

**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:	ORG-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 Nursing Home Partnership
Provider Nominee:	Pauline Smith
Person in charge:	Anne Blount
Lead inspector:	Deirdre Byrne
Support inspector(s):	Angela Ring;
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	1

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 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.

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

The inspection took place over the following dates and times

From: 19 November 2013 08:30 To: 19 November 2013 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Overall, inspectors found that the provider and person in charge were committed to meeting 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. There was evidence of ongoing and consistent improvements being made to the operation of this centre with a committed management team in place. The centre is family owned and run by Mrs. Pauline Smith who is a director and the named provider on behalf of Shannagh Bay Healthcare Ltd, and Melissa Smith also a director and responsible for human resources (HR) and staff education.

As identified at previous inspections carried out since 2009, inspectors found that the

design, décor and layout of the premises did not meet residents' needs. Significant improvements are required to the premises in order to comply with 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 by 01 July 2015.

Inspectors found that care was provided to a range of residents with diverse needs such as older people with end stage dementia and younger people with acquired brain injury, physical and intellectual disabilities. Residents had a variety of health care and social needs and while their general health care needs were met, inspectors found that the design and layout of the premises was not conducive to meet all of their individualised needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day, however, there was just one large main day area used by residents which did not allow for residents to access smaller communal rooms to spend time doing activities of their choice or to spend quiet time alone. The provider was acutely aware of the deficits and constraints of the premises and had definite plans to address them with the commencement of building and refurbishment works in early 2014 pending final planning approval.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard.

The provider and person in charge promoted the safety of residents. A risk management process was in place for the centre. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse. Inspectors found that most of the issues identified at the previous inspection in February 2013 had been addressed with the exception of the deficits in the premises.

A number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report. These include aspects of health care management, some documenting of care plans, updating the fire procedures, smoking risk assessments, staff files, insurance cover and review of the quality of care provided to residents.

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

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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations. The statement was kept under review and was made available to residents.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors read a sample of completed contracts and saw that they adequately met the requirements of the Regulations as they included details of the services to be provided and the fees to be charged.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with

authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

She demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner. All documentation requested by the inspectors was readily available.

Inspectors observed that she was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development by attending relevant training courses and conferences and keeping up to date with evidence-based practice.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

While residents' possessions were insured, the insurance cover had not specified that the required liability to any resident shall not exceed €1,000 for any one item except where the property was deposited by or on behalf of the resident expressly for safe custody with the registered provider. This had been identified as an area of improvement from the last inspection and had not been adequately addressed.

The directory of residents met with the requirements in the Regulations.

Inspectors reviewed a sample of staff files and found that the majority of files complied with the requirements in the Regulations with the exception of one newly recruited staff member's file that did not contain three references and evidence that the staff member was physically and mentally fit for the purposes of work they perform in the centre. This information was subsequently forwarded to the inspectors the day after the inspection.

Otherwise, inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. At the time of the inspection she was not planning on taking leave from the centre which required notification to the Chief Inspector.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied measures were in place to protect residents from being harmed or experiencing abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. The person in charge and HR manager facilitated training for staff. Inspectors found that the staff spoken with were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

Residents spoken with confirmed to the inspectors that they felt safe in the centre, and would talk to the provider and person in charge if they had concerns.

There was a centre-specific comprehensive policy on the protection of vulnerable adults which gave guidance to staff on the types of abuse and the procedures for reporting alleged abuse and investigating an allegation of elder abuse. This had been addressed since the last inspection.

Inspectors reviewed the arrangements for the safekeeping of residents' money with the provider, which appeared to be adequately managed and in line with best practice guidelines.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:

Inspectors were satisfied that the provider and person in charge were aware of and promoted the safety of residents while encouraging them to maintain their independence.

There was a comprehensive health and safety statement for the centre and it related to the health and safety of residents, staff and visitors. A risk management policy was in place and met the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and

staff and residents going missing. The risk register was routinely updated as new risks were identified. Inspectors found that there was a procedure in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

There was a health and safety committee set up to address clinical and environmental risks. There was a comprehensive policy on falls. Inspectors found that incident forms were completed for residents who fell and a post falls assessment was used to identify potential measures that could be taken to prevent further falls however, general areas for improvement had not been identified as covered under Outcome 10.

