

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shrewsbury House Nursing Home
Centre ID:	ORG-0000161
Centre address:	164 Clonliffe Road, Drumcondra, Dublin 3.
Telephone number:	01 837 0680
Email address:	info@dublinnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shrewsbury House Nursing Home Limited
Provider Nominee:	Margaret Gaughran
Person in charge:	Sinead Kiernan
Lead inspector:	Leone Ewings
Support inspector(s):	Jillian Connolly;
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	0

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 judgements 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 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: 07 January 2014 09:30 To: 07 January 2014 17:00

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 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced which took place over one day and 13 Outcomes were inspected against. As part of the monitoring inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The centre was welcoming, hygienic and the atmosphere was warm. Residents' informed the inspectors of their high level of satisfaction with their quality of life and the quality of care available to them. Mealtimes were observed and unsolicited information received relating to the provision of food service could not be substantiated; this aspect of service provision is reported in Outcome 15 of this report.

The inspectors also followed up on the three actions required from the previous inspection, and reviewed a total of 13 Outcomes. The inspectors were satisfied that the provider had made improvements in two of the three action plans further to the last inspection dated 13 and 14 February 2013. However, the provider had only

partially addressed actions required relating to the premises as outlined in Outcome 12 of this report. Draft plans had been submitted to improve laundry facilities and also to review the size and layout of the multiple-occupancy rooms to ensure they meet the individual and collective needs of the residents. However, further planning and work by the provider was necessary to fully implement the plans was found to be necessary to adequately address this, in line with the National Quality Standards for Residential Care Settings for Older People in Ireland.

The action plan at the end of this report identifies areas where improvements are required to premises to comply with the Regulations and the Authority's Standards.

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

Findings:
The inspector reviewed the revised statement of purpose submitted following the last inspection and found that it adequately described the services and facilities provided in the centre. The information was substantially in accordance with Schedule 1 of the Regulations. The written statement of purpose also reflected the most recent registration certificate dated 5 July 2013 issued by the Chief Inspector.

A good standard of information on life at the designated centre, services available and community links was evident in the written statement of purpose and throughout the centre. Residents and their representatives confirmed this to inspectors. However, all seven conditions of registration specified in the registration certificate were not detailed in full, and a revised statement of purpose was submitted on 9 January 2014 by the provider which was satisfactory.

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:

The inspector reviewed the contracts of care during this inspection. The provider had issued revised contracts that outline the fees and any additional costs to be charged. A sample of the completed contracts were reviewed and correspondence confirmed that the fees were clearly outlined in the contract of care.

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 acting person in charge Sinead Kiernan was on duty and in charge on the day of the inspection. The Authority was notified of a temporary change in the person in charge due to extended leave. The person in charge, was appointed as acting director of nursing in October 2013 and took on the roles and responsibilities as person in charge. She works full-time at the centre and is a registered general nurse. She has appropriate nursing experience and has worked with older people for many years. She works full-time and she has completed nursing and post graduate qualifications, and meets all legislative requirements. The residents clearly identified the person in charge in conversation with inspectors as someone who deals with any issues with service provision that may occur on a day-to-day basis.

She is supported by a senior staff nurse who can deputise for the person in charge in her absence. The person in charge has line management responsibilities for the nursing

and care staff. The general manager has responsibility for catering, cleaning, maintenance and laundry staff, and provides a supportive role to the person in charge.

The inspector concluded that the person in charge was competent to take charge of the service and has clearly demonstrated compliance and knowledge of her regulatory responsibilities as person in charge. She maintained appropriate professional updating and had recently undertaken a fire managers course in September 2013.

Her skills and qualifications to undertake the role were confirmed during a fit persons interview undertaken on 31 October 2013 by the Lead Inspector. During this inspection she clearly demonstrated that in addition to implementing managerial responsibilities, she had good relationships with residents and staff.

