

**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:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
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.

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 Quality 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

06 July 2015 11:00

To:

06 July 2015 17:00

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

Outcome 02: Governance and Management
Outcome 07: Safeguarding and Safety
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This follow up inspection was carried out in response to areas of significant risk identified during previous inspections.

At this inspection the inspector found that the provider and person in charge promoted the safety of residents. Although the outcome was not inspected against on this occasion, the inspector saw that fire safety was prioritised and personal emergency evacuation plans were being developed for each resident.

The inspector found that the health needs of residents were met to a good standard. Previous action relating to care planning documentation had been addressed. The use of restraint was managed in line with national guidelines. Medication management practices had also improved. Issues relating to communal clothing had been addressed.

Staffing and recruitment practices were satisfactory although will need monitoring to ensure that adequate staff are available. There were no new admissions to the centre as per the commitment given by the provider during a recent regulatory meeting with the Authority.

Progress had been made in securing funding for the building extension and renovation works required to ensure the premises met the needs of the residents and promoted residents' dignity, independence and wellbeing. However, the previous deficits to the premises remained and actions required were not completed.

These matters are discussed further in the report and in the action plan at the end of the 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

The inspector was satisfied that some improvements had occurred regarding the adequacy of governance and management systems in the centre.

Five of six actions from the previous inspection had been addressed. Progress was made to securing funding for the necessary improvements to the premises.

Improvements noted related to care planning documentation, medication management, the use of restraint and the care of residents' clothing and are discussed under individual Outcomes.

Improvements continued regarding the monitoring and development of the quality and safety of care delivered to residents. Audits were being completed on several areas such as documentation, falls and the use of restraint. The inspector saw where the results of these were analysed and shared with staff.

There was a clearly defined management structure that identified the lines of authority and accountability.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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.

Theme:

Safe care and support

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

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

Findings:

The inspector found that systems were in place to promote the safeguarding of residents and protect them from the risk of abuse. Improvements were previously required around the use of restrictive procedures such as bedrails and lapbelts and the documentation relating to the management of behaviours that challenge. These actions had been addressed.

The inspector reviewed the restraint assessment documentation and found evidence of improved practice. Individual assessments were completed. Alternatives to restraint were being considered and the person in charge was aware of the requirement to work towards a restraint free environment in accordance with national guidelines. In addition there was documented evidence that regular checks were carried out when the restraint was in use as required by the centre's policy. The care plans reviewed outlined the care requirements when restraint was in use.

The inspector saw that a low low bed had been purchased and the provider discussed plans to purchase additional ones as part of the refurbishment project. Crash mats were also available.

The person in charge had introduced a monthly auditing system. The inspector saw that although usage remained high, it was being closely monitored.

The inspector also found that there had been improvements in meeting the needs of residents with behaviours that challenge. Care plans had been revised and updated for residents who were affected by these issues. Referrals were made where appropriate to the relevant allied health professional and staff training in these areas had been provided.

Judgment:

Compliant

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:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Action previously identified relating to medications that required crushing and medications to be administered as and when required had been addressed. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. A policy was in place which guided practice. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift.

A locked medication fridge was available and the inspector noted that the temperatures were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

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):

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Inspectors were previously concerned that there was a potential for inconsistent care delivery and negative outcomes for residents as care plans had not been updated and reviewed when residents' needs changed. In addition they did not consistently describe the interventions in place.

At this inspection, the inspector saw that efforts had been made to improve this situation. The person in charge had provided additional training for staff on the computerised care planning system in use. Frequent audits were carried out which

identified the individual staff members who were responsible for completing the records. Meetings were held to discuss the required standards.

The inspector reviewed care plans of residents who had fallen and saw that appropriate care plans were in place. Falls risk assessments were also completed on a regular basis.

The inspector reviewed the care plan of a resident with a wound and found that appropriate assessments had been completed and treatment plans were in place. There was access to tissues viability staff if required. Appropriate equipment was in use.

Similar improvements were noted in the documentation relating to continence care, catheter care and skin care, all areas identified for improvement at previous inspections.

There was appropriate input from multidisciplinary practitioners where required, with reports evidenced in files. The inspector reviewed some residents' notes and found that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, dieticians, chiropodists, opticians and dental services. There was an occupational therapist employed by the centre. The inspector saw that residents benefitted from this service. For example, seating assessments had been completed and one resident was expecting a new chair with specialised cushion at the time of inspection.

The inspector also saw that there were up to date moving and handling instructions for all residents including appropriate sling selection if a hoist was required. This had been identified as an area for improvement at the previous inspection.

Judgment:

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:

The inspector found that, as before, the physical environment in the centre did not meet residents' needs and the requirements of the Regulations.

The provider had recently received confirmation that funds were now available to start

the extension and refurbishment work. Initial site work was continuing and planning permission was in place.

However in the interim the deficits in the premises remained and included but were not limited to a lack of natural lighting in some rooms, limited communal space, lack of accessible storage, some poorly designed and sized bedroom accommodation, a lack of suitably located toilet facilities and lack of access to a garden area.

Some areas of improvement were noted at the previous inspection and these continued. For example most areas of the centre were much cleaner and a cleaning schedule was in place. The floor covering in the day room had been replaced and previous odours were no longer there. The room now looked much brighter and more homely and comfortable. However some areas of carpeting remained which were very dirty and remained in a poor state and this was discussed with the provider.

A planned approach was underway albeit slowly, to refurbish some of the bedrooms. At the time of inspection some had been completed to a high standard and plans were in place to start the next one in the near future.

Judgment:

Non Compliant - Major

***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):

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

Findings:

The inspector was satisfied that residents' were able to retain control over their own possessions and clothing.

At the previous inspection it was noted that some communal underwear was in use for some residents. Corrective action was required and the inspector was satisfied that this had been addressed. The system in place was that underwear and socks were to be washed in individual net bags. Staff spoken with said this system was working well.

The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

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):

No actions were required from the previous inspection.

Findings:

Ongoing improvements noted in previous inspections continued.

The number and skill mix of staff was found to be satisfactory to meet the needs of residents on the day of inspection. It was noted however that there was ongoing difficulties in recruiting and retaining staff in particular staff nurses. The provider discussed continuing efforts to recruit including the use of recruitment agencies. The inspector discussed the need to closely monitor and address this situation to ensure that there are sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents.

Staff files which were previously noted as complete were not reviewed on this inspection.

The inspector saw and staff confirmed that there was an extensive range of training provided.

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:

Sheila Doyle
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:	06/07/2015
Date of response:	16/07/2015

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 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:

Having regard to the needs of the residents, the premises did not conform to Schedule 6 of the Regulations.

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

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

designated centre.

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

1. Funding has been secured for the new building which has been planned for some time – this will ensure that the premises will conform to Schedule 6 of the Regulations
2. Once the funding is drawn down it will take approx. 4 weeks to re-assemble the team – preliminary works will take 2 -3 months approx. with a view to having the builders on site by November. With a projected build time of 32 weeks this gives an expected completion date of July 2016
3. While waiting for the building works to be completed we are renovating rooms – to date we have completed 7 bedrooms and we have also replaced the carpet in the sitting room with new flooring
4. Over the course of the next month we will also replace the carpets on the landings on top two floors with new flooring
5. New and improved lighting has been installed in two areas identified as having lack of natural lighting
6. One bedroom which was identified as being poorly designed has been changed to accommodate one resident until the renovations are complete
7. There will be a safe garden space once the new build is complete
8. There is an on-going programme of painting and maintenance in place and this is closely monitored

Proposed Timescale: 31/07/2016