

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Nuala Rafferty
Support inspector(s):	Niall Whelton
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	12

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 November 2017 11:30 To: 16 November 2017 18:30

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	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA) which included assessment by a specialist inspector in fire safety. The focus of the inspection was to monitor progress on the actions required from the registration inspection that took place on 14 February 2017 and also the follow up inspection that took place on 20 September 2017.

This report does not constitute a full fire safety assessment of the building and the Provider may need to seek the advice of a suitably qualified person with relevant experience in fire safety assessment, to fully meet their obligations under the Health Act 2007 as amended.

The building was laid out over four floors, with bedrooms located at each level of the building. There was a central staircase and lift providing access to each floor of the building. The external ground level to the front provided access to the building at lower ground floor level, and the yard to the rear was significantly higher, approximately a meter and a half above the upper ground floor level.

This inspection found that the provider had made further progress on all of the actions identified in relation to fire safety and the premises. In addition it was noted that fire risks, identified on the inspection in September, associated with the use of an adjoining building, were mitigated by the provider. The provider gave written assurance that the use of this area, in the adjoining house, on a daily basis, ceased with effect from 24 November 2017.

The action plan of this report highlights the matters to be addressed under the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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 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):

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

Findings:

This action was partially addressed. The provider forwarded an amended statement of purpose and function. The document was amended to reflect, that only residents who are mobile or require minimal assistance with evacuation, would be accommodated on the basement floor, until a programme of works to provide a safe, accessible, secondary means of escape is completed.

As part of the refurbishment of the centre by the provider, and in order to meet required actions from the registration inspection of February 2017, there were changes to the internal layout of the building, and the purpose and function of several rooms in the centre.

Although the document was revised to reflect some of these changes, further changes to the purpose and function of other rooms were being planned following to address issues arising from the September inspection. Some of these changes were still at the planning stage, while others were in progress but not completed. As such a further revised statement of purpose and function and floor plans for the centre is required. The general manager on behalf of the provider representative gave assurances that these would be forwarded subsequent to this inspection.

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

<i>authority and accountability.</i>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Actions arising from the registration inspection and the follow up inspection in September 2017 were required to improve the management systems and arrangements in place, to ensure safe evacuation processes in the centre. Further progresses to improve these systems were found on this inspection, although they remain partially addressed and the findings are detailed under Outcome 8 health and safety and risk management. In particular, inspectors were assured that risks, associated with fire safety, were mitigated in relation to the use of part of the basement floor of the adjoining house. The provider gave written assurance that the use of this area, in the adjoining house, on a daily basis, ceased with effect from 24 November 2017. The provider has also submitted plans to address the lack of a viable, secondary, means of escape from the basement floor of the centre, A programme of works is scheduled to commence on 4 December 2017 to implement this plan. However, management systems to minimise any negative effects on residents during the construction works was not yet available. A structured and resourced plan to provide alternative dining arrangements and supervision of residents during meals is also required.</p>
<p>Judgment: Substantially Compliant</p>

<i>Outcome 08: Health and Safety and Risk Management The health and safety of residents, visitors and staff is promoted and protected.</i>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: During the previous inspection, the inspector found that the means of escape from the dining area of the lower ground floor was not adequate. In the short term, this matter had been addressed by limiting access to this area of the nursing home to residents who are independently mobile.</p>

The provider explored providing an alternative means of escape through the adjoining building. At this inspection, the general manager on behalf of the provider nominee indicated that the plan in this regard had changed. It was now proposed to provide alternative means of escape from the lower ground floor, by providing a platform lift, which is designed to be suitable for use during an evacuation. This would provide both an accessible vertical circulation route and an alternative means of escape for residents with restricted mobility. Work in this regard was due to commence within two weeks of the inspection. The proposed work includes the lowering of a portion of the rear yard to the same level as the upper floor level, thereby removing a set of steps and providing an improved escape route from this level. Inspectors were informed that the door leading from the dining room to the courtyard of the adjoining premises was going to be locked shut. This door was noted to be a fire rated door, providing adequate containment from the spread of fire from the adjoining building, until such time as this door is blocked up.

