



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 October 2018
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0025315

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Nenagh Manor nursing home is located within walking distance of the town of Nenagh. It is set out over three levels and provides 24 hour nursing care. It can accommodate up to 54 residents over the age of 18 years and includes a dementia specific unit which accommodates 10 residents. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single, twin rooms and three bedded rooms.

The following information outlines some additional data on this centre.

Current registration end date:	15/11/2020
Number of residents on the date of inspection:	48

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 October 2018	09:30hrs to 14:30hrs	Mary Costelloe	Lead

Views of people who use the service

The inspector chatted briefly with 15 residents, all stated that they were satisfied with the care and service provided.

Residents in shared bedrooms spoken with stated that they liked their room and used it mainly for sleeping as they preferred to spend their day in the other communal areas of the centre.

Residents were complimentary of the quality and choice of food available stating that there was choice at every mealtime.

Capacity and capability

This inspection was carried out following the receipt of an application to the Office of the Chief Inspector to vary a condition of registration. The registration of this centre had been renewed in November 2017 with the condition that the physical environment in the designated centre be reconfigured as outlined in the plans submitted to the Chief Inspector on 09 May 2017. The reconfiguration was to be complete by 31 October 2018.

On the date of this inspection the reconfiguration and the plan to reduce the occupancy of four bedrooms had not taken place and there was no date scheduled for this reconfiguration and reduction in occupancy.

During the course of this inspection other regulatory non compliances in relation to some aspects of fire safety were noted which required urgent review. The operations manager and the person in charge were advised that an urgent compliance letter would be issued to the provider in respect of these issues. The compliance letter was responded to within the required time frame. The provider undertook to engage the services of consultants to review the fire detection and alarm system arrangements and to the review evacuation procedures.

These issues are discussed further under the quality and safety section of this report.

In general there were good governance arrangements, a clear management structure and systems to review the safety and quality of care in place. However, while these arrangements generally worked well to oversee the quality of care, it was of concern that the systems in place had not identified the issues relating to fire

safety that were identified during the course of this inspection.

The person in charge worked full time in the centre, the assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The person in charge was supported by the assistant director of nursing and clinical nurse manager's. The person in charge was further supported by the management team including the provider representative, operations manager, finance manager, maintenance manager and compliance and information technology manager. The provider representative attended monthly governance team meetings which were held in the centre. The nursing management team met each other, residents and staff on a daily basis.

Regular audits and reviews continued to be carried out in relation to incidents and falls. The results of audits were discussed at the monthly governance team meetings along with clinical audits, dependency levels of residents, staff training and self assessment against the National Standards for Residential Care Settings for Older People in Ireland. Results of audits were discussed at staff meetings to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2017-2018 which included an improvement plan. Feedback from residents committee meetings, resident surveys, training needs analysis, reviews of incidents and complaints along with assessment of performance against the National Standards were used to inform the annual review of the safety and quality of care.

However, there was an over reliance on future plans to renovate and develop the premises as a means of addressing shortcomings in relation to the premises and their impact on the privacy and dignity of residents residing in the 3 bedded rooms.

The management team indicated a positive attitude to the areas identified for improvement on the day of inspection and a verbal commitment was given that concerns would be addressed in a timely manner.

Regulation 3: Statement of purpose

The statement of purpose was found to contain the information as set out in the regulations. The provider continued to ensure that residents who were low to medium dependency and did not require the assistance of mechanical devices to mobilise were accommodated in rooms 54 and 57 as set out in the statement of purpose.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements required review to ensure that management systems in place effectively monitored the totality of the service to ensure it was safe.

The inspection found a strong and effective team in place managing this designated centre which was very focused on ensuring good resident care.

Judgment: Substantially compliant

Quality and safety

This centre had a good history of compliance and a good service was being provided to residents.

The premises comprised of a home set over three floors including a separate 10-bed dementia focused unit on the ground floor. However, issues identified at the previous inspections in relation to the four (three bedded rooms) on the second floor of the centre had not yet been addressed. This is discussed further under Regulation 17 and Regulation 9 of this report.

While systems were in place to promote safety and manage risks, improvements were required to some aspects of fire safety and risk management.

There were personal emergency evacuation plans in place for all residents which were updated regularly. All staff had up to date training in fire safety. The fire alarm was serviced on a quarterly basis, however, the information displayed on the fire alarm panel in the event of fire did not give accurate, clear guidance to staff as to the location of the fire. This posed a risk to residents as staff could be delayed in locating the source of the fire and in turn lead to an increase in time to evacuate residents. While fire drills had been carried out, they did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire. Fire drills undertaken indicated the time taken to evacuate one resident, they did not give assurances that each compartment, some that could accommodate up to 12 residents could be evacuated safely in a timely manner in the event of fire.

Systems were in place for the ongoing review of risks. All incidents and identified risks were reviewed and discussed at the monthly governance team meetings. The measures and actions in place to control identified risks as well as the risks specified in the regulations were included in the risk register. The risk register had been reviewed and updated in September 2018. However, some fire safety risks identified during the course of this inspection had not been identified, assessed and included in the risk register.

Regulation 17: Premises

The four (three bedded rooms) numbered 53, 54, 57 and 58 located on the second floor of the centre were not suitable for occupancy by 3 residents.

The provider had not reduced the occupancy in these rooms within an agreed time frame. Staff on the ground were very mindful of the limitations of the layout of these rooms and advised that they were seldom occupied by 3 residents. Notwithstanding this oversight the fact that these rooms remained configured for occupancy by 3 residents negatively impacted on the privacy and dignity of those residents living there.

