 21: Records

All other records required under Schedules 1, 2, 3 and 4 of the Regulations were maintained. Records of each fire practice, drill and test of fire equipment was maintained.

Inspectors examined a sample of staff files and found that all were complete. a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was available on all files examined. A checklist was in place to ensure that all staff files met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance and management structure in the centre to ensure the service delivered was appropriate, safe and consistent. Staff roles were defined and all staff were aware of their individual roles and responsibilities.

Systems were in place to monitor the quality and safety of clinical care, the service delivered to residents and residents' quality of life. Information collated from measuring key clinical indicators and in audits was analysed. Although areas needing improvement were identified, action plans were not always developed to track completion of areas identified as needing improvement. Regular governance and management meetings were held to ensure good communication and oversight of the service by the provider, person in charge and senior management.

The person in charge met with staff to review practice in all areas and to share findings from auditing and promote learning.

Adequate resources were provided to meet residents' care needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018 in consultation with residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised with some minor revisions. The revised document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The centre's statement of purpose described the management structure, the facilities and the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted notifications of incidents as required and within the specified timescales required by the Regulations.

Judgment: Compliant

Quality and safety

Residents health and nursing needs were met to a good standard. Each resident's healthcare needs were assessed and with the exception of some minor improvements in the documentation to guide residents' care, care plans were informed by person-centred information that clearly reflected residents' individual care preferences. Residents had timely access to a general practitioner who visited the centre as necessary. The provider had arrangements in place to ensure there was no delay in residents accessing physiotherapy, speech and language therapy, dietitian and tissue viability services.

Notwithstanding refurbishment work currently in progress, additional work is required to ensure that the premises conforms to the requirements of the regulations.

Overall, residents were supported to enjoy a meaningful life in the centre as they wished, including access to a variety of activities and opportunity to go outside the centre with assistance from staff or family members.

Procedures were in place to ensure that residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraint was under

constant review. Some improvement was required to ensure practice was in line with national guidelines and the policy in place.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Mealtimes were an enjoyable social experience. Many residents still chose to stay in the dayroom for their meals although other areas were available. Assistance was offered to residents in a discreet and sensitive manner.

Residents' civil and religious rights were respected. Residents confirmed they felt safe in the centre and felt they were consulted with and enabled to participate in the organisation of the centre. Ongoing efforts were underway to ensure that in-house voting arrangements was available to residents to meet their political rights.

Staff who spoke with the inspectors knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff told the inspectors they were aware of their responsibilities to report and stated there was no impediment to them reporting any suspicions, disclosures or incidents they may witness. Inspectors observed that staff had developed good relationships with residents and were committed to ensuring residents were provided with good standards of care. The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent when requested, and arrangements were in place to afford residents adequate protection and access to their finances as they wished.

The provider took a proactive approach to managing risk in the centre and had measures and procedures in place to ensure residents health and safety needs were met. There was procedures in place to ensure residents were protected from risk of fire. All staff were facilitated to attend fire safety training and evacuation procedures.

Regulation 17: Premises

Upon the completion of planned renovations, the design and layout will promote the dignity, well-being and independence of residents. The renovations are being completed on a phased basis. In addition, dementia friendly initiatives had been completed such as additional directional signage and contrasting coloured doors.

Areas already completed were comfortable and homely and finished to a high standard. However, remaining works will need to be completed within the agreed timescale. It was noted that several of the bedrooms doors and floor coverings were badly scuffed. Other improvements required included but is not limited to:

- providing appropriate privacy locks on all en-suite doors
- providing appropriate shelving in the en-suite rooms
- providing grab rails in toilets and shower rooms
- providing suitable and sufficient screening in shared rooms

- providing a safe and secure garden area.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors were satisfied that each resident was provided with food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious.

Action required from the previous inspection relating to the revision of care plans following review by the dietitian or speech and language therapist had been addressed. Inspectors noted that the care plans of residents recently reviewed had all been updated. In addition, inspectors saw that this information was shared with the catering staff.

Judgment: Compliant

Regulation 26: Risk management

Proactive risk management procedures were in place to ensure the health and safety of residents, visitors and others was promoted and protected. An up-to-date safety statement for 2019 was available. A risk management policy and risk register was in place to inform management and mitigation of hazards identified in the centre. Actual and potential hazards were identified, risk assessed and had controls stated in each case to mitigate levels of assessed risk as necessary. The measures and actions that must be taken to control the risks specified in regulation 26(1)(c) were stated.

Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others.

An emergency plan was in place to inform response to major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to protect residents and others from risk of fire in the centre. Arrangements were in place to ensure residents' evacuation needs would be

met in the event of a fire in the centre. Each resident's evacuation needs were documented and updated as their needs changed. These assessments included reference to each resident's clinical wellbeing to ensure any issues that might potentially hinder their timely evacuation were communicated to the staff team. An emergency evacuation lift, installed to ensure means of secondary evacuation was available from level one to level two in the centre was operational. Emergency evacuation drills were completed to ensure staff were familiar with use of the emergency lift. Emergency evacuation procedures were displayed.