Some of the actions related to risk identified at the last inspection were addressed. For example, a call bell was placed in the conservatory for residents to summon assistance as required, however, there were some outstanding risks identified from the previous inspection, which the provider said would not be addressed until the new extension to the building was completed. These included the:

- lack of staff changing facilities and toilets
- limited access to hand washing facilities for staff, both of which which posed a potential infection control risk

Inspectors were satisfied that fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. Inspectors noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Inspectors read training records which confirmed that all staff had attended training within the last year. Regular fire drills were conducted including evacuation procedures, however, although staff attendance at fire drills were recorded, there were inadequate records maintained of the outcome and learning from the drills. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The HR manager was a qualified manual handling instructor, there were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection.

Inspectors found that there were measures and policies in place to control and prevent infection. Staff had received training in infection control and were knowledgeable. Audits were carried out to ensure compliance with local policies. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

Inspectors found that there was safe floor covering and handrails throughout the centre and a passenger lift accessed each floor.

Inspectors found that although smoking risk assessments were completed for residents that smoked to assess their safety, they were not comprehensive enough to identify the

potential risks associated with each individual resident and the control measures required to reduce the risk. This had been identified as an area for improvement since the last inspection and had not been adequately addressed.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

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

A comprehensive policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. 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. Inspectors checked the balance of a sample of medication and found it to be correct.

Staff nurses involved in the administration of medications had undertaken training updates in best practice, medication audits were completed to identify areas for improvement. Inspectors noted that the policy in relation to self medication was being used to guide practice.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that a record of all incidents was maintained and where required were notified within the specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that there were inadequate systems in place to ensure that the safety and quality of care given to residents was monitored, developed and improved on an ongoing basis.

There was no robust system in place of auditing for quality monitoring and improvement purposes. Data was not being consistently collected or analysed on a number of key quality indicators such as falls, restraint, wounds, complaints, infections and areas for improvement were not being identified. This was discussed with the provider and person in charge, who acknowledged that it was an area they had identified for improvement and assured inspectors that the issues would be addressed.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found residents had good access to GP services, and to a range of allied health professionals. Nurses had a good understanding of the care needs of the residents. However, aspects of the residents' health care management were not met specifically in relation to the management of restraint and falls. In addition, some improvements were required in the documentation of care plans.

Inspectors noted that residents had diverse health care needs with almost 20% of residents being young people with conditions such as acquired brain injury, physical and intellectual disabilities. Inspectors found that links had been made with specialist services such as consultants in rehabilitation medicine, physiotherapy and specialised day centres.

The residents' care plans were in electronic format and a sample were reviewed with the clinical nurse manager. Overall, there were good practices found and residents were regularly assessed for a range of health care needs with care plans in place to guide care. However, inspectors found that there was evidence of inconsistencies in regards to residents being consulted with about their care plan. This had been an action at the previous inspection and was not adequately completed.

Inspectors found that the management and use of restraint required improvement. There was a comprehensive policy in place which provided direction to staff. However, it was not implemented in practice. For example, where residents had more than one form of restraint, these were not individually assessed, rather they were incorporated on the one form. The assessment did not include the risks associated with the use of restraint. There was no evidence of the alternatives had been considered and checks when restraint was used were not consistently recorded. This had been identified as an area of improvement at the previous inspection and was not adequately completed.

Inspectors found that improvements were required in the management of falls. A policy was in place that guided care, however, it was not fully implemented in practice. For example, care plans had not always been updated after a fall, outlining the interventions and strategies to prevent future falls occurring.

Inspectors also reviewed the arrangements in the management of behaviours that challenged, and nutrition and found evidence of good practices in this area, with an area of improvement identified. There were policies in place to guide staff. However, a policy on the management of tracheostomy care needed to be reviewed to reflect the most up

to date evidence based practice.

There was evidence that residents were regularly assessed and where a need was identified, a care plan were developed. Staff were knowledge of residents' needs and had received training to enhance their practices. There were no residents with wounds at the time of the inspection. There was a comprehensive policy in place to guide staff and staff had received training in this area. Staff spoken with were familiar with the appropriate procedures to follow if a resident presented with behaviour that is challenging.

