

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Shannagh Bay Nursing Home
Centre ID:	0095
Centre address:	2-3 Fitzwilliam Terrace
	Strand Road, Bray
	Co. Wicklow
Telephone number:	(01) 2862329
Fax number:	(01) 2863013
Email address:	shannaghbay@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Alan and Pauline Smith
Person in charge:	Anne Blount
Date of inspection:	29 March 2012
Time inspection took place:	Start: 12:00hrs Completion: 17:30hrs
Lead inspector:	Íde Batan
Support inspector:	Ann O'Connor
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Shannagh Bay Nursing Home is a four-storey Victorian style building situated on Bray promenade. It was originally a hotel which had been converted to a residential care service by the previous providers. The current providers, Alan and Pauline Smith, purchased the building in 1990 and made some internal renovations.

Services are provided for both male and female residents providing long-term care, which includes residents with dementia, acquired brain injury, intellectual disability, dementia, mental health and social care needs.

Accommodation for residents is provided on four floors. All floors are accessible by stairs and lift. The doors to each stairwell have a locking system in place which can be unlocked by residents who are cognitively aware.

The main entrance is located on the basement floor and there is a keypad locking system on the front door. There is an office opposite the main entrance, reception area and a visitor/staff toilet is situated in this area.

Accommodation on the basement floor includes two three-bedded rooms with en suite facilities. One has a toilet, wash-hand basin and shower and the other has a toilet and wash-hand basin only. There is also a two-bedded room en suite with toilet and wash-hand basin. There is an assisted bathroom within close proximity to the two-bedded room.

The dining room, main kitchen, laundry, sluice room and smoking room are located on this floor. There is also a small seated area outside for residents to smoke if they wish.

Accommodation on the ground floor consists of three two-bedded rooms, en suite, one with wash-hand basin and toilet, and one with wash-hand basin, toilet and shower. There are two single bedrooms, en suite, with wash-hand basin and toilet and an assisted bath on this floor. The en suite in this room is used as a communal assisted toilet for more dependent residents.

The residents' sitting room is located on this floor. It is a large room which can be divided into two by a partitioned door. There is a spacious conservatory adjacent to the sitting room which overlooks the promenade. The nurses' office is located next to the conservatory. There is a communal toilet with wash-hand basin in close proximity to the sitting room.

Accommodation for residents on the first floor consists of six single, en suite, bedrooms, two with wash-hand basin and toilet and shower, and four with wash-hand basin and toilet. There are four two-bedded rooms, en suite, with wash-hand basin and toilet and an assisted shower room and an assisted bathroom on this floor also

Accommodation on the second floor consists of six single en suite bedrooms, two with en suite wash-hand basin, toilet and shower and four with en suite wash-hand basin and toilet. There are four twin bedrooms with en suite bathrooms, one with wash-hand basin, toilet and shower, and three with wash-hand basin and toilet. There is also an assisted shower room and an assisted bathroom on this floor.

Location

Shannagh Bay is located on the sea front in Bray, County Wicklow. It is a two minute drive from the DART station and close to local churches, shops and amenities.

Date centre was first established:	26 October 1990
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	3

Dependency level of current residents	Max	High	Medium	Low
Number of residents	14	11	7	9

Management structure

Alan Smith and Pauline Smith are the Providers. Anne Blount is the Person in Charge and she reports to Pauline Smith. The staff nurses on duty report directly to the Person in Charge, and the care staff report to the staff nurse on duty.

The catering staff report to the chef who in turn reports to the Person in Charge. The household staff, laundry staff, and the activities staff also report to the Person in Charge. The maintenance staff report to Alan Smith. An assigned staff nurse deputises for the Person in Charge when required.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	2	2	1	5*

* Provider, administrator, caretaker and two activities coordinators.

Background

This was an unannounced one day follow-up inspection and the third inspection of Shannagh Bay Nursing Home by the Health Information and Quality Authority. The primary purpose of the inspection was to establish the progress made by the registered provider in implementing the required actions that emanated from the follow-up inspection undertaken on 18 October 2010. The chronology of the Authority's previous inspections is included at the end of this report.

The previous registration inspection took place on 28 June 2010 and 29 June 2010. During that inspection inspectors had serious concerns about aspects of environmental safety, quality of life and quality of care for residents. The providers submitted an immediate action plan to address these issues which inspectors found to be satisfactory.

