

**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:	OSV-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:	Rachel Gaughran
Lead inspector:	Leone Ewings
Support inspector(s):	Philip Daughen
Type of inspection	Announced
Number of residents on the date of inspection:	33
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 judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
27 April 2016 10:00	27 April 2016 16:30
28 April 2016 10:00	28 April 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of an application for renewal of registration by the provider. This inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff of the centre and

feedback were sought from pre-inspection questionnaires, which were circulated, completed and returned from both residents and relatives. Five completed responses were received and reviewed by the inspectors were largely positive about the quality of service provision and day-to-day life at the centre.

As part of the application for renewal the provider was requested to submit relevant documentation to HIQA. All documents submitted by the provider for the purposes of registration renewal were found to be satisfactory. A change in the provider nominee was confirmed and an assessment of fitness of the incoming representative of the provider took place during the inspection. The inspectors found that the provider and person in charge had a person-centred approach to care. The inspectors requested confirmation of governance arrangements to be submitted by 10 May 2016, and satisfactory information was received within the agreed time frame.

The inspectors also confirmed that actions relating to fire safety had been addressed by the provider since the last inspection which took place out of hours on 18 February 2016. An immediate action plan had been issued to the provider and a satisfactory response outlining actions taken and proposed action had been received from the provider within the required time frame. However, further to findings on this inspection some further improvements in fire safety management were found to be required. These findings were discussed with the provider who undertook to address.

The centre consists of two houses which were converted and extended for use as a designated centre and which has 13 single rooms and 11 shared rooms. The service provides long-term care for adults with dementia care, Alzheimer care and care for residents with mental health difficulties. Care is provided mainly for older people.

Improvements had taken place since the last registration renewal in terms reduction of one four bedded room on the first floor to a single and twin room. The provider was in the process of addressing the non-compliances identified relating to the premises, within the original agreed time frame. A detailed plan and project was proposed to support improvements to premises relating to provision of adequate storage, and reduction in the use of multiple occupancy bedrooms. However, the proposed works had not yet commenced.

Overall there was evidence of good practice in all outcomes inspected against. Sixteen of the 18 outcomes were compliant or substantially compliant. Premises and fire safety management were the areas identified for improvement as outlined in the body of the report the action plans at the end of this report for response. Six actions are the responsibility of the provider, and one the responsibility of the person in charge.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Overall the Statement of Purpose described the services provided and reflected the requirements in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, some improvements were required in the details provided for registration purposes;

- Organizational structure
- Room sizes and premises
- Specific care needs that the designated centre is intended to meet
- revised smoking facilities
- revised laundry arrangements

The provider agreed to review and amend the statement of purpose and submit to HIQA.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a defined management structure that outlined the lines of authority and accountability in the centre, with systems in place to review the quality and safety of life of residents. However, the application to renew registration outlined a change in management structure which was proposed and discussed with the inspectors. The incoming provider confirmed to inspectors the finalised governance arrangements with the lead inspector on 10 May 2016. A revised statement of purpose, inclusive of organisational structure was requested in line with feedback given following the inspection.

The person in charge and provider advised the inspector that adequate resources were made available as required. The incoming provider worked closely with the person in charge. Regular management meetings were held on a monthly basis to monitor the quality and safety of care. The provider nominee, person in charge and management team were closely involved with service audit, review and could clearly evidence improvements since the last inspection. For example, the manner in how the fire safety immediate action was addressed and works undertaken since the last inspection.

The provider and person in charge had prepared an annual report on the overall review of the safety and quality of care of residents for 2015, inclusive of an action plan for 2016. This had been completed in compliance with the regulations. There were established systems in place of gaining feedback from residents and evidence of changes being made following feedback such as improvements to the laundry service. The feedback received by inspectors confirmed and evidenced the information in the centres' report.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A detailed Resident's Guide reviewed as part of the inspection was available in respect of facilities and services at the designated centre, and met the requirements of the Regulations. Contracts of care were in place for all residents in long term care, and the

contract clearly set out the services provided, the fees and any additional charges for services provided. However, one contract remained unsigned and rationale for this and correspondence was available for review by the inspectors.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The person in charge had changed in late 2014 and the current person in charge has been managing the centre to a high standard since this time. At the time of the inspection the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service in line with regulatory requirements. She was familiar with the residents' health and social care needs, and was observed interacting with residents and relatives during the inspection. She demonstrated a good knowledge of the regulations and standards.

The person in charge held regular meetings with staff. She participated in minuted management meetings. She confirmed that she completed comprehensive pre-admission assessments prior to any proposed admissions in line with the admissions policy. The person in charge participated in ongoing professional development by attending post graduate education and courses on a range of topics. She also co-ordinated staff training and completed a training needs analysis for 2016. She had completed detailed audit and review and was involved with ongoing clinical governance.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The records as listed in Part 6 of the regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a good standard of record keeping could be evidenced throughout the inspection. The policy on smoking needed update and review in terms of the revised arrangements since the last inspection.

A sample of two staff files were checked and were found to contain all documentation as required in Schedule 2 of the Regulations. The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19. The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the Regulations.

Judgment:

Substantially Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was an awareness of the responsibility to notify the Chief Inspector of the absence of the person in charge. Satisfactory arrangements were in place to deputise for the person in charge in her absence.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refreshers. A policy was in place to inform staff in terms of financial management of residents' property. A small number of residents were supported by the provider to manage their finances and pensions. This request was also made by some residents and their relatives of the provider and this was also evidenced. The arrangements in place were clear, receipts maintained and the policy implemented. However, the provider could not demonstrate that the monies were managed in a separate resident account in line with best practice. Further to a discussion held with the incoming provider nominee and undertaking was made that this would be followed up on to ensure adherence to best practice.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect the Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse". There was regular staff training on the protection of vulnerable adults. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. There were small number of residents with responsive behaviours and an environment which promoted residents' rights and consent was in place. A sample of files of a small number of residents who presented with responsive behaviours was reviewed. Care plans inclusive of behavioural support plans were developed to support staff and guide practice. Inspectors observed good practice in this area, in terms of person centred care practices and communication. Inspectors found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their responsive behaviours, what triggered them, and the least restrictive interventions to follow.

There was a policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". The person in charge ensured that detailed risk

assessment took place and the least restrictive intervention was in use.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

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

Findings:

The inspectors found that satisfactory measures were in place to manage infection prevention and control in the centre. Hand gels and hand washing facilities were in place and readily accessible to staff, residents and visitors.

Arrangements were in place to review and learn from any incidents and accidents which took place in the centre. An on call manager is contactable out of hours to support and advise nursing staff. Falls prevention and management strategies were in place and staff also promoted independence.

Failings were identified on the last inspection with respect to fire safety, specifically relating to the lack of fire procedures on display, staff training, fire drills, the provision of emergency lighting and issues surrounding the provision of fire resistant doors, including the wedging open of same. On this inspection, it was found that remedial action had been taken with respect to all of the above areas. Further examination of the fire safety arrangements in place on this inspection identified some failings with respect to fire safety and also areas of good practice. The smoking policy required review to reflect the amended arrangements in place.

Generally speaking, the inspectors found there to be an adequate number of escape routes from the building and that these routes were noted to be clear on the date of the inspection in the main. One final exit from an internal stair was noted as being not available for use due to the re-purposing of the hall as a storage space for mobility aids, thus blocking the hall both as an escape route and as a possible route of access for emergency services. Storage arrangements, particularly for materials and equipment that could burn or would represent a potential risk of fire was largely adequate throughout the centre, with the exception of one instance of oxygen cylinder storage along a corridor and one instance of continence pad storage beneath the main stairs.

The inspectors found the building to be subdivided in to fire resistant compartments as appropriate to protect escape routes from the effects of fire and contain any fire should one occur, with an extensive provision of doors throughout equipped as fire resistant

doors. Many of these doors were identified as being wedged open in a manner that would prevent them from operating if required in the event of a fire on the previous inspection. This was not found on this occasion, and many doors were fitted with devices that will release the door in the event of a fire, thus allowing them to close if required. While the provision of the doors concerned was comprehensive, the inspectors identified a number of instances where a door required repair or adjustment in order to ensure the door could perform as required in the event of a fire.

The building was found to have emergency lighting in place. There were also fire extinguishers provided throughout the centre. The building was provided with a fire detection and alarm system, with the control panel located by the front door. The system had smoke and heat detectors throughout the building, as well as manual call points. The panel was capable of displaying which zone within the building the fire would be located should one occur, with the whole building divided in to five zones. It was noted that the zones were quite large, and would involve staff searching a significant quantity of rooms in the event of an activation in order to locate any potential fire as part of the fire procedure.

The fire procedure was clear in most respects and was displayed in the centre. It required further clarity with respect to who was the person designated to call the fire brigade at night. It also required more detail with respect to the principles of phased evacuation, including the location and extent of the fire resistant compartments within the centre.

The inspectors found that the fire detection and alarm system zones did not align with the fire compartments provided within the centre provided as areas of relative safety as part of the phased evacuation procedure. This meant that in the event of a fire, there could potentially be a delay in staff or others identifying the area in which the fire had started in order to begin evacuation; as it would involve searching more than one fire compartment for some fire scenarios.

Every resident was assessed to find out what their needs would be in the event of an evacuation of the centre due to a fire. The findings were recorded and were used in order to inform staff and equipment needs for individual residents.

The inspectors observed that there was a system of in house fire safety checks carried out by staff, indicative of good practice. The inspectors also found that maintenance on fire safety systems such as fire fighting equipment was carried out when required.

The inspectors examined training records and found that all staff had recently received fire safety training, including night staff. Any staff questioned by inspectors were found to be familiar with the principles of good fire safety practice. There was a programme of fire drills in place within the centre indicated by the records. However, the inspectors found that improvement was required in this area to ensure that realistic scenarios (including night time scenarios) were replicated with respect to evacuation and staff levels as part of the fire drills, and that these details, as well as important details such as the extent of the centre evacuated and the time taken to do so were recorded as part of the programme.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management*Each resident is protected by the designated centre's policies and procedures for medication management.***Theme:**

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Residents were protected by the centres' 2016 policies and procedures for medication management and improvements were made to ensure that medications were safely stored and were in line with the policy. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of individual pods was appropriate. Medicines were stored securely in medication trolleys or within locked storage cupboards. Secure fridges were available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. The medication trolleys were stored securely in a clinical office. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. All nursing staff had completed medication management training, including a competency assessment further to an induction programme. An inspector observed nursing staff administering medicines to residents during an administration rounds. Medication administration practices were found to adhere to current professional guidelines.

Medication management audits were conducted within the centre as part of the quality and clinical governance system in place. This resulted in improved practices; for example, the labelling of drugs to indicate the date when the container was opened. Staff confirmed that pharmacist from the pharmacy who supplied medicines to the centre was facilitated to visit the centre and meet with residents. Staff were familiar with the safe system in place for receiving medications from the pharmacy and for disposing of unused or out of date medicines.

The inspectors reviewed the prescription and administration sheets and found that they conformed to appropriate medication management practice. The person in charge, pharmacist and General Practitioner (GP) undertook three monthly medication management reviews for each resident at the centre, and maintained detailed records of this review.

Judgment:

Compliant

Outcome 10: 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

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a record of all incidents occurring in the designated centre were maintained and confirmed that those requiring a statutory notification were notified to the Chief Inspector.

The person in charge was familiar with the incidents that required notification in three working days, along with a report of specified incidents to be made every three months. There was a system to record, report and review all incidents in terms of clinical governance and risk management systems in place.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that suitable arrangements in place to meet the health, nursing and social needs of all residents. All residents were living in the centre on a long term basis, some with mental health difficulties. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, which reflected the wishes of residents. Residents had access to medical services with the option of retaining their own General Practitioner (GP) if this was practicable.

The centre had access to Health Service Executive (HSE) or privately arranged access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, tissue viability, speech and language, dental, audiology and podiatry services. Some of these services were available to medical card holders, others paid additional charges for the services.

Access to community intervention team was in place for one resident, to support with acute medical needs on a daily basis. The psychiatry of later life team supported a small number of residents at the centre and was available on a referral basis. The inspectors reviewed specific aspects of care such as nutrition and wound care in relation to residents, and all notifications since the last inspection. Admissions were managed in line with the statement of purpose. Relevant information from medical, nursing and allied health professional at the discharging hospital was transferred with the resident. Comprehensive evidence-based assessment process took place to assess each resident's risk of malnutrition, falls, a manual handling assessment and pressure ulcer risk assessment. There was a pain assessment tool for residents to monitor the effectiveness of any prescribed analgesia.

A person-centred care plan was developed based on the residents assessed needs. Care plans contained the required information to guide staff with the care of residents, and these were reviewed and updated to reflect the residents' changing needs. There was documentary evidence that residents and relatives where appropriate had provided information to inform the assessments and the care plans and any reviews completed. Staff nurses, health care assistants and residents who spoke with the inspectors demonstrated appropriate levels of knowledge about care plans.