Inspectors found residents had a diverse range of needs in the centre and the provider and person in charge had arrangements in place to meet their social care needs. While the design and layout of the building was not conducive to meeting all residents' needs, as outlined in the summary and in Outcome 12, the residents had a choice in how they spent their day. There were three activities coordinators who facilitated the activities programme, which was overseen by a full time occupational therapist (OT). Inspectors met the OT who described the assessment process and the plans for each resident. He had adjusted the activities programme to meet each residents needs. He met residents regularly and one resident outlined to inspectors the improvements in his mobility since the OT had started. The activities coordinator outlined the activities programme, which included karaoke, movie nights, crafts and sensory exercises. There was one to one time provided for a number of residents who preferred not to, or could not participate in group activities. Residents appeared relaxed and at ease in the sitting areas and conservatory, with staff sitting and interacting with them.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the physical environment in Shannagh Bay Nursing Home did not meet residents' needs and the requirements of the Regulations. Furthermore, significant improvements are required to the premises in order to comply with 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 by 01 July 2015.

The provider advised inspectors that there is a definite plan in place to address the deficits in the premises in order to meet residents' needs. The building and refurbishment works were expected to commence in early 2014, however, the plans were not costed and planning permission had not yet been obtained.

Since the previous inspection, additional assistive showers and toilets had been put in place to address an action from the previous inspection however, there was no wheelchair accessible toilet close to the dining area for residents to use.

The provider said that many of the outstanding issues with the premises identified at the previous inspection would be addressed by the new extension and renovation project.

The deficits in the premises include the following:

- The premises in general was in a poor state of repair and in need of repainting and refurbishment
- There was poor ventilation in the centre which resulted in stale odours
- There was inadequate storage space in the centre and inspectors observed equipment such as chairs and hoists being stored in bathrooms and on the corridors, which posed potential risks
- There was no access to a secure outside space for residents
- There was inadequate screening between beds

In addition to the deficits identified above, there were two three-bedded rooms. Inspectors noted that the design and layout of one of these rooms was unacceptable and did not meet residents' needs. There was very limited natural light, inadequate screening between beds and no space for a locker between beds. There was also very limited space for residents to personalise their bed space with their belongings in this room. The provider informed the inspectors that she was aware of requirements in the Authority's Standards to be put in place in relation to bedroom occupancy by 2015 and confirmed that the building and refurbishment work would address this requirement.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as hoists and the lift and found they were up to date.

Inspectors found that the laundry, sluice and kitchen facilities were satisfactory and met the requirements in the Authority's Standards.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Complaints were well managed. The complaint's policy was in place and the inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display throughout the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

A complaints log was maintained and inspectors found that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that policies and procedures were in place to ensure each resident's end-of-life care needs were met.

There were no residents receiving end-of-life care on the day of inspection. The person in charge and provider informed inspectors that a local palliative care team provided support and advice when required. The HR manager and provider had identified a need for updated training in this area and informed inspectors that this would be addressed in coming months. Inspectors found that there was an end-of-life care policy to guide practice.

A visitor's room was available for relatives and friends for privacy if required. There were a number of single rooms available which ensured residents received privacy and dignity at their end of life if required.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs. Residents' dietary requirements were met to a good standard.

Inspectors spent time with residents in the dining room at lunch time and they found residents were discreetly and respectfully assisted with their meals where required. A menu was displayed with the choice of meal for the day and there was evidence of choice at mealtimes for residents on a modified consistency diet. The catering staff discussed the special dietary requirements and preferences of residents' with inspectors, who demonstrated knowledge of the residents' assessed needs. There was a four week rolling menu which was reviewed by the provider and person in charge to ensure a choice at meal times.

Inspectors saw residents being offered a variety of snacks including fruit and hot drinks during the day. Inspectors visited the kitchen and found it was well laid out and stocked with a good supply of food.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

implemented.

Findings:

Inspectors were not satisfied at the inadequate screening provided in a number of three bedded rooms, as the screening did not ensure residents' privacy and dignity when receiving personal care. Mobile screens were provided in these rooms, which did not fully extend around residents' beds and had gaps between screens. This had been an action from the previous inspection and was not satisfactorily addressed.

There were arrangements in place to facilitate consultation and participation with residents in the organisation of the centre. A residents' committee met every one to two months. The inspectors read the minutes of the last meeting, which took place in October 2013. Issues documented were mostly related to food matters. The inspectors were satisfied that issues raised were sufficiently dealt with.

The inspectors were shown newsletter, the "Bay Times" which was published by the centre on a monthly basis. It included photos and stories of what had been going on in the centre the previous month. An annual collection of the newsletter was also printed for the residents.

A programme of events in the centre took place throughout the year and a programme of these was displayed on the notice boards. It included race nights and karaoke nights. The residents also went on walks along the seafront, to the local coffee shops or public houses.

Religious and spiritual rights and wishes of residents were respected. The provider had ensured there were links in place for residents of all religious denominations. The person in charge outlined the services available to the residents.

Throughout the inspection, staff were observed speaking respectfully and politely to residents. They appeared friendly and personable.

Residents could access a hands free phone or the use of an office phone in the nurses station they wished. There were televisions provided, and television sets were provided in residents bedrooms. The newspapers were collected and brought to the centre each day and at weekends.

The provider and person in charge ensured residents' voting rights were facilitated and residents exercised their right to vote on the most recent referendum.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to protect residents' personal property and possessions however, adequate space for each residents personal possessions was not provided in resident's bedrooms.

An up-to-date list of residents' personal possessions was maintained and residents had access to private lockable space to store personal valuables. There were systems in place to launder residents clothing and residents clothing were clearly marked with their name to prevent any loss from occurring.

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. Staff, relatives and residents agreed that there were adequate levels of staff on duty. Inspectors found that adequate procedures had been put in place for supervision of residents in the communal area, since the last inspection.

The person in charge explained to inspectors that there was a high turnover of staff in recent months due to the opening of new centres within the area which, had resulted in the recruitment of several new staff. Inspectors did not find any negative outcomes for residents as a result of the staff turnover. Inspectors observed staff interacting well with residents on the day of inspection and residents told inspectors they had a good rapport with them.

Inspectors found that there was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the Regulations.

Inspectors reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013. The person in charge informed inspectors that there were no volunteers working in the centre.

Staff told the inspector they had received a broad range of training which included cardio pulmonary resuscitation (CPR), infection control, care of people with dementia, food hygiene, dysphagia, continence promotion and diabetes. There was documentary evidence to support this.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Deirdre Byrne
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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:	ORG-0000095
Date of inspection:	19/11/2013
Date of response:	11/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The centre's insurance had not specified that the required liability to any resident shall not exceed €1,000 for any one item except where the property was deposited by or on behalf of the resident expressly for safe custody with the registered provider.

Action Required:

Under Regulation 26 (2) you are required to: Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

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

We have tried to obtain this particular insurance cover from two different insurance companies however they are unable to quote as per legislation. The response from the

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

insurance companies is that they will not give unlimited cover for residents personal effects, it has never been given previously and there is no intention in the future. Our current insurance cover is €1,000.00 per resident. In response to this we have written a letter to the Department of Health, and to date the only response we have received is an acknowledgment of our letter.

Proposed Timescale: 17/12/2013

Outcome 07: 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:

There was an inadequate system in place to ensure that comprehensive, individualised risk assessments were completed for residents that smoked.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: 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.

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

We researched and found a more comprehensive risk assessment for all residents who smoke. The assessment is with our IT department awaiting to be integrated into our nursing system. In the meantime all nurses are completing the assessments with any resident who smokes. This will then be documented in a specific care plan for each resident. These assessments will highlight any risks to residents while they smoke and help us identify changes that need to be made while the residents smoke. For instance, if supervision is required or if PPE is necessary. Any precautions identified will then be implemented immediately. In conjunction with this our new Personal Emergency Evacuation Plan (PEEP) will be completed and again anything new deriving from it will be implemented.

Proposed Timescale: 28/02/2014

Theme: Safe Care and Support

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

There were inadequate records maintained of the fire drills that took place in the centre.

Action Required:

Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

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

As you mentioned in your report, regular fire drills are conducted in the nursing home. Annually each member of staff will complete a minimum of two drills, four evacuation trainings and a fire warden training. All attendance is documented and are filed away in our Fire Book at reception. These are available for inspections at any time. We had created a learning tool for training which we implemented on only a few occasions. Moving forward we will use the tool after each drill and this will help us identify any further training required. This will then be brought up at our monthly health and safety meetings. Our next drill is on Monday 23rd December 2013.

Proposed Timescale: 31/12/2013

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

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

There was an inadequate system in place for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Action Required:

Under Regulation 35 (1) (a) you are required to: 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.