All staff were facilitated to attend annual fire safety training and to participate in emergency evacuation drills. Staff were knowledgeable regarding evacuation of residents. Fire fighting and evacuation equipment was available on all floors throughout the centre. Emergency exits were clearly displayed and free of obstruction.

Arrangements were in place to ensure daily and weekly fire safety checking procedures were completed. Records of these checks examined by inspectors were complete. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage, depression and mobility support needs among others. These assessments informed care plans to meet each resident's needs. Good improvements were implemented since the last inspection in August 2018 to ensure residents' care documentation clearly reflected their wishes and preferences. The care interventions each resident needed were clearly described in person-centred terms. Some minor improvements were necessary to inform care of residents with diabetes such as the parameters their blood glucose levels should be maintained within and the frequency for their blood glucose sampling. Further information was also necessary to guide care of residents with assessed risk of developing pressure related skin damage and residents with equipment in place that may be restrictive.

Where possible, residents were consulted with regarding their care plan development and subsequent reviews. Families of residents unable to be involved in this process were consulted on behalf of individual residents. While records were maintained of this consultation process, further detail was necessary.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from practices in the locality as they wished. Physiotherapy, occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietitian services were available to residents as necessary. Recommendations made by allied health professionals were documented and implemented. Community psychiatry of later life and palliative care services were available to residents as appropriate.

Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy was available to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. A small number of residents experienced periodic episodes of responsive behaviours. There were systems in place to support residents with managing any episodes of responsive behaviour they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Inspectors saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. Behavioural support care plans described triggers to behaviours and effective person-centred de-escalation strategies. The information in residents' behaviour support care plans was demonstrated in their care by staff. Residents were referred to psychiatry of older age services as necessary.

Inspectors reviewed the restrictive practices and found ongoing efforts were underway to reduce usage. Some improvement was required as the relevant care plans did not provide sufficient information regarding care and safety, to guide practice when restrictive practices were in use.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy in place on safeguarding vulnerable persons at risk of abuse. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place. This had been identified as an area for improvement at the last inspection.

The provider had clear processes in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

At the previous inspection it was noted that sometimes the activities were dictated by the routine and resources and did not reflect the capacities and interests of each individual resident. Inspectors found that this had been addressed. While several residents still choose not to partake in the activities, inspectors saw that both group and individual meetings were held with all residents to put together an appropriate programme of activities. Inspectors saw that some new activities had been commenced such as social gatherings, but then residents had decided not to attend. Activities were provided over a seven day period.

Independent advocacy services were available and there were no restrictions to visiting in the centre.

Inspectors noted that extensive efforts had been made to have in-house voting at the recent elections. Unfortunately, this was not in place and while some residents were able to go to local polling booths, others were unable to vote. Staff described continued efforts to have this available in the centre.

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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Shannagh Bay Nursing Home OSV-0000095

Inspection ID: MON-0024987

Date of inspection: 08/07/2019

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>Meeting minutes will be updated and made available immediately after each governance meeting. A review of the governance meeting agenda was also completed and a new draft is now in circulation.</p> <p>An action plan template was developed in order to track the implementation of audit recommendations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As per our plans submitted to HIQA, the exterior garden and landscaping will commence upon completion of the building works.</p> <p>Further there are now privacy locks on all en-suite doors.</p> <p>All bathrooms were reviewed and additional shelving where necessary was provided. Grab rails were also installed in any bathrooms and shower rooms that did not have any. All screens were checked in each multiple occupancy room for suitability. All curtains are hanging correctly and provide suitable privacy for each resident in each room. During the day if any personal care is given, staff have been reminded to close the bedroom curtains to reduce any shadows forming.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Diabetic residents care plans are updated with blood sugar target values. Details of pressure mattress are updated into the care plan. Documentation on care plan review meeting with family will be elaborated with more details in future. PIC will monitor same and ensure that all care plan are in compliance with regulation 5.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All staff made aware of the need for regular bed rail release for residents who are using bed rail and same is now updated into residents care plan.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Concerned authorities where contacted twice to get approval for voting facility for residents in the nursing home ie in 2017 and 2018. Received a follow up email from personnel on the 25th May 2018, but no further update received. Another letter was sent on 07/08/2019 requesting a polling facility for residents in the nursing home.</p> <p>We received information and documentation on 16/08/2019 regarding setting up internal voting within the designated centre since the inspection. We are now in the process of completing the forms in conjunction with the residents, GPs and register of electors that will enable residents to vote within the designated centre.</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.	Not Compliant	Orange	31/12/2020
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	02/08/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	12/07/2019

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	23/08/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/07/2019
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/09/2019