Pressure ulcers prevention strategies were in place and any resident's skin at risk was appropriately managed. Advice and guidance to manage wounds effectively was available in house and externally from a tissue viability nurse. The overall focus was on prevention of pressure ulcers and monitoring and reporting any changes in skin condition so appropriate action could be taken.

Moving and handling assessments were completed where required and plans were in place to support residents with moving and handling needs. A risk assessment tool was in place to assess residents' risk of falls and care plans developed to address the risks identified. Residents at risk of a fall were identifiable to staff to enable them to fulfil their role in relation to falls prevention. Following a fall, the risk assessment was revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. Relevant referrals also took place to the multi-disciplinary team. Residents with diabetes were appropriately monitored and managed. Residents were supported to monitor their blood glucose levels. They also found the staff who undertook the procedure adhered to the HIQA guidance for blood glucose monitoring.

Residents were satisfied that their spiritual needs were met. Residents could also attend monthly mass on site, and this was televised each week in one of the sitting rooms. Inspectors found that a resident continued to practice and attend services in her local church. The courtyard garden was accessible to residents and contained seating and landscaped areas. The centre was located in an urban area close to shops, amenities and accessible by bus to and from the city centre and suburbs.

Each resident's interests, likes and dislikes were documented as part of their initial assessment. They had access to two of communal sitting rooms and a large dining room. One staff member was designated to provide activities, this staff member worked with residents to ensure that a meaningful active day could be provided.

The smoking room in the centre had been converted to a clinical/office space since the last inspection. However, the provider had put in place an outdoor smoking shelter. Residents who spoke with the inspector using this facility were satisfied with the new arrangement.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

On the previous inspection, failings were identified with respect to the laundry arrangements in place for residents. The provider had reviewed the arrangements since that time, and on this occasion, it was found that the laundry had been outsourced.

The inspectors also identified issues relating to some multiple occupancy bedrooms and their inability to meet the needs of the residents due to their size and/or layout. On this occasion, it was found that the majority of the bedrooms were laid out in a manner that met the needs of the residents. One four bed room had been rearranged in a manner as to provide one single and one double room. There were two rooms on the ground floor occupied as three bed rooms, which was noted by the inspector as not complying with the criteria for existing centres outlined under Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland 2009, which states a limit of two residents per bedroom. Furthermore, one of these three bed rooms was quite small, with a gross floor area measured by inspectors of 18.1 square metres. This room was not laid out in a manner that could fully meet the needs of the residents. For example, access to toilet facilities was by way of a back door to a lobby which was partially blocked by one of the beds, restricting the opening of the door leaves as well as

obstructing the clear width of the door opening. This lobby was obstructed as it was observed as being used for the storage of a hoist and a laundry hamper. This lobby was shared with the room adjacent that had access to the same toilet facilities. The inspector observed that there were no locks to the doors accessing the bedrooms from the lobby to prevent free movement between the two bedrooms in order to safeguard the privacy of residents.

The centre was originally constructed as two domestic dwellings, which have since been re-purposed and extended as a facility providing residential care for older people. Access the ground and first between floors is by way of a central stairway and an ancillary stairway, with some external stairs also provided for use in an emergency. There is no lift provided within the centre, although stair lifts are provided to all internal stairs used for everyday circulation within the building.

The premises were of sound construction generally, and kept in a good state of repair. It was found to be adequately lit, heated and ventilated by the inspectors. Good practice was noted with regard to the maintenance of building services. For example, monthly audits were being carried out with regard to the condition and maintenance of equipment such as beds and wheelchairs. The centre, generally speaking, was laid out to meet the needs of the residents. However, it was found that the residents occupying bedrooms on the first floor on the date of inspection had relatively low mobility needs and that residents with high mobility needs would have difficulty if occupying first floor level due to the layout of the centre and the dependence on a stair lift to access communal facilities on the ground floor. Therefore, it was noted that the centre had to be managed in a manner that restricted the occupation of the first floor bedrooms to those residents with low mobility needs. Any new admissions with high needs in this regard could only be accommodated on ground floor level. Similarly, should the mobility needs of a resident already living upstairs increase, consideration would have to be given to relocating the resident to a room downstairs. The inspector found that these restrictions were being adequately managed on the date of the inspection. A number of the bedrooms on the first floor were also noted as being potentially unsuitable for residents with high mobility needs requiring mobility aids such as hoists to transfer in and out of their beds due to their size and / or layout, although residents with these needs were not accommodated on these rooms as outlined above.