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

We are looking at the structure of our audits on the key quality indicators of falls, restraint, wounds, complaints and infections to ensure the data we are collecting is more comprehensive and usable. The data analysed will be benchmarked against our care goals which will then highlight areas of improvement. We hope to have this completed by 31-01-2014. Audits will then take place monthly and comparisons will then be made with previous audits. From this we will be able to see how we are progressing. These will be discussed at the weekly nurses meetings so discussions can be held on what needs to be implemented and how it will be implemented. All relevant changes will be made to improve quality of care.

Proposed Timescale: 30/04/2014

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:

The management of some aspects of healthcare such as restraint and falls required improvement.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

We note in your inspection report that you state the Restraint policy is comprehensive but it is not being implemented – we will organise further training on the policy to ensure it is fully implemented. We will also ensure further training is done on the Falls prevention policy. Policy training will be completed with all relevant staff by 28-02-2014.

New, more comprehensive Restraint forms have been attained. There are now individual forms for lap belts and bedrails. These are with our IT department awaiting to be integrated into our nursing system. Any residents who currently require this assessment will have it completed and their care plan updated by 31-01-2014.

More comprehensive post fall assessments and follow ups will be undertaken in future for all residents who fall. This will include input from the nurses, Physiotherapist and OT and any measures to be taken to reduce further risks of falls. A more thorough analysis of falls will also be carried out on a monthly basis. All findings will be documented and discussed at the nurses meetings and the health and safety meetings. All staff will be informed on any changes required during handovers and guidance given where necessary. All information will be detailed in residents care plans that can be accessed by all staff through our nursing system. This will be on-going but the first audit will take place by 31-01-2014.

Proposed Timescale: 28/02/2014

Theme: Effective Care and Support

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

Residents were not consistently consulted with in the development of their care plans.

Action Required:

Under Regulation 8 (2) (d) you are required to: Notify each resident of any review of his/her care plan.

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

Care plans will always be a work in progress.

Nurses are allocated a number of residents each to complete care plans on. They are allocated additional time outside of their normal working hours each month to keep care plans up to date. During this time or during their working hours they will continue to consult with the residents in relation to their views on their plan of care. The

residents personal space can be used or the family room to allow more privacy and comfort to the resident when discussing their care Families are also spoken to in relation to care plans, however due to their commitments they usually do not come to the nursing home. In the past, during the additional allocated time nurses have used a quite office to call the families. This practice will be promoted more, to assist families in having a greater involvement in what care they would like to see provided. On the occasions when our nurses, OT, Director of Nursing or Registered Provider speak to families regarding ideas or issues on residents care this information will be logged into our nursing system that will assist the nurses when doing the care plans.

Proposed Timescale: 31/03/2014

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:

There were no toilet facilities close to the dining area for residents.

Action Required:

Under Regulation 19 (7) (b) part 2 you are required to: Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

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

This will be addressed in the new build and refurbishment planned for 2014. In the plans the dining room will still be located on the basement but will increase in size. The layout will also be altered and there will be male and female assisted bathrooms behind the dining room. In the meantime Residents are brought either to the ground floor bathroom, the assisted bathrooms on the first and second floor or to their bedroom. Staff will assist residents if requested to or if there is already a requirement to.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

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

There were no changing facilities provided to staff.

Action Required:

Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

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

This will be addressed in the new build and refurbishment planned for 2014. On the

plans the basement will no longer hold bedrooms. Where 103 is currently situated, this will be the location of the new staff quarters. This area will consist of a staff room with kitchenette, and both male and female shower and changing areas and a separate shower and changing area for kitchen staff. In the meantime hot lockers have been installed so all staff on duty have a safe place to leave their belongings while on duty.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

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

There were inadequate storage facilities in the centre for equipment.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

This will be addressed in the new build and refurbishment planned for 2014. On the plans storage rooms have been devised on each floor. Areas for storing hoists and other patient moving equipment have been drawn to ensure safety for everyone in the nursing home but to prevent equipment getting damaged. These areas will be accessible by staff only. We are still looking at the best locking mechanisms. The main storage areas will be located in the basement. There will be areas for cleaning products, nursing equipment, cleaning equipment, laundry equipment, incontinence wear and PPE (list is not exhaustive). All paper records since 2013 are stored on computers and backed up off site. Remaining documentation will be stored in the main office for easy access. In the meantime equipment is stored safely and before new equipment is purchased its storage location is and will be assessed. We are currently renting office space beside the nursing home. This allows for additional storage space for documentation and training equipment. We watch stock levels to ensure we do not hold more than what is required and the space we have is sufficient for this.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

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

There was inadequate natural light and ventilation in some parts of the centre.