She communicated to the inspector that she had a good understanding of her role and the responsibilities and requirements of the Regulations and the Authority's Standards. Her approach was noted to be person centred with a clear understanding of the statement of purpose and function of the designated centre. Staff who spoke with the inspector confirmed that she was approachable and willing to listen to their views and opinions to further improve service delivery. She showed that she had a commitment to continuous quality improvement.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Improvements were noted since the date of the last inspection with regard to documentation and record keeping. Staffing records were comprehensive and well organised and contained all matters outline in relevant Schedule. The records and outcome of staff vetting procedures were found to be well maintained, and improvements had taken place with regard to the policy in place to inform and guide relevant staff in their practice.

The notifications and incidents were documented in a comprehensive and detailed manner with all follow up actions accurately and clearly outlined. Otherwise the inspector was 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 the written operational policies as required by Schedule 5 of the Regulation.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The absence of the person in charge for more than twenty eight days was notified to the Authority. As outlined in Outcome 3 satisfactory arrangements had been put in place to cover this absence. The person in charge was aware of her reporting requirements and submitted appropriate notifications and she was engaged in the clinical and operational management at the centre.

A deputy person in charge has also been identified to support the newly appointed person in charge. The appropriate NF31 submitted to cover the absence of the assistant director of nursing has been received. All documentation submitted to the Authority was found to be satisfactory. However, the person nominated as deputy was not on duty at the time of this unannounced inspection.

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:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. Residents told the inspectors they felt safe, well cared for, and that their privacy and dignity was respected.

The inspector found that all of the staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. Garda Síochána vetting was in place for staff employed by the provider, and this was evidenced by a review of staff files. Staff recruited for the centre had received training on safeguarding older people and when this area was discussed displayed knowledge of the different forms of abuse, and the correct reporting procedures. The policy on responding to elder abuse had been kept under review by the person in charge. The Authority had received no reports/allegations of abuse since the date of the last inspection.

The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave adequate guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in charge had established links with the senior social worker for adult protection in the Health Service Executive. The inspector noted that all staff demonstrated a high standard of appropriate communication and respect for all residents at all times.

A written policy was in place to inform and guide the General Manager who was responsible for auditing resident finances and ensuring adherence to the policy on finance. Records were reviewed and balancing statements were available.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The findings of the inspection were that overall the health and safety of residents, visitors and staff were being promoted and protected. The policies and procedures have been fully implemented by management and staff working at the centre. A culture of

managing any identified risk was evident and resident safety was a management priority. Residents confirmed to inspectors in conversations that they felt safe in their day to day life at the centre and enjoyed the grounds of the centre for walks and fresh air.

An emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. Inspectors spoke to staff and found they were familiar with the contents of the emergency plan and reporting structures in case of an emergency.

There was a visitor's log in place to monitor the movement of persons in and out of the building. There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing.

The health and safety policy and safety statement was in place and had been reviewed and risk register updated. The inspector noted that one hot water tap in the assisted shower room adjacent to room 12 was a scald risk, the remainder of the hot water supply was thermostatically controlled. The general manager agreed to address this risk on the day of the inspection. The risk management policy in place outlined how to undertake a risk assessment and identified that a risk management committee would be in place and included its membership and roles and responsibilities.

A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault. A health and safety team was in place and all attended the health and safety committee meetings. The inspector reviewed the minutes of the health and safety meetings and how issues were resolved and risks mitigated on an ongoing basis, the meetings took place on a regular basis and included staff representatives.

A centre-specific infection prevention and control policies and procedures was found to be in place. Hand-washing and drying facilities and hand disinfectant gels were available at the reception and the nurse's station. The inspectors recommends that disposable or individual wash cloths were sourced in line with best practice.

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:

No actions were required from the previous inspection.

Findings:

The inspector reviewed medication management practice and found substantial compliance. Nursing staff were knowledgeable about medication and administration practices inclusive of crushing, and documentation of administration practices.

The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice.

