Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	26 September 2024
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0043959

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 35 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses, which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via a stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day-to-day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 September 2024	08:05hrs to 15:55hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

Based on the observations of the inspector and discussions with residents and staff, Shrewsbury House Nursing Home was a nice place to live. Management and staff knew residents' needs well and there was a warm, welcoming and homely atmosphere in the centre. When speaking with the inspector, residents spoke positively about their lived experience in the centre.

The centre is registered for 35 residents and is laid out over two floors, the ground floor and first floor. Access to both floors was by stairs and a chair-lift. Both floors comprised of residents' bedrooms and communal areas were located on the ground floor, such as two sitting rooms, a dining room and a visitor's room. Residents were observed relaxing in these communal areas and were observed mobilising freely around the centre.

Residents also had access to an enclosed courtyard garden which they could freely enter. The inspector observed this area in use by residents throughout the inspection as this was the designated smoking area. This area had fire safety measures in place such as a metal bin, fire apron and call bell.

Bedroom accommodation comprised 18 single, seven twin-bedded and one three-bedded bedrooms. A number of residents' bedrooms were viewed and were seen to have been personalised with family photos, flowers, plants and other personal items such as blankets and ornaments. Residents said they were happy with their bedrooms, however, one resident was awaiting a room move to enable them have better access into their bedroom when using a mobility aid.

Generally, the premises was clean and bright with a homely atmosphere. It was clear the provider had made improvements to the environment. There was new flooring and wall replacements in some areas and, further plans in place to continue to address outstanding areas of wear and tear. Ongoing works were taking place to address fire precautions and on the day of the inspection, the centre was in the process of changing their television service provider.

Following a review of residents' meeting minutes, it was evident that residents were consulted and involved in the running of their home. For example, residents were informed of changes to staff personnel, any maintenance works which were due to or had occurred. Feedback was also sought on the food provided, planned and proposed activities. Pictures were displayed on corridors of activities held such as when a farm attended the centre. Meeting minutes also discussed takeaway nights and one resident told the inspector he was very much looking forward to their chipper which was planned for the day following the inspection.

The inspector observed the dining experience for residents and saw that the mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups. There was a choice of meals provided,

and residents could request an alternative meal if they wished. The meal served on the day of the inspection was seen to be home-cooked, wholesome and nutritious. A variety of drinks were being offered to residents with their lunch, and the staff appeared to know their preferences well. Residents who required assistance with meals were provided respectfully and discreetly, with adequate numbers of staff available. Some residents chose to eat in their rooms or in some of the communal areas which was seen to be facilitated. Residents enjoyed ice-cream after their meal and reported to enjoy this offering.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the provider continued to deliver good levels of compliance within the designated centre. It was evident that there was oversight provided by a stable and responsive management team. Further improvements in respect of training and contracts of care were required. This is further discussed under the relevant regulations.

This was a one-day unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Shrewsbury House Nursing Home Limited is the registered provider for Shrewsbury House Nursing Home. There is a clearly defined management structure that identifies the lines of authority and accountability. This inspection was facilitated by the person in charge and a member of the management team. They were knowledgeable on residents' needs, the building and environment.

Following a review of rosters, observations and in discussions with residents, the inspector found there were sufficient numbers of suitably qualified nursing, healthcare, catering and household staff available to support residents' assessed needs. There were no staff vacancies on the day of inspection.

The provider had a training matrix which demonstrated appropriate and mandatory training was available to staff at regular intervals. From a review of the training matrix, the inspector found that staff had completed training on safeguarding, fire safety and infection control. However, there were some gaps in other mandatory training courses. Supplementary relevant training was also provided on human rights and 84 percent of staff had up-to-date training on managing behaviour that is challenging. This training provided staff with the appropriate skills and knowledge for their role and how to manage responsive behaviours (how people with dementia

or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Formal staff supervision was implemented through induction forms, probation reviews and appraisals. The inspector was satisfied that staff were appropriately supervised on a daily basis in performing their assigned duties in accordance with their respective roles.

The designated centre had adequate resources to ensure the effective delivery of high-quality care and support to residents. The inspector followed up on the actions taken by the provider to address areas of improvement required following the last inspection in February 2024 and found that overall, the registered provider had taken action as outlined within their compliance plan. This included premises works, schedule 2 records for the person in charge and updates to the risk management policy which had been completed. The inspector was aware that there was ongoing schedule of maintenance works, which was also identified within the 2024 plan in the centre's annual review.