Action Required:

Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

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

Full refurbishment of the Nursing Home is planned for 2014. There will be underfloor all around the nursing home and all windows will be replaced. The basement which holds three rooms will all be decommissioned. On-going and 2015

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

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

There was no access to secure outdoor space for residents.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

This will be addressed in the new build and refurbishment planned for 2014. There will be a landscaped garden that will be accessible for residents and visitors to enjoy. In the meantime during dry weather residents are brought over to the sea front where they have in the past enjoys picnics, walks along the prom, and afternoon activities. We also organise day trips for residents.

Proposed Timescale: 31/05/2015

Theme: Effective Care and Support

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

The centre was in need of refurbishment and repainting and will not comply with the requirements of the Regulations and the Authority's Standards by July 2015.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

This will be addressed in the new build and refurbishment planned for 2014. Continuous maintenance work is carried out in the nursing home to ensure all areas are kept in good condition – this is constantly on-going especially in all high traffic areas of the nursing home. Hallways, bedrooms and communal areas are painted annually and more so if required. Ceiling tiles are replaced when required. Every fortnight the dining room tables and chairs are deep cleaned and if maintenance is required is completed on the night. Over the last 3 months handrails have been replaced and painted. In the last 18 months we have replaced the front door, introduced a new security locking system for the front door that will be integrated with the new building and replaced all the

bedroom and communal area chairs. We have also introduced a new Time Management System. Every 1-2 months a walk around is done to see what needs to be done and what can be done. This is then noted and discussed with maintenance. Since the inspection we have placed flower boxes with Tetatet daffodils and mixed hainciths in all bedrooms and the conservatory. The vegetable store room has been painted. Over the next year we hope to introduce more IT to assist all staff in their work, redecorate the smoking areas, plant a herb garden that will provide fresh herbs for the kitchen, create a plant garden on the roof top outside the back sitting room and in the front of the nursing home.

Proposed Timescale: 31/05/2014

Theme: Effective Care and Support

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

The design and layout of one of multi-occupancy rooms did not meet residents' needs and will not comply with the Regulations and Standards by July 2015.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

This will be addressed in the new build and refurbishment planned for 2014. This room will be decommissioned along with the two other rooms on this floor as soon as the new building is ready. In the meantime the room in question has now been refurbished as far as possible. Outside the bedroom there had been a roof top cover, this has been removed and along with the new lights in the bedroom the room is now much brighter. Plants have been placed on the bay window and in the new year the area outside the room will undergo maintenance to make it brighter and more pleasant to look at. We have purchased bedside tables that are suitable for the room and these are now beside the residents beds. These bedside tables have 2 shelves that allow residents place their belonging on if they wish. We are waiting on families to bring in more personal items to make the room more homely. We have removed excess chairs that are not used from the room. This has created more space and the room looks less cluttered. However if the need occurs for these chairs they are available immediately.

Proposed Timescale: 31/01/2014

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 inadequate screening provided in the three-bedded rooms did not meet residents

needs to ensure their privacy and dignity was respected and maintained.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

This will be addressed in the new build and refurbishment planned for 2014. We plan on introducing new screening that will be attached to the walls and stored neatly away when not in use. These screens will go around the bed providing adequate privacy. In the meantime all mobile screens are checked before use each day to ensure adequate cover for the residents. When necessary multiple mobile screens are used in twin and three-bedded rooms. Residents have showers or baths rather than bed baths bath and this provides further privacy. Earlier this year we replaced all the screening on some floors, however as these are custom fits we will be unable to use them in the new building. If any more mobile screening becomes unusable its will be replaced with more suitable screening.

Proposed Timescale: 31/05/2014

Outcome 17: Residents clothing and personal property and possessions

Theme: Person-centred care and support

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

Some residents were provided with limited space by their bed for their personal possessions.

Action Required:

Under Regulation 7 (3) you are required to: Provide adequate space for a reasonable number of each residents personal possessions and ensure that residents retain control over their personal possessions.

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

All residents have adequate space beside their bed for personal belongings. This has been addressed see above.

Proposed Timescale: 17/12/2013