The pre-admission procedures allowed for information to be obtained about residents' current medication, the prescribing by the general practitioner (GP), and subsequent dispensing by the pharmacy provider.

The centre had a medication variance report form in place for recording medication errors, near misses and omissions. A record of pharmacy returns was maintained. The inspector found record keeping was to a high standard in this area and in line with best practice. A medication management competency assessment was also included within the medication management policy and all staff nurses on duty had completed same, and were knowledgeable about all aspects of medication management.

The pharmacy delivered a pre-packaged medication system which staff nurses were familiar with. The administration of medication observed by inspectors was found to be safe and in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives.

The provider had put in place a clear policy and procedure to document permission to crush medications and a small number of residents received crushed medication. The inspector reviewed medication charts and confirmed that residents who required medication in this format had it prescribed in this form by the General Practitioner (GP). This area of administration was subject to audit and review by the person in charge and pharmacy staff who also complete audit at the centre.

The inspector observed the registered nurse on duty, administer medicines to residents at the centre. The administration of medication was safe and in line with written policy and procedures for medication administration. The system in operation was prepared and supplied and pre-packed by the pharmacist. The associated documentation identified the prescribed medicines by size and colour and the dates and times on which they were to be administered to the resident. There was evidence in the medical notes that GP's reviewed residents' medication on a minimum three-monthly basis, and more frequently where required. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift (twice daily) in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

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 reviewed and cross-referenced notifications submitted to the Authority since the date of the last inspection on 14 February 2013. An adequate standard of care delivery and documentation, inclusive of timely referral for medical review and provision of first aid as required was found to be in place. The standards of incident and accident management were found to be improved and maintained from a governance perspective.

Accident and incident forms were audited by the person in charge and findings used to improve practice, allowing management to identify and respond to the issues identified. The staff were adequately informed through staff meetings and day to day communications. The person in charge had maintained the improvements put in place to documentation, and standards of care further to the last inspection.

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:

Compliant

Findings:

The centre is currently registered to provide care primarily for persons over 65 years of age, including older people, residents with living with dementia, and respite care needs. It also provides care for younger persons with disabilities, one resident with an acquired brain injury and a small number of residents with mental health difficulties requiring long-term care. Close contact is maintained with mental health services based in nearby Fairview for those resident's placed at the designated centre by that service. At the time of this inspection no respite residents were staying at the centre.

Pre-admission assessments took place by the person in charge or her deputy to ascertain if the resident's individual needs could be met at the centre. The admissions policy was found to be fully implemented and included procedures for reassessment of resident should an admission to hospital take place. Supports were in place from the medical liaison team from the acute hospital who followed up residents assessed as requiring additional medical inputs. The inspector found that a record of each residents cognition was maintained as an improvement since the last inspection.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, assessment for use of bed rails, nutrition, continence and the risk of pressure ulcers. There was evidence that residents received the services of allied health professionals such as physiotherapy, occupational therapy, speech and language therapy and psychiatrist/psychiatric nurse for old age. Resident's healthcare needs were regularly reviewed by the general practitioner (GP) and no less frequently than at three-monthly intervals. Staff were familiar with the systems and practices to be put into place to care for residents with infections and pressure ulcers. Overall, improvements had taken place since the last inspection and senior nurses had undertaken training with regard to audit and review of documentation.

There were appropriate assessment systems and records in place regarding the use of any restraint, and alternatives were found to be explored prior to any use. A small number of residents had chair alarm devices in place, and adequate supervision was found to be in place with regard to falls risk. Risk management practices had improved and been maintained by the provider. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge.

Residents had opportunities to participate in meaningful activities appropriate to their interests and preferences. A variety of social and recreational activities were taking place throughout the centre led by the staff team. Some residents preferred other activities such as reading or watching television. Two staff have been trained in advanced communication techniques for resident with cognitive impairment. The inspectors were satisfied that one incident of challenging behaviour was well managed and appropriately risk assessed in a sensitive manner, and there had been no further incidents. The inspector recommends that the care plans used as a template for residents with challenging behaviours were reviewed and adapted to ensure that individual care delivery is documented to inform and guide staff.