At the time of inspection, inspectors found that the fire safety policies and procedures in place were in review. It was not appropriate to make judgements as to their efficacy as the centre was in a transitional period from a fire safety perspective. Inspectors spoke with the person in charge and general manager, who explained that the programme for fire safety training was being updated and would be rolled out on a phased basis. The first session of training was taking place on 20 November. Additionally, methods of evacuation and types of evacuation aids were being reviewed.

In general, inspectors found that the centre was laid out in a manner that provided residents and other occupants with an adequate number of escape routes and exits, other than areas in the lower ground floor. The provider had addressed this as described above. Escape routes and exits were noted to be kept clear and well maintained. Exits were available for use at all times, although a number of exits were noted to be locked and required the use of a key to open. In these instances, the key was in a break glass unit adjacent to the door concerned with a spare key in a break glass unit at the upper ground floor level. The general manager explained that the key was secured in the break glass unit to prevent them from being removed on a day-to-day basis. It was explained that it was not practicable for all staff to hold a key on their person at all times. Inspectors found that additional safeguarding measures were required to ensure spare keys were available at each floor for exits locked with a key.

Alternative escape from the top two floors was via a metal external stairs. The stairs was found to be of sound construction, well maintained and clear of obstruction. Inspectors spoke with the general manager regarding evacuation of residents with limited mobility from the top two floors. When spoken to regarding evacuation procedures, the general manager and person in charge were found to be knowledgeable around fire safety and the procedure for the evacuation of residents. Inspectors were told that evacuation down the external stairs had not been trialled, but the general manager confirmed to inspectors that they were confident they could evacuate residents with limited mobility along the external stairs. To this end, to assure themselves, inspectors were told that it would be raised at the scheduled fire safety training the following Monday, to determine if the proposed adopted evacuation methods would be fit for purpose.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. The fire detection and alarm system had recently been upgraded to a type L1 system. The maintenance of all systems was catered for by a maintenance management company. Inspectors reviewed documentation relating to the above.

The fire detection and alarm system was being serviced, however, the period between quarterly inspections was noted as six months, which was in excess of the recommended interval between tests in the appropriate technical standards. The most recent quarterly inspection for the fire detection and alarm system took place in October 2017. Inspectors looked at the report for this inspection, however due to on-going works in the building, a certificate of servicing and testing was not available and the system was re-categorised as an L2/L3 system. Information submitted to HIQA subsequent to the inspection confirmed this work would be complete by mid December of this year at which time the fire detection and alarm system would be put back to a type L1 system. It is noted that the fire alarm panel was clear of faults on the day of inspection.

Further to the annual inspection and test of the emergency lighting system in June 2017, the certificate for annual inspection and testing was withheld due to a number of units which failed the test on the system. Information submitted to HIQA after the inspection confirmed that an external contractor had carried out an inspection of the system and had commenced replacement and upgrade of the system, which was due to be completed by 30 November 2017.

Inspectors reviewed documentation for in house fire safety checks in the centre. There were daily and weekly checks, such as fire exits, escape routes, emergency lighting, fire detection and alarm system and fire fighting equipment. Inspectors noted that these checks were comprehensive and completed as required up to and including the date of inspection.

Inspectors reviewed the kitchen and laundry facilities in the centre. Inspectors spoke to staff in these areas and found them to be knowledgeable about what to do in the event of a fire, such as identifying the location of the shut off facilities for gas and electricity in the kitchen and regular clearing of the lint screen in the tumble dryer.

Inspectors reviewed recent drill records for the centre. Drills were taking place fortnightly. The records of drills included issues arising from the drill and the associated action and learning outcomes. Drills included varying scenarios simulating both day and night time conditions. However, of the records reviewed, drills did not simulate evacuating a fully occupied compartment and identified empty rooms in most scenarios. Inspectors found that the records would benefit from further detail including what route the evacuation took.

From visual inspection, the building appeared to be subdivided with construction that would resist the passage of fire and smoke in most cases. Each floor was subdivided to provide a minimum of three compartments to facilitate progressive horizontal evacuation. The office at upper ground floor level was not fully enclosed in fire rated construction. A portion of fire rated glazing had been removed from an internal window

which formed part of a fire rated partition. It was not apparent that the glazed section above the fire rated door accessing the conservatory was fire rated.

