<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Shannagh Bay Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000095</td>
</tr>
<tr>
<td>Centre address:</td>
<td>2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 286 2329</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@shannaghbay.ie">info@shannaghbay.ie</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Shannagh Bay Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Pauline Smith</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Unannounced</td>
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<td>Number of residents on the date of inspection:</td>
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<td>Number of vacancies on the date of inspection:</td>
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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: 20 September 2017 11:30
To: 20 September 2017 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The focus of the inspection was to monitor progress on the actions required from the registration inspection that took place on 14 February 2017. The inspection also considered information given to HIQA by the provider, at a meeting in August 2017. This information was to clarify the providers plans to improve the existing premises to meet residents’ needs, provide an accessible outdoor space for residents and future proof their service in line with the Regulations and the National Standards for Older People 2016.

This follow up inspection found that the provider had made some progress on all of the actions identified in relation to fire safety and the premises. However, new information was made known to HIQA that raised further concerns on the adequacy of the arrangements in place for fire safety management in the centre. This information was not contained in the plans submitted with the application to renew registration or provided at the aforementioned Provider meeting with the Authority. The provider and the management team had not identified the deficits in the fire safety arrangement, and had not put in place measures to mitigate these risks, to protect residents and staff in the event of an emergency. This is detailed under 8 Health and Safety and Risk management.

However it was also noted that the refurbishment plan for the existing building submitted by the provider to address the issues found on the registration inspection was being implemented within the timeframes given to HIQA.
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.
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:
The information contained in the Statement of Purpose and Function did not accurately reflect the internal layout of the building, and the purpose and function of some rooms in the centre. In addition the fire precautions detailed in the statement did not include all parts of the designated centre.

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.

However, the statement of purpose and function was not updated to reflect these changes. The existing floor plans of the centre were not updated to reflect these changes, and it was also found, that these plans did not include all of the buildings, that were in use as part of the designated centre.

A viable, alternative, means of escape was not available for all residents, on the basement floor of the centre. As the basement floor had only a single means of escape, limitations to the accommodation of residents on the basement floor were required. The provider agreed to amend the statement of purpose and function to reflect that only residents who are mobile or require minimal assistance with evacuation would be accommodated on the basement floor. A revised statement of purpose was to be forwarded that would include this limitation, but was not yet received.

Judgment:
Non Compliant - Moderate

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

**Findings:**
Actions arising from the registration inspection were required to improve the management systems and arrangements in place, to ensure safe evacuation processes in the centre. These were partially addressed and the findings are detailed under Outcome 8 health and safety and risk management.

However, new information was made known to the inspector that raised concerns for the completeness of the information submitted by the provider to the Chief Inspector as part of the renewal of registration process.

This new information also raised further concerns, on the adequacy of the arrangements in place, for fire safety management in the centre. Further details on these findings are detailed under Outcome 8 health and safety and risk management.

The provider and the management team had not identified the deficits in the fire safety arrangement, and had not put in place, measures to mitigate these risks, to protect residents and staff in the event of an emergency.

The inspector was told that the part of the basement floor, where the staff canteen and change area, administration offices and storage rooms are located in the basement of the adjoining house. This adjoining house is used as office space by a number of different companies during the day but is not occupied at night. The inspector also learned that this basement area, which is used as part of the daily operations of the centre by staff and management on a 24 hour basis, was not linked to the existing fire safety management systems in the centre. This meant that arrangements were not in place to enable staff respond, in the event of a fire in the staff areas or administration offices and storage rooms.

It was disclosed to the inspector that the rental of the basement floor of the adjoining house was in place for at least six years. However, this information was not previously disclosed to HIQA or included on the application to renew registration, despite this being part of the form under section 1.4

**Judgment:**
Non Compliant - Major

**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 centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre.

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

**Findings:**
The action required from the registration inspection to ensure that alternative means of escape and external evacuation process were fit for purpose was partially addressed. Aspects of the action that were addressed included:
- There was evidence to show that regular, simulated, fire evacuation practice drills, to improve staff familiarity and competence, in the evacuation process were carried out. These practice drills were reflective of day and night shift staff levels. Records identified the actual scenario being practiced including duration, location and issues arising. Problems identified during the drills were documented. Records viewed, showed that these drills were taking place every two weeks, and some included evacuation to the next compartment and also upwards, on the external fire escape on the ground floor.
- A contract with an external fire safety company was being finalised to provide training to staff, assist with policies, evacuation processes, revise residents' personal evacuation exit plans and all other related fire issues.