The provider had made some adaptations to the premises and to work practices to meet regulations. However, the environment was not suitable to meet the needs of younger people and there were no external grounds suitable for residents. There were an inadequate number of wheelchair accessible toilets on the second floor. The provider met with the Authority to discuss their plans to build a new centre in 2011 to meet the requirements of the regulations and the Standards.

The inspection findings in relation to the provider's implementation of the action plan are reported on in the section of the report titled "Actions reviewed on inspection". Where additional areas of regulatory compliance were addressed by the inspectors, this aspect of the inspection is reported on in the section titled "Issues covered on inspection".

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge and all staff on duty. Inspectors met with residents, the provider, and person in charge, staff nurses and support staff.

Inspectors found evidence that some of the outstanding actions from the previous inspection had been completed, such as:

- contracts of care
- directory of residents
- care planning
- access to allied health services.

Ultimately; however, the provider had not implemented all of the required actions within the timescales agreed with the Authority and this resulted in the reissuing of an action plan containing seven actions.

Other issues identified on this inspection included the statement of purpose, staff files, mandatory training and quality of service.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Issues covered on inspection

1. Statement of Purpose

While there was a statement of purpose and function it did not reflect the requirements of legislation. Omissions included the provision of 24-hour nursing care, communal room sizes and the age profile of residents outlined did not reflect the age profile of some residents currently residing in the centre.

2. Mandatory Training

Inspectors saw that mandatory training such as elder abuse and manual handling was not up to date as required by the regulations.

3. Quality and Safety of Care and Quality of Life.

There was no robust system of ongoing review and quality assurance in place and the process of audit currently in operation did not enhance positive outcomes for residents.

There was no evidence of the audit of data in relation to accidents, incidents and falls to identify patterns and establish trends and identify areas requiring improvement to ensure quality and safety of systems and care.

There was no evidence to support an awareness of appropriate and corrective action been taken in response to clinical audit to enhance resident safety with clinical and quality of life outcomes for residents.

The complaints log in one instance did not outline actions taken on foot of a complaint, the outcome of the complaint and whether or not the resident was satisfied.

4. Consultation and Participation

There was not an active residents' forum in operation.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Provide wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

This action was complete. Inspectors saw that there was a comprehensive health and safety statement. Inspectors also viewed the risk management policy which was in accordance with regulation.

Inspectors saw that wash-basins and radiators had thermostats fitted. Inspectors also observed that the conservatory area had a fan installed.

2. Action required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

This action was not complete. The provider stated in the previous response that there were plans in place to commence a new building in January 2011. However, this has not progressed; therefore there are still no external grounds available to residents.

Inspectors observed that there are two sittings at lunchtime. However, it would not be possible to accommodate all residents as the dining space is limited.

3. Action required from previous inspection:

Ensure each resident is facilitated and encouraged to communicate.

This was complete. Inspectors saw that talking mats were available. Inspectors also observed that the occupational therapist had conducted comprehensive assessments on residents in particular those with diverse complex care needs.

There was a newsletter developed and inspectors observed the activities coordinators spent time chatting and interacting with residents.

4. Action required from previous inspection:

Consult with residents and their representative in relation to the system for reviewing and improving residents' quality of life.

This was partially complete. Inspectors saw that residents had a choice at mealtimes however; there was no evidence available that feedback is actively sought on an ongoing basis on the services provided. Inspectors did not observe how the impact of residents' or their representatives' feedback informs reviews or future planning.

There was not an active residents' forum in operation.

5. Action required from previous inspection:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

This was not complete. Inspectors observed that omissions in files included Garda Síochána vetting and in one staff file there were no references.

6. Action required from previous inspection:

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Regulations.

This was complete. Inspectors saw that the directory of residents was in accordance with the regulations.

Report compiled by:

Íde Batan

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

3 April 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
28 June and 29 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
18 October 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Health Information and Quality Authority
Social Services Inspectorate

Action Plan



Provider's response to inspection report *

Centre:	Shanagh Bay Nursing
Centre ID:	0095
Date of inspection:	29 March 2012
Date of response:	14 May 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The statement of purpose did not consist of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A revised statement of purpose has been forwarded to the Authority.	Completed

2. The provider has failed to comply with a regulatory requirement in the following respect:	
<p>There was no system for reviewing on an ongoing basis the quality and safety of care and services provided to residents, staff and visitors. There was no evidence of the use of data collated to improve clinical and safety outcomes for residents.</p>	
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals. Improvements are clearly demonstrated and corrective action plans implemented.	
Action required: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.	
Action required: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Included from 28 May 2012, in the monthly health and safety meeting, will be a review of all incidents and complaints. These meetings are minuted.	28 May 2012

<p>The monthly residents' meeting is scheduled for 17 May 2012. Relatives have been notified if they wish to attend.</p> <p>At random intervals throughout the year, quality improvement questionnaires are distributed. The most recent one was 23 March 2012.</p> <p>Going forward, all meetings will be documented and findings printed.</p>	
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were a number of areas where the premises did not meet the criteria of the <i>National Quality Standards for Residential Settings for Older People in Ireland</i>:</p> <ul style="list-style-type: none"> ▪ accommodation was mainly provided in multi-occupancy rooms where three residents were accommodated ▪ lack of safe outdoor space with seating ▪ lack of private space. 	
<p>Action required:</p> <p>Provide to the Chief Inspector explicit plans to address the limitations of the premises so as to provide premises that are suitable for the purpose of achieving the stated purpose and function of the premises.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: 19: Premises Standard 25: Physical Environment Standard 27: Operational Management Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>With regard to the limitations of the premises, plans have been forwarded to the Authority, as per planning permission granted 15 June 2010.</p> <p>To date we have gone through the tender process but failed to get adequate funding and, unfortunately, the builder who was to carry out the development went into liquidation.</p> <p>We are now in talks with a company to create a smaller</p>	<p>28 May 2012 to 31 May 2013</p>

development and this may need further planning consent. In the meantime we are carrying out a cost benefit analysis on the suitability of leasing preconstructed modular buildings to cater for bedroom expansion to remove the three person bedrooms from the basement and place them in new two person bedrooms. When this is completed the basement bedrooms can then be converted to staff rooms and resident-associated room. This project is to be started the 3rd week of May 2012 and completed by May 2013. This will also enable us to create new gardens at the rear without the necessity of lifts or ramps outside.

New offices have been leased adjacent to the centre in number 4 Fitzwilliam Terrace enabling us to modify and decorate the old office into the residents/visitors room.

Further upgrades are planned with regard to toilets as rooms become available with the new bedrooms releasing basement areas.

4. The provider has failed to comply with a regulatory requirement in the following respect:

Recruitment practices were not robust and staff were not recruited in line with best practice and legislative requirements

Action required:

Put in place written policies and procedures relating to the recruitment, selection and Garda Síochána vetting of staff that satisfy the recruitments of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

No staff member shall be employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Action required:

Provide full and satisfactory information in relation to all staff already employed in respect of the matters listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:	
Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Regulation 24: Staffing Records Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The policy on recruitment has been forwarded to the Authority. All our Garda Vetting is sent and we are awaiting their return also in the future we will keep a copy of the Garda Síochána vetting sent and the date it was sent.	Completed

5. The provider has failed to comply with a regulatory requirement in the following respect:	
All staff had not completed mandatory training such as manual handling and elder abuse.	
Action required:	
Ensure that all persons working in the centre have received education and training on the prevention, detection and management of abuse and manual handling	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The schedule of training has been forwarded to the Authority and, from now on, mandatory training will be commenced during the three week induction period.	May 2012
All staff have been given until 31 May 2012 to return any	

<p>outstanding paperwork.</p> <p>We have requested referees to send the references on headed paper. If that request cannot be met, the name, address, and phone number of the referee is obtained. We phone the nominated person to identify that they are the person giving the reference.</p>	
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<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The complaints procedure was not in accordance with legislation.</p>	
<p>Action required:</p> <p>Ensure that the nominated complaints person maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The Director of Nursing will follow through on all the complaints and document her findings.</p>	<p>Completed</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no residents' forum in operation.</p>	
<p>Action required:</p> <p>Ensure that there are arrangements in place to facilitate consultation and participation in the organisation of the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The residents forum is up and running with documented minutes.	05 April 2012

Any comments the provider may wish to make:

Provider's response:

None received

Provider's name: Pauline Smith

Date: 14 May 2012