Fire doors were provided appropriately throughout the centre, both to contain fire and to subdivide escape routes to allow for progressive horizontal evacuation. It was noted that where required, the provider had made arrangements for doors to some bedrooms to be fitted with magnetic hold open devices connected to the fire detection and alarm system. This meant that those fire doors did not impede day to day circulation and the resident had the choice to keep the door open. Fire doors were generally furnished with the appropriate features comprising a fire rated door set. However, there were a few instances where portions of intumescent strips and cold smoke seals were missing and excessive gaps noted at the bottom of some doors. It is acknowledged that the building was undergoing some material alterations and renovations. The general manager explained to inspectors that there was a program in place to fit new fire doors throughout, which would include free swing devices connected to the fire detection and alarm system. Inspectors observed a number of these new fire doors already fitted. The general manager confirmed fire doors with deficiencies would be prioritised for replacement.

There was a fire procedure in place in the centre and it was appropriately displayed. Inspectors were shown new evacuation drawings detailing pertinent fire safety information including the preferred evacuation routes from each area. Inspectors identified that the drawings would benefit from further detail on the extent, size and location of compartments necessary for phased evacuation. It is noted that the drawings were obtained on the previous day and the general manager confirmed they would be displayed throughout the centre.

Judgment:
Non Compliant - Moderate

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Shannagh Bay Nursing Home
Centre ID:	OSV-0000095
Date of inspection:	16/11/2017
Date of response:	15/12/2017

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 information contained in the statement of purpose and function and the floor plans of the centre, did not accurately reflect the internal layout of the building, and the purpose and function of some rooms in the centre.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

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 was updated and sent to inspectors on 15-11-2017. It has been updated again to reflect further changes and attached with this action report. Where any future changes are required we will make the necessary amendments and forward any updated version(s) as required by legislation.

Proposed Timescale: Completed and on-going

Proposed Timescale: 15/12/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems to minimise any negative effects on residents during the construction works was not yet available and is required. A structured and resourced plan to provide alternative dining arrangements and supervision of residents during meals is also required.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A structured and resourced plan as to current altered dining arrangements has been submitted. As construction work progresses this will be reviewed daily and management will, in consultation with residents, effect any necessary changes. This will be very much a "live" document providing the planning and structure required to minimise effects on residents while affording the flexibility necessary to ensure that the service is safe and consistent with ongoing effective monitoring.

Please also note the following provisions to be implemented as per our architect;

- Safe Area / Hoarding to be erected around works area from existing nursing home to protect residents
- Dust and noise monitoring to be provided by contractor throughout works programme
- Full contractors Health and Safety will be implemented
- Working hours to be agreed at 09.00 am to 17.00 with break at lunchtime to minimise impact on residents during their lunchtime
- No weekend work permitted

Proposed Timescale: In place and will be ongoing during construction

Proposed Timescale: 15/12/2017

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:

A portion of fire rated glazing had been removed from an internal window which formed part of a fire rated enclosure to an office.

It was not apparent that the glazed section above the fire rated door accessing the conservatory was fire rated.

There were instances where portions of intumescent strips and cold smoke seals were missing and excessive gaps noted at the bottom of some doors

3. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

New fire rated panes of glass have been installed into the office and in the frame accessing the conservatory.

We have ordered intumescent strips and are awaiting delivery.

As part of the refurbishment plan submitted to HIQA, all doors in the premises will be replaced. We are inspecting all doors currently and will review the schedule to prioritise doors that need replacing sooner.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

Neither the drawings displayed nor the drawings proposed to be displayed, adequately identified the extent, size and location of compartments necessary for phased evacuation.

4. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Please find attached updated floor plans.

Proposed Timescale: 15/12/2017

Theme:

Safe care and support

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

The period between quarterly inspections for the fire detection and alarm was noted as six months, which was in excess of the recommended interval between tests in the appropriate technical standards.

The certificate for annual inspection and testing was withheld due to a number of units which failed the test on the system.

Inspectors found that additional safeguarding measures were required to ensure spare keys were available at each floor for exits locked with a key.

5. 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:

Our newly appointed fire manager will liaise with the contractors to ensure that they carry out quarterly maintenance within the required timeframes. The engineer did complete the service that was required in the two quarters during the last visit. The next quarterly service is scheduled for 04-01-2018

An Annex C3 has been provided by the new contractors for the installation of replacement of LED fittings and testing.

Spare keys for the emergency exits have been placed by the repeater panels.

Proposed Timescale: 15/12/2017