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:

Shrewsbury House has been operating since 1958 and is a family run business. The centre is not purpose-built and was originally two large semi-detached residences which have been linked with an internal corridor (162 and 164 Clonliffe Road), with an additional extension to the rear. It is a two-storey redbrick building with large bay windows on the ground floor. A small paved drive provides parking to seven cars in front of the entrance door. To the side of the building there is set down parking for delivery vans or emergency services. The private dwelling of the provider is situated on the same site and is linked to the centre via a corridor. Improvements had taken place with regard to the premises, inclusive of communal area refurbishment and provision of electrical plug points to meet resident requirement, and storage had improved.

The centre can accommodate 36 residents. There are 22 bedrooms located over three floors. On the ground floor there are eight single, two twins and two three-bedded rooms. The first floor consists of one single and two twin rooms, one assisted bath with toilet and one toilet/shower room. On the second floor there are three single, three twin and one four-bedded room, two toilets and a second sluice. There is a staff toilet and separate changing area upstairs. Residents were observed independently using the staircase during the day.

Other accommodation includes two sitting rooms, both recently refurbished, one dining room, a seating area for visitors, two shower rooms, assisted toilet near day space and one bathroom with toilet. There is a large entrance hall, hairdressing salon, smoke room, laundry, office, main kitchen and cleaners' store room. Chair lifts are installed on the wide main stairs to enable residents to access the upper floors. Accommodation upstairs is provided on three separate levels. A small staircase is in place from the second floor to access bedrooms on the lower level of the first floor of 162 Clonliffe Road. The original staircase of 162 is also in place and is used mainly by staff, visitors and fully mobile residents.

At the end of the corridor leading from the entrance foyer there is a hall table in a small alcove area with a public telephone for use by residents.

Inspector noted that improvements had taken place with regard to the communal areas and new flooring and general decor was good. Provisional plans had been submitted in September 2013 further to the last inspection to add to the facilities inclusive of a treatment room and additional single en suite rooms. However, a response on 17 September 2013 to the provider requested further clarification and additional review of

the premises and facilities by the provider is required in order to meet the Authority's Standards.

The following areas are the areas identified to the provider as areas for improvement:

- multiple-occupancy rooms including one four-bedded and two three-bedded rooms where no formal plans are in place to address and implement the Authority's Standards
- improvements to the laundry washing and drying facilities/separation of linen store from laundry
- establish a refurbishment programme for bedrooms/en-suite facilities and communal bath/shower facilities to improve on current bedrooms and facilities.

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:

The Authority had received unsolicited information relating to aspects of the provision of food service at the designated centre which could not be substantiated at the time of this unannounced inspection. A provider led investigation was requested and a detailed response submitted against which the inspectors confirmed all aspects of service provision as stated by the provider. A recent inspection had also taken place by the Health Services Executive of kitchen facilities and the provider was awaiting the formal report on this from the Environmental Health Officer.

The inspector observed the lunch time service in the dining room on the ground floor. Overall, residents told the inspector they enjoyed the food and the choices available to them. Residents confirmed the food served to them was hot and tasty. The dining room was appropriately furnished and welcoming, new tablecloths were in place since the time of the last inspection. The inspector saw the table settings were pleasant and included condiments and appropriate place settings. A detailed menu was displayed in the dining room identifying the menu choices for the day, the centre operated a three week rolling menu. A choice of hot main meals was available on the day of the inspection. Staff spoke to residents and were knowledgeable about their likes and dislikes and always offered choice. The same menu choices were available for residents on a modified consistency diet. The inspector was satisfied the mealtime experience was enjoyed by residents who took their meals in the dining room, and staff were knowledgeable with regard to food hygiene.