Judgment: Not compliant

Regulation 26: Risk management

Improvements were required to risk management to ensure that all risks were identified, assessed and measures put in place to control the risks identified. Risks relating to some aspects of fire safety had not been identified.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The information displayed on the fire alarm panel in the event of fire did not give accurate, clear guidance to staff as to the location of the fire.

While fire drills were carried out, they did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire. Fire drills undertaken indicated the time taken to evacuate one resident, they did not give assurances that each compartment, some that could potentially accommodate up to 12 residents could be evacuated safely in a timely manner in the event of fire.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider did not uphold the rights of all current and future residents, who currently or will in the future occupy the 3 bedded rooms, including

their rights to privacy and dignity and the right to exercise choice without adversely impacting other residents

For example

- There was only one television located in each of the four, three bedded rooms. The television was positioned so that it could only be viewed by any one resident sitting at their bedside at any given time. Consequently residents may not have the choice to view the television or watch a favourite programme without interfering with others.
- There was inadequate screening curtains in one of the three bedded rooms, therefore, residents could not carry out personal activities in private if the bedroom was fully occupied.
- The communal shower facilities available for use by residents occupying two of these rooms were located at a distance from the rooms which negatively impacted on the ability of a resident to undertake the personal activity of showering in private.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 3: Statement of purpose	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Nenagh Manor Nursing Home OSV-0000422

Inspection ID: MON-0025315

Date of inspection: 25/10/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a Risk Management Policy in place in line with the Regulations.</p> <p>There is a Risk Register in place to identify and log the risks in the Centre and to manage the risks identified. The Risk Register has been updated to include the fire risks identified in this Inspection.</p> <p>We have a schedule of quarterly, six monthly and annual checks on all fire equipment.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider submitted an application to the Chief Inspector to vary Condition 8 in advance of the 31 October 2018 plan date specified in Condition 8. The Registered Provider met with HIQA's Regional Inspector Manager in October 2017, prior to the registration decision by the Chief Inspector on 16 November 2017, when the Registered Provider underlined that its plan was subject to finance. It was agreed by our regulator that the Registered Provider would submit the application to vary the condition in advance of 31 October 2018 specified in Condition 8 and we have proceeded accordingly.</p> <p>It is the Registered Provider's intention to proceed with the plans as originally submitted to HIQA, subject to finance and the Chief Inspector's decision on the Registered Provider's application to vary condition 8 is awaited.</p>	

The Registered Provider confirms that the television in the room in question is mounted on a full motion TV bracket thereby allowing all residents to see the television.

The Registered Provider engaged a contractor to modify the screening curtains in the bedroom and this work was completed on 20/01/19.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The Centre's Risk Register has been updated to reflect the risks identified in the Centre, including all fire risks.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The new part of the centre is fully addressable. The original building comprising the Centre is zoned. The Fire Detection and Alarm System is fully serviced in line with the requirements set out in I.S 3218: 2013. In a constructive effort to assuage the concerns of the HIQA Inspector, the Registered Provider engaged the services of an expert fire safety consultant to review our current Fire Detection and Alarm System arrangements within the Centre. This review included an assessment of the current arrangement in place with the fire detection and alarm system in the new part of the Centre and in the existing building. This review was completed by the 16/11/2018.

The Registered Provider clarified the information displayed on both the fire panel and floor plans within the Centre. This was completed 20/11/2018.

The Registered Provider conducted 15 fire drills in 2018 and 3 drills in 2019, including 2 full compartment drills (both day and night scenarios.) The simulated drill of 18/12/2018 was based on full occupancy using weighted mannequins in the presence of our fire safety consultant and members of Nenagh Fire Service.

The Registered Provider will continue with fire drills on a regular basis to ensure that we can evacuate residents in the event of a fire.

In an endeavour to assuage concerns voiced by HIQA after the Inspection:

Additional evacuation equipment (to include evacuation chairs, evacuation pads and a training mannequin) has been delivered by the Registered Provider to the Centre and appropriately placed in the Centre. Management in the Centre has been trained in the use of this equipment and training of all staff is ongoing.

The Registered Provider has removed the breakglass unit key system on the conservatory doors – these have been replaced with keypadded magnetic locks with break glass units linked to the fire alarm system. This was completed 19/01/2019.

The Centre's Fire Safety Consultant is completing a Fire Risk Assessment and based on this a schedule of works will be drawn up. The Fire Risk Assessment will be completed by 07/02/2019 and the Registered Provider is committed to addressing any issues highlighted with a view to assuaging any concerns raised by the Lead Inspector.

Mandatory fire training is up to date for all staff in the Centre.

Further, the Registered Provider has committed not to admit residents with high/max dependency needs to Rooms 53-58 on the First Floor.

We have placed an additional staff member on night duty in the Centre with a role as fire warden to assist with the evacuation of residents in the event of a fire, while the Registered Provider is undertaking upgrading works to the fire panel and fire doors.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The TV in the room is mounted on a full motion TV bracket thereby allowing all residents to see the TV.

A contractor has been engaged by the Registered Provider to modify the screening curtains in the bedroom and the work was completed by 20/01/2019.

It is our intention to proceed with the plans submitted to HIQA subject to finance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	22/02/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Substantially Compliant	Yellow	22/02/2019

	assessment of risks throughout the designated centre.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Red	20/11/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	20/11/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/12/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	20/01/2019