Contracts for the provision of services reviewed showed that the services to be provided and the fees charged for such services was outlined, however improvements were required to ensure that all of the terms and conditions of the resident's residency in the designated centre were agreed in writing with each resident.

There was an accessible complaints policy and procedure which identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Gaps were seen in attendance to some mandatory training. The inspector was assured that training dates for these courses had been booked for the weeks following the inspection.

- Eighty percent of nursing staff had up-to-date cardiopulmonary resuscitation (CPR) training, ten percent required refresher training and ten percent was a new staff member awaiting training.
- Eighty-one percent of staff had up-to-date manual handling training, six percent required refresher training and thirteen percent were new staff awaiting training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was evidence of good management systems in place. There was regular oversight through meetings, committees and tracking of key data such as incidents and falls. The inspector reviewed a sample of completed audits and saw that any improvements or actions raised had a timebound plan, a person responsible identified. There was also follow up post the audit results to confirm the required actions had been addressed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of three contracts of care between the resident and the registered provider and saw that they did not clearly set out the room occupied by the resident and how many other occupants, if any, were reflected. For example:

- One contract did not refer to the correct bedroom the resident was residing in, and there was no reference to the number of occupants recorded.
- One contract referenced two different bedroom numbers within the contract.
- One contract referenced the correct room number, however there was no reference to the number of occupants of the room.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured that the nominated complaints officer and review officers had received suitable training to deal with complaints. The complaints log was made available to the inspector for review, overall there was a

low level of complaints received with five informal complaints documented. Evidence was seen that procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving care and support in line with their needs and preferences by a kind and dedicated staff team. Notwithstanding the positive findings, this inspection found further improvements were required to strengthen care planning arrangements within the centre.

Care plans were paper-based, and the inspector was told the registered provider was in the process of reviewing and had plans to implement an electronic system. The inspector reviewed a sample of care records, assessments and care plans on the day of inspection. Overall, care plans were person-centred and pre-assessments were seen to be completed prior to a new admission. While care was seen to be provided to a good level, there were gaps identified in care planning arrangements as further outlined under Regulation 5: Individualised assessment and care plan.

Residents had their own general practitioner (GP) of choice, and medical cover was available including out-of-hours. The nursing team in the centre worked in conjunction with health and social care professionals, such as palliative care and psychiatry services. Residents' records showed that timely referrals were sent to health care services such as the dietitian, speech and language therapy, occupational therapy and chiropody. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

The registered provider had committed to addressing fire safety concerns identified at the previous inspection and the inspector was assured that most items were addressed from the previous compliance plan from the inspection in February 2024. For example, a gas detection alarm and some improvements to fire doors and compartments works had occurred. The registered provider was awaiting a date for their competent person to complete the final sign off on the works completed.

Regulation 28: Fire precautions

The inspector found that there was systems in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment was seen to occur, including works identified and addressed to some of the emergency lighting. There was a weekly test of the fire alarm and daily checks of escape routes. Staff had all

attended recent fire safety training and there were regular simulated evacuation drills of different compartments using various emergency scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector saw that for one resident, they did not have care plans developed, within 48 hours of admission as required by the regulation. Assessments and care plans were completed on day four of the residents' admission.

Care plans were not always updated when residents' needs changed. This created a risk that staff would not have sufficient and most up-to-date information to provide accurate care for residents. For example:

- One resident with significant weight loss, did not have the correct timeframe for weight monitoring recorded in their care plan. This created a risk that staff would not be aware of the current management plan.
- Two residents did not have their mobility and falls assessments and care plans updated following serious injuries and upon discharge from hospital relating to these injuries. For example, one resident had a fracture and there was no specific care plan to ensure that appropriate support was provided.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of health care within the designated centre. Residents had access to their GP and referrals were seen to take place to a range of health and social care professionals as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0043959

Date of inspection: 26/09/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Basic life support & CPR training for staff that is outstanding is scheduled for November 29th 2024 Manual Handling training is also scheduled for the 29th of November 2024 for any staff member that is outstanding	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All contracts of care are under review presently. The correct room number and the room's occupancy will be clearly stated on each contract going forward	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All residents with significant weight loss now have the correct time frame for weight monitoring recorded in their care plan.

Any resident who falls now has their assessment and care plan updated immediately after the incident. Any changes to care are communicated then to all staff.

All care plans will be formally reviewed after 4 months

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/11/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	31/10/2024

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/11/2024