Care staff on duty assisted in serving meals and ensuring residents obtained their preferred food choices. Appropriate assistance was offered with eating their meals to all residents eating in the dining room, day room or their own individual bedroom. A smaller number of residents took their meals in their own rooms. Appropriate assistance was offered to residents who required assistance with mealtimes in their own rooms by staff who knew their needs. The care and catering staff were aware of all residents requirements and offered choice. Feedback on food service available to residents was requested by the provider in the form of a questionnaire and resident meetings.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Documentation indicated that each resident's weight was checked on a monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk and monitor progress with nutritional supplementation.

Evidence of staff training in malnutrition screening was reviewed by inspectors and found satisfactory, and the nutritional policy was implemented and records maintained to a high standard.

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:

No actions were required from the previous inspection.

Findings:

Weekly management meetings took place to review staff provision and dependency of residents, and the person in charge kept the changing needs of each resident under review. The inspectors noted that dependency of residents had not changed significantly since the date of the last inspection. The most dependent residents requiring additional supervision were not accommodated on the upper floors but on the ground floor to best facilitate their own independence. The skill mix of nursing and care staff was such to ensure adequate supervision of care took place. Overall, the residents told inspectors that they were satisfied with the care provision and the individual attention received.

Improvements had taken place since the last inspection. Staff records were reviewed to

assess compliance with the improvements required from the last inspection as outlined in Outcome 4. The inspector found that all the required documentation under Schedule 2 of the Regulations was available. Garda Síochána vetting and reference checks were in place for all staff members. The records were noted to be well organised and information was readily accessible.

The inspector was satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident's needs during the day and rostered for adequately at night. The staff available reflected the regular duty rota, with additional management staff on duty to facilitate the inspection process. Residents confirmed to inspectors that staff members were always available to meet their needs. The actual and proposed staff rosters were reviewed by the inspector and confirmed staffing levels on the day of the inspection were aligned with day to day staffing levels, apart from additional management staff on duty to assist with the inspection requirements. On the day of the inspection a staff member had to leave early, and this was covered by calling additional staff and management in in a timely well managed way.

The inspector viewed staff training records which indicated all staff had received the required statutory training in the safe moving and handling of residents, fire safety and training and updating for responding to reports of elder abuse. Staff working at the centre confirmed that opportunities were available to them to attend for continuous professional development. There was a comprehensive programme of training completed and planned for which included topics such as the management of infection control, care planning, audit, end of life care and malnutrition screening.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Shrewsbury House Nursing Home
Centre ID:	ORG-0000161
Date of inspection:	07/01/2014
Date of response:	18/02/2014

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 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:

Review thermostatic control measures of hot water tap in the hand wash basin of the shower room near Room 12.

Action Required:

Under Regulation 19 (7) (a) part 1 you are required to: Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.

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

Thermostatic control valve fitted to the sink in shower room near Room 12 on the 10th of January 2014.

Proposed Timescale: 18/02/2014

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

Theme: Effective Care and Support

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

Linen storage and laundry facilities were found to be inadequate and require review and improvement. to ensure the laundry facilities adequately caters for the size of the residential care setting.

Action Required:

Under Regulation 19 (3) (a) you are required to: 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.

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

We are planning on a extension to take place on the laundry facilities to bring the laundry to an adequate size, this will be completed January 2015.

Proposed Timescale: 31/01/2015

Theme: Effective Care and Support

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

Multiple-occupancy rooms inclusive of one four-bedded and two three-bedded rooms are used and no final plan to address and implement the Standards has been submitted in order to fully address this matter prior to 2015. The refurbishment programme for bedrooms and communal sanitary facilities was not yet planned for.

Action Required:

Under Regulation 19 (3) (a) you are required to: 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.

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

We are in consultation with are architect for the extension of Shrewsbury House Nursing Home, we will have a specific plan in place by no latter than May 2014, plans will be submitted to chief inspector in A1 format as soon as they are completed, pending planning permission we are hoping for construction to start by January 2015.

Proposed Timescale: 31/01/2015