Aspects of the action that were not addressed included:
- Evacuation drills were not practiced on the basement floor. Although, there were regular drills on staff response to fire alarm activations and this necessitated staff attending the fire panel, located on the basement floor.

- The alternative means of escape from the ground and basement floors was unchanged. As the secondary external, fire escape route from the basement floor consisted of 24 steps, an alternative evacuation route was being explored by the provider. However, this route would be through the basement of the adjoining house. The alternative route required agreement by the landlord and there was a possibility that the internal courtyard would need to be covered, to create a corridor. When the inspector checked the final exit from this proposed alternative route, it was noted that the final exit is not level and involves negotiating a stepped and narrow angled area. Difficulty manoeuvring ski sleds and mattresses were envisaged and discussed with the provider. The provider said these would be discussed with the fire company. The inspector found that the adequacy or suitability of this proposed alternative route was not fully determined and had not been assessed by a competent person in fire safety. It was also noted that permission, for the use of this route, was not yet obtained.

- The inspector was not assured that the evacuation or fire safety arrangements on the basement floor were adequate to ensure the safety of residents or staff in the event of an emergency.

This was discussed with the provider, who accepted that the current secondary external route was not a viable option. At the time of the inspection, there were three residents accommodated on the basement floor and all were mobile. However, other risks, associated with the location of both the main kitchen and dining room on the basement floor, also required to be mitigated, as this area is frequented by residents of mixed mobility, on a daily basis.

As referenced under outcome 2 governance and management, new information raised further concerns, on the adequacy of the arrangements in place, for fire safety management in the centre. It was found that those parts of the basement where the administration office, staff canteen and change facilities, and storage room were located are actually part of the adjoining, next door building. The inspector was told that these areas were covered by the fire detection and warning systems in place in the neighbouring house. Assurances were not given to the inspector that:
- There were systems in place to alert staff to a fire in the basement of the adjoining building, that included those rooms currently used as part of the designated centre
- That fire safety systems in the adjoining building meet current fire safety legislation and form part of the centre's fire safety procedures
- That these systems are linked to the centre's fire alarm panel, to enable staff to respond quickly to an alarm activation

The provider undertook to provide assurances on these matters. However, the information subsequently submitted by the provider was not adequate to assure HIQA that the risks identified were mitigated.

Judgment:  
Non Compliant - Major

**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:
The refurbishment plan for the existing building submitted by the provider to address the issues found on the registration inspection was being implemented within the timeframes given to HIQA.
The areas of concern were either fully addressed or in the process of being addressed. These included:
• Provision of an accessible communal toilet on the basement floor where the dining room is located. Work was in progress on the new toilet. A floor was being laid in the former smoking room and the exit door had been replaced with a window. The completion date for this toilet was 30 September and was on target.
• A second communal toilet was in place on the ground floor where all of the communal sitting rooms are located and a third was identified and due to commence in October.
• The layout of the triple bedroom on the basement floor was reconfigured and refurbished. This room can accommodate three residents and staff can access both sides of each bed to facilitate use of assistive equipment. The en suite was extended to include an accessible shower with toilet and wash hand basin.

As previously stated the timeframes in the project plan to refurbish the existing centre building were noted to be on target during the follow up inspection. Refurbishment of the remaining bedrooms and en suites have commenced on the basement and ground floors. The proposed refurbishments of the upper floors are not due to commence until 2018-2019.
The cleaning store has been re-located to a cupboard beside the dirty utility where the staff can access the wash hand basin. Racking for draining mop heads is not required as the mop heads are washed and then dried immediately.

The provision of a safe accessible garden is included in the plans for the new extension in 2020.

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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Shannagh Bay Nursing Home</th>
</tr>
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<tbody>
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<td>Centre ID:</td>
<td>OSV-0000095</td>
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<tr>
<td>Date of inspection:</td>
<td>20/09/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/11/2017</td>
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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 did not accurately reflect the internal layout of the building, and the purpose and function of some rooms in the centre. In addition the fire precautions detailed in the statement did not include all parts of the designated centre.

1. Action Required:

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
Further to protracted consultations relative to agreeing a secondary means of escape, the first draft of the Statement of Purpose has been completed and is attached herewith. Floor plans showing the revised internal layout are included showing the purpose and function of all rooms. The final Statement of Purpose is attached. As the parts of the centre referred to above in the Inspector's Findings will no longer form part of the centre, the fire precautions referred to will not be relevant after the transitional period.