The absence of a lift was noted to place significant demand on the staff resources within the centre. For example, cleaning equipment for use on the first floor was required to be carried up the stairs as it was stored on the ground floor. Similarly, two residents on the first floor were documented as using basic mobility aids. While the resident was able to utilise the stair lift to move between floors, the mobility aid was required to be carried by staff. However, inspectors found that these arrangements were being managed well on the date of the inspection.

Residents were provided with communal facilities on ground floor level. These included two sitting rooms, which were noted as being furnished in a homely way in keeping with the buildings original use as a house. There was also a dining room, kitchen, hairdressing room and a facility for residents to receive visitors. Residents had access to a secure external landscaped garden, which included a smoking shelter for residents who wished to smoke. While storage of equipment and materials was identified as an

issue in some areas as outlined under Outcome 8, the centre generally had extensive storage facilities, including a spacious storage area adjacent to the kitchen for supplies and equipment. Some bedrooms were provided with on suite toilet and washing facilities, although most of these facilities were provided communally. Shared rooms were noted as being provided with curtains to enable residents to maintain privacy when required. The inspectors also found that where a wash hand basin was provided within these shared rooms, these were not always provided with a curtain in manner that the resident could maintain privacy while using the wash hand basin.

Judgment:

Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:

The complaints procedure was on display at the main entrance to the centre and each resident received user-friendly information on how to make a complaint on their admission to the centre. The policy on complaint's management was in line with legislative requirements and had been updated since the last inspection to reflect the right of a resident to access the Ombudsman if required. A record of all written and verbal complaints, was fully maintained and that any complaints received were being dealt in a timely manner. Each complaint listed the details of the complaint, and the outcome of the complaint. The inspectors found that no written complaints were received by the centre.

There was an up to date complaints policy which listed a nominated complaints officer within the centre and an independent officer was available for appeals. The complaints records also stated that the complainant would be informed of the outcome of each complaint. There was evidence of service improvement as a result of feedback received through the complaints process. For example, the systems for returning laundry to residents were in the process of being reviewed and improved.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

All religious and cultural practices were facilitated. Mass and prayers took place every week. Some residents went out to their own church to undertake their religious observances with family members. The inspector reviewed a sample of resident's records including those with documented assessments and care plans for end of life wishes. Arrangements to meet the individual needs were set out in the detailed written care plans. The standard of person centred record keeping was maintained and informed practice.

Access to specialised palliative care referrals was fully facilitated, where appropriate. The end of life care policy in place was comprehensive and fully guided and informed staff. Details of any discussions held with residents, family meetings and medical reviews were clearly documented. Resident had their choices and wishes respected in so far as possible. Family and friends were facilitated and welcomed to be near their loved one when they are dying.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission. Care plans (if necessary) were put in place and reviewed as required thereafter. Residents' weights were routinely checked on admission, monitored and monthly weights checks were done when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations

of dietitians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained.

The inspectors observed residents having their lunch in the dining room, and saw that a choice of meals was offered. Some residents also ate their meal in one of the two sitting rooms and received appropriate support and assistance (where required). Residents were generally positive about the meals and daily menu choices and flexible catering arrangements which met their needs. Residents could dine in their rooms if they wished but residents who spoke with inspectors said they liked eating in the dining room. Mealtimes in the dining rooms were a social occasion with attractive table settings and plenty of conversation between residents. Additional finger foods were readily available to residents with dementia assessed as requiring snacks and meals on a more frequent basis. For example, one resident enjoyed the company of a family member in a quiet environment to enjoy some of her favoured foods which were easy to eat and attractively presented.

There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The chef and the nursing staff maintained a record of up to date resident requirements in the kitchen. The chef and kitchen staff were accessible to residents, and inspectors observed residents knocking on the kitchen door to order breakfast and other food and beverages during the two day inspection.

Staff accompanied residents to the dining rooms to oversee that correct diets were given. Staff also provided encouragement with the meal and monitored that residents actually ate their meal choices.

The inspectors visited the kitchen, storage areas and catering facilities. Adequate supplies and arrangements for food deliveries of fresh vegetables, meat and fish were in place.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Residents religious needs were generally met, mass was celebrated monthly and it was also shown on television every Sunday. Holy Communion is available every Friday. There was access to other denominations as individually required. However, feedback from the resident's meeting that more religious services were very important part of life for some residents and they would like more frequent services. This was being considered and inspectors were informed that an update on this matter would be given to residents at the next meeting in May.

The privacy of residents was maintained to a good standard. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspectors observed staff interacting with residents in a friendly, respectful and courteous manner.

Inspectors found that there were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the sitting room which was bright and spacious. There were also a number of smaller areas with comfortable seating including a visitor's area with sofas. Residents and relatives accessed this area or the large dining room for visits and refreshments.

Choice was respected and residents were asked if they wished to attend activities or exercise programmes. Control over each residents' daily life was also facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. A schedule of outings was facilitated and planned with transport and suggestions from residents for location of the next outing. For example, a visit to Howth harbour, shopping and the Botanic Gardens.

Residents said they could vote in national referenda and elections with the centre registered to enable polling. Census forms had been completed for each resident on the week of this inspection. Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice appropriately. Relatives confirmed that this was their observation on regular visits to the service and a strong emphasis on a 'home from home' atmosphere was promoted and valued.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was confirmed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on suggestions for internal activities, plans for external outings and feedback to chef on the quality and variety of the menu. The minutes of the meetings held evidenced that these were taken on board by the provider and person in charge and their staff team to try to resolve them.

Residents and relatives confirmed to the inspectors that any difficulties brought to the attention of the person in charge were quickly resolved to their satisfaction. An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, jewellery, card games, exercises and relaxation therapies. On the day of inspection, a small group of residents were enjoying a music session in the dining

space. The residents were observed to enjoy a chatting quietly and meeting visitors. Residents were encouraged to maintain personal hobbies and pastimes and staff supported resident both in group and one to one activity.

Staff reported that many of the residents with dementia or cognitive impairment enjoyed sensory and massage therapies. All staff were involved with undertaking activities and informed the inspectors that one to one time was also scheduled for residents with dementia or cognitive impairment preferred not to participate in the group activities, and that this time was used for sensory stimulation through using a memory/texture box with textured materials, aromatherapy oils and providing hand massages. Other dementia relevant activities were included in the programme, for example, reminiscence and storytelling.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were systems in place to safeguard residents' personal possessions. The inspectors reviewed these procedures and found that there were records of personal property, and property held for safe keeping. Each resident had adequate space to store their clothes and a lockable place to store their belongings.

The inspectors inspected the laundry facility on the ground floor, and found that it was not currently in use. A new system of laundering clothing on a daily basis using an external provider had commenced recently. Each piece of resident's clothing was marked discretely and returned by the care staff member when it was returned from the laundry. The new system worked well, however, there had been a small number of items of resident's clothing mis-laid and the provider was actively liaising with the laundry service to retrieve them on behalf of the resident.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

At the time of this inspection the inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and their needs were met in a timely manner. The inspectors found that there were procedures in place for supervision of residents in the communal areas, and during mealtimes. Inspectors reviewed staffing rosters and discussed staffing with the provider. The staffing in place on the day of the inspection matched the planned roster. The staff on duty included the person in charge, three staff nurses, general manager, four care assistants, two household staff, one chef and a kitchen assistant.

Feedback received from relatives and residents expressed a high level of satisfaction with the existing facilities and staffing levels. The inspectors found that there was a committed and caring staff team in place. The person in charge and staff team placed strong emphasis on person centred care and gave leadership and guidance where required. Staff told inspectors that they felt well supported by the person in charge and her deputy.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly. The inspectors found that the nature of resident dependency had not substantially increased since the time of the last inspection and that residents' needs could be met on an ongoing basis.

Staff told inspectors they had received a broad range of mandatory and non-standard training which included falls prevention, wound management, social care assessment, spiritual dimensions of care, equality and inter-cultural awareness, infection control, pain management, pressure ulcer prevention and management, venepuncture and the use of the malnutrition universal screening tool (MUST).

A training plan for 2016 was in place for staff and implementation of this could be evidenced to inspectors. All of the care assistants interviewed had completed Further Education and Training Awards Council (FETAC) level five or above. A robust recruitment process was in place and the files of two staff members met the requirements of

Schedule 2 of the regulations in full. The person in charge and general manager regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents. Training was also provided for staff in areas such as medication management, fire safety and responding to expressive behaviours.

The inspector reviewed all 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 2016.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
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Action Plan



Provider's response to inspection report¹

Centre name:	Shrewsbury House Nursing Home
Centre ID:	OSV-0000161
Date of inspection:	27/04/2016
Date of response:	09/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The details provided for registration purposes required review to ensure that all Schedule 1 requirements were included:

- Organizational structure
- Room sizes and premises
- Specific care needs that the designated centre is intended to meet
- revised smoking facilities

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

-revised laundry arrangements

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose and Function has been updated in May 2016 and copy sent to the Authority. The organizational structure, room sizes, specific care needs and smoking facility have been reviewed and adjusted accordingly .

Proposed Timescale: 08/06/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy on smoking needed update and review in terms of the revised arrangements since the last inspection.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The centre's smoking policy will be reviewed in full to address the new smoking facilities

Proposed Timescale: 20/06/2016

Outcome 08: 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:

The arrangements in place for storage of mobility aids in an entrance hall, an oxygen cylinder and the storage of hygiene/continence supplies as described in the findings were not adequate to ensure the means of escape were maintained clear and free from possible obstruction.

A number of fire resistant doors were identified as requiring remedial repair or adjustment to ensure that they would perform as required in the event of a fire.

3. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

A new storage facility for mobility aids is being created away from the entrance hall that is currently being utilised. This will be in a central area in the centre that will be easily accessible for residents and staff.

Oxygen storage has been moved to the garden in a locked container.

New fire doors to be fitted in some of the bedrooms and a full review of all fire doors by carpenters.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

The procedure for evacuation of the centre required review to ensure that they adequately reflected the principles of phased evacuation, including the location and extent of the fire resistant compartments within the centre, and that the person with the responsibility for calling the fire service is clearly indicated at all times within the designated centre.

The inspector noted that the fire detection and alarm system zones did not align with the fire compartments within the centre provided as areas of relative safety as part of the phased evacuation procedure. This meant that in the event of a fire, there could potentially be a delay in identifying the area in which the fire had started in order to begin evacuation as it would involve searching more than one fire compartment for some fire scenarios.

4. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

A full review on the procedure of evacuation.

Fire signs within the nursing home will be updated to clearly indicate who has the responsibility to call the fire services.

In the process of changing to an addressable fire panel to provide exact location of the fire in the event of a fire.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

While there was a programme of fire drills within the centre, improvement was required to ensure that realistic scenarios (including night time scenarios) were replicated with respect to evacuation and staff levels as part of the fire drills, and that these details, as well as important details such as the extent of the centre evacuated and the time taken to do so were recorded as part of the programme.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills are now scheduled to occur at various different times and shift patterns, day time and night time intervals. This will help to replicate realistic scenarios. More detail regarding procedure and reactions are now being added to each fire drill.

Proposed Timescale: 25/06/2016

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:

As described in the findings, not all areas and bedrooms within the designated centre were capable of meeting the needs of residents with high mobility needs due to the layout and / or size of some rooms and the lack of certain equipment such as a lift.

The provision of curtains within some multiple occupancy bedrooms required review in order to ensure that adequate privacy could be maintained for residents at all times, including when using the wash hand basin within the room.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The centre has chair lifts on all levels above the ground floor. These assist residents with higher mobility needs

Rooms have been reviewed and measured by curtain company for new screens around wash hand basins in all double and multiple occupancy rooms

Door locks will be fitted to two bedroom doors that access the lobby on the ground floor to prevent free movement between the two bedrooms, ensuring privacy for residents in these bedrooms

A double door that are partially obstructed by a bed in a shared bedroom will be hinged in the opposite direction, to open outwards into the lobby area

A review of the location of residents requiring hoist and mobility aids will be carried out. A review of the layout of these residents' bedrooms will also be carried out.

Proposed Timescale: 31/07/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

All laundry sent for laundering externally was not returned to a small number of residents.

7. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

Clothes labels were falling off residents' clothes. Clothes went missing as a result

A meeting was held with laundry provider on the 25/05/2016. Residents will be reimbursed for missing items. A new labelling machine using thermal heated technology will be purchased in-house and all items of clothing labelled using this.

Clear clothing labels will help prevent clothes going missing from the laundry provider facility

Proposed Timescale: 31/07/2016