Upgraded centre specific fire training has been provided by a competent person from an external fire safety company, with 12 staff receiving the training. A programme of works is in place to address the secondary means of escape from the rear of the centre for residents of mixed mobility and is scheduled for completion by 31st January, 2018. Works are scheduled to start week beginning December 4th. Until these works are complete only residents who are mobile or require minimal assistance will be accommodated on the lower ground floor.

Proposed Timescale: 31/01/2018

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:
The governance and management systems in place, were not fully effective, to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. Adequate arrangements for fire safety management were not in place for all parts of the designated centre. Risks associated with fire safety were not mitigated to protect residents and staff in the event of an emergency. This is a recurrent finding.

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:
The administrative offices referred to will, following a period of transition, no longer form part of the centre. From Friday 24th November, the rental spaces will no longer form part of the designated centre. The issue as to agreement on the secondary means of escape from the Lower Ground
Floor will be resolved as per our discussions with the local Fire Authority. The recurrent finding relates to the Secondary means of escape from the Lower Ground Floor and we are confident that we now have a solution that everyone will agree on. See also update as to Outcome 8 – Health and safety Management.

A programme of works is in place to address the secondary means of escape from the rear of the centre for residents of mixed mobility and is scheduled for completion by 31st January, 2018. Until these works are complete only residents who are mobile or require minimal assistance will be accommodated on the lower ground floor.

Until such time as the refurbishment programme as to the secondary means of escape on the lower ground floor has been completed, a detailed and fully resourced plan has been put in place that allows for residents to have their meals in the sitting room area, while also providing for ambulant residents in the dining room. Please see attachment.

Naturally all such systems, plans and procedures will be specific to the centre.

**Proposed Timescale:** 31/01/2018

**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:**
Adequate arrangements were not in place for evacuating each individual resident in the event of fire. Residents' who need the assistance of staff or equipment to mobilize, are required to utilise the dining room facility, located in an area of the centre with a single means of escape. The inspector was not given adequate assurance that those residents could be evacuated in a timely fashion.

**3. Action Required:**
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
A programme of works is in place to address the secondary means of escape from the rear of the centre for residents of mixed mobility and is scheduled for completion by 31st January, 2018. Prior to works taking place a formal plan will be drafted detailing any resources and systems that will need to be implemented to ensure there is as little impact as possible to the residents. This will be done in conjunction with the Provider Nominee, Person in Charge, General Manager and Contractors. Until these works are complete only residents who are mobile or require minimal assistance will be accommodated on the lower ground floor.

Until such time as the refurbishment programme as to the secondary means of escape on the lower ground floor has been completed, a detailed and fully resourced plan has been put in place that allows for residents to have their meals in the sitting room area, while also providing for ambulant residents in the dining room. Please see attachment.
<table>
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<th>Proposed Timescale: 31/01/2018</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate arrangements were not in place for evacuating each individual resident in the event of fire.

**4. 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:**
Centre specific fire training has been provided by a competent person from an external fire safety company. 12 staff received training and all staff will receive the training as their current certificates expire. All staff will complete fire evacuation training over the month of December, which will include the new fire evacuation plan and fire policy, which will detail the extent of training that will take place on an annual basis. A Fire Safety Plan is also attached.

<table>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Adequate assurances were not provided that:
- fire safety systems were in place in the adjoining building, and that they comply with current building and fire safety legislation in terms of warning, detection, compartmentation and evacuation.
- that the fire safety systems in the adjoining building meet current fire safety legislation and form part of the centre's fire safety procedures?
- that these systems are linked to the centre's fire alarm panel, to enable staff to respond quickly to alarm activation?

**5. Action Required:**
Under Regulation 28(2)(ii) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
Centre specific fire training has been provided by a competent person from an external fire safety company. 12 staff received training and all staff will receive the training as
their current certificates expire
The adjoining building following the transition period will no longer form part of the centre, from 24th November 2017. The lease on the rental space ceases in August 2018

Proposed Timescale: 24/11/2017

**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:**
Improvements were not yet completed to all aspects of the premises in order to meet the requirements of the regulations. A safe accessible garden was not yet provided but is included in the plans for the new extension in 2020. The refurbishments to all floors of the centre were not fully completed and the proposed refurbishments of the upper floors are not due to commence until 2018-2019

6. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
A safe accessible garden as stated numerous times, is included in the plans for the new extension in 2020. The improvements and refurbishments to all floors of the centre and the proposed refurbishments of the upper floors are due to commence in 2018-2019

Proposed Timescale: Refurbishment is scheduled to commence in 2018 and the garden is part of the new extension due for completion in 2020

Proposed Timescale: