



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

Issued by the Chief Inspector

Name of designated centre:	Shannagh Bay Healthcare Ltd
Name of provider:	Shannagh Bay Healthcare Limited
Address of centre:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0000095
Fieldwork ID:	MON-0037162

About the designated centre

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

Shannagh Bay is located on the seafront in Bray, Co Wicklow. The designated centre is a short distance from the sea front, DART train and bus stations, shops and other amenities. The centre provides accommodation for both female and male residents over the age of 18 years. Residents' accommodation is provided over four floors serviced by a mechanical lift. Residents' bedroom accommodation consists of 14 single bedrooms, five of which have full en suite facilities and nine have en suite toilet and hand basin facilities. There are 13 twin bedrooms, six of which have full en suite facilities and seven have en suite toilet and wash basin facilities. One bedroom with three beds and full en-suite facilities is also provided. The centre's reception area, residents' dining room and a quiet room/relatives' room is located on level one. A sitting room and a conservatory for residents' use is located on level two. The service employs nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Tuesday 6 December 2022	09:00hrs to 18:20hrs	Catherine Furey	Lead
Wednesday 7 December 2022	09:00hrs to 15:20hrs	Catherine Furey	Lead
Wednesday 7 December 2022	11:00hrs to 15:20hrs	Noel Sheehan	Support
Tuesday 6 December 2022	08:45hrs to 18:20hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Inspectors arrived unannounced to the centre in the morning. The inspection was conducted over two days. The person in charge was present in the centre and welcomed inspectors inside. Inspectors toured parts of the premises while staff were attending the morning handover. Following this, an opening meeting was held with the person in charge and general manager, after which the inspectors completed the initial tour of the centre. Inspectors took the opportunity to meet and chat to residents, staff and visitors throughout the two days of inspection.

The centre was tastefully decorated for Christmas and residents commented that they enjoyed seeing the lights and Christmas trees which brought a homely feeling to the centre. The centre is laid out over four levels. Bedroom accommodation is spread out over all four levels and comprises single, double and one triple room. Bedrooms are accessed by two passenger lifts. The stairs is not routinely used by residents, and has coded keypads on each level whereby staff can gain access. As identified on previous inspections, the bedrooms in the centre varied in size, shape and decoration. Many bedrooms were seen to be personalised with resident's belongings and family photographs on display. There were a number of vacant rooms in the centre which were not cleaned to a high standard, for example, dust was seen in corners and windowsills, and some of the furniture in the rooms was stained and scuffed. Generally, the communal and bedroom areas that were occupied were seen to be clean and tidy. Inspectors observed that the centre's only dining room, which is on Level 1, was a small room that was used by a small number of residents who were mainly mobile or requiring minimal assistance. All other residents were seen to eat their meals, either in their bedrooms, or in the sitting rooms on Level 2. Staff told inspectors that it was usually the same residents who came to the dining room for lunch, and that no residents came down for breakfast. This is discussed further in the Quality and Safety section of the report.

Residents were offered choice at all mealtimes and were complimentary of the food. Inspectors saw that the kitchen areas were well-organised and there was a clear procedure in place to communicate residents' food preferences, allergies and food modification requirements. Food was seen to be served directly to each floor from the main kitchen which was on Level 1. Staff were present on levels 2, 3 and 4 to receive this food quickly and ensure it was delivered hot to residents. The management team outlined that many residents did not enjoy attending the dining room or group activities, despite encouragement and explanation.

Historically, there was a very mixed profile of residents living in the centre; the person in charge outlined that all residents had some degree of cognitive impairment or a diagnosis of dementia. 50% of the residents were less than 65 years old, living with complex physical and mental health conditions. Many residents were unable to voice their opinions and feedback clearly to the inspectors. Those that could stated that they were happy in the centre and residents for the most part appeared content in their surroundings. One resident stated that the bad weather

meant they couldn't get outside for a walk, and the days could be long. Inspectors saw that the only accessible outdoor area, a patio area extending from the sitting room on Level 1, was not suitable for use by residents, and was cluttered with an overstock of bulky items such as wheelchairs, walking frames and furniture. The main sitting room was a busy area during the day, with residents gathering to watch TV in the morning. Staff who were assigned to activities were seen to engage residents with songs, reminiscence and newspaper reading. The activities schedule had been developed since the previous inspection, and this included regular intervals in the morning and afternoon where staff visited residents in their rooms. While this was an improvement, inspectors observed that the activities and engagement did not fully meet the needs of the complex profile of residents in the centre. This is further discussed under regulation 9: Residents' rights. The sitting room was decorated with residents' artwork and crafts. The room was bright and cheerful and residents commented on the beautiful view from both the sitting room and the nearby conservatory. Some residents were seen to enjoy sitting in the conservatory and watching the activity on the seafront. The sitting room was also used as a dining room, where collapsible tables were set up for residents to sit for dinner and tea. Some residents were seen to spend the whole day from morning to evening in this room.

Residents confirmed that they were able to receive visitors in the centre, and residents could have visitors in the dedicated visitors room or their bedroom. One visitor whom the inspectors spoke to stated that their loved one was settling in well, and was being well-looked after.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, inspectors found that the actions taken by the registered provider to achieve compliance with the regulations were not sufficient to fully ensure the safety, care and welfare of the residents. While some of the issues identified during previous inspections were in the process of being addressed, there continued to be repeated areas of non-compliance, particularly with regard to the management and resourcing of the premises and how this impacted upon residents' rights. Further non-compliance in relation to staffing levels and care planning was also found on this inspection.

Shannagh Bay Healthcare Limited is the registered provider of this designated centre. There is one company director who is engaged in the operational running of the centre and had recently stepped into the role of person in charge of the centre following the departure of the existing person in charge. The registered provider

indicated that this was a temporary arrangement following an unsuccessful recruitment campaign to fill the vacant post, and that recruitment was ongoing to find a suitably qualified and experienced person in charge. This change in the management structure impacted upon some aspects of the clinical governance of the centre, and systems of auditing which had been undertaken by the previous person in charge, had to be restructured again. This is discussed further under regulation 23: Governance and Management. Since commencing the role, the person in charge worked full-time in the centre, supported by the general manager and a non-clinical duty manager. Nurses, healthcare assistants, domestic, kitchen, maintenance and activity staff made up the complement of staff in the centre providing care and support to residents.

This unannounced inspection was carried out over two days, following receipt of an application by the registered provider to renew the registration of the designated centre. A restrictive condition had been attached to the centre's registration in 2020 which refers to a refurbishment plan submitted to the Chief Inspector in 2019 which includes a plan for the provision of a safe accessible garden and a six-bedded extension to the back of the premises, which was to be completed by 31 September 2021. This plan has been ongoing since 2017 and the registered provider had not completed the refurbishment. An application to vary the date for compliance with this regulation had been submitted by the registered provider in 2022. To date, there remains no appropriate accessible outdoor garden space for residents. The recent inspections in May 2022 and February 2022 found that improvements were required to ensure full compliance with regulation 28: Fire precautions, regulation 17: Premises, and regulation 9: Residents' rights. Inspectors found similar findings during the current inspection, and these are detailed in the Quality and Safety section of the report.

The centre is registered for 43 beds, and there were 31 residents living in the centre on the day of inspection. The registered provider outlined that these beds were being kept vacant as there was currently insufficient staff to meet the needs of the residents, should there be full occupancy in the centre. Nursing staffing levels had been depleted and a number of nurses had departed recently. On the days of inspection, all of the nurses employed in the centre were working their notice periods. There was a plan in place for the recruitment of a number of overseas nursing staff, and on the day of inspection a new nurse was completing her induction period in a supernumerary capacity. There were two nurses on a bank rota, however this was a fragile staffing model with little capacity for contingency in the event of an outbreak of infection requiring cohorting of staff, or for planned and unplanned absences. The registered provider outlined that by the end of January 2023 there would be a new team of nursing staff in the centre. In the absence of any other clinical management or senior nursing staff, this arrangement placed further obligations on the person in charge to oversee the induction and supervision of these new staff members, in addition to the overall oversight and monitoring of the service. Further deficits in relation to domestic and activity staff levels are discussed under regulation 15: Staffing.

Records viewed by the inspector confirmed that there continued to be a good level of appropriate, role-specific training provided in the centre. Following the previous

inspection, fire safety training had been completed by all existing staff and was scheduled for the day following the inspection for new staff. There was a good programme of induction in place for new staff members, led by the duty manager. Staff who spoke with the inspectors demonstrated an awareness of their roles and responsibilities.

Inspectors reviewed a sample of contracts of care. Some residents were funded by the HSE to receive care, however there were no records evidencing that they were receiving this care. For example, for one resident the aligned costs were paid directly to the agency by the HSE and there were incomplete records as to when the resident did or did not receive this service. For the second resident there was evidence of monthly invoices submitted to the HSE in relation to the provision of this service but there were little or no records available to evidence how often the resident received this service.

Records and files were maintained in the centre in an organised and accessible fashion. All requested records were made available to inspectors to review, in a combination of electronic and hard copy formats. Incidents and accidents occurring in the centre were subject to review and analysis and were seen to be documented to a high level of detail, allowing for investigation into the incident, and identification of contributing factors. Similarly, complaints were logged in a complaint management system, and were seen to be well-managed at local level, and where appropriate, external agencies such as safeguarding and advocacy were involved.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number and skill-mix of staff was appropriate, having regard for the assessed needs of the residents, and given the size and layout of the centre. Inspectors found evidence to support this finding as follows:

- The centre was not fully operating in line with the staffing levels outlined in their statement of purpose which states that there are 8 whole time equivalent (WTE) staff nurses. The rosters provided to the inspector showed that there were currently 6 nurses employed. Inspectors were informed that all of the nurses had resigned and were working notice periods. The registered provider gave assurances that recruitment of new nursing staff

was underway, with staff due to commence in the coming months. The statement of purpose was revised by the registered provider following the inspection. The provider was aware of this and was attempting to manage the situation by not taking new admissions.

- A small number of residents were funded by the Health Service Executive (HSE) for additional hours of direct care under a service-level agreement. Due to healthcare assistant staff shortages, the rosters showed that at times, these designated staffing resources were not always in place. This resulted in two scenarios; either two residents shared one staffing resource, or staff were taken from the baseline level of staffing to cover the shortage. For example, records showed that in the previous 20 days, there were 6 occasions when the required direct care hours were not in place.
- There was evidence that call bells went unanswered for periods of time. For example, a call bell took seven minutes to answer, despite this resident having contracted care hours. On the day of inspection these hours were shared with another resident. On another occasion, a call bell rang for five minutes before being answered.
- Due to recent resignations, there was insufficient cleaning staff to maintain adequate levels of environmental hygiene, given the size and layout of the building. Staff were redeployed from other areas, including activities, to cover housekeeping shifts. This is not a sustainable model of staffing. The registered provider outlined plans to outsource the housekeeping staff to a cleaning agency.
- As outlined under regulation 9: Residents' rights, activity staff levels remained insufficient to meet the assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to both online and in-person training appropriate to their role. There was a training schedule in place where mandatory training such as fire safety, safeguarding vulnerable adults at risk of abuse and managing responsive behaviours was scheduled. The training matrix was examined and there was evidence that this training was completed by staff

Judgment: Compliant

Regulation 21: Records

Inspectors examined a sample of staff files and found that these all contained the information required by Schedule 2 of the regulations. Residents' records as required by Schedule 3 and other records as required by Schedule 4, including a record of

restraints and fire safety records were in place and seen to be up-to-date and well-maintained. Retention periods were in line with regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not progressed their own plans to bring the centre into compliance with Regulation 17. The planned extension had not progressed, which impacted the existing designated centre and the facilities for residents, such as secure outdoor space.

The person in charge, who was also the registered provider, had commenced the role in November 2022 following the departure of the previous person in charge. As a result of this management change, the systems in place to monitor the service were disrupted. This meant that the service provided was not consistently and effectively monitored. A review of the centre's audits showed that while information was collated, there was not sufficient analysis of the information to identify lessons learned and to inform quality improvement plans. For example, a review of restraints in the centre did not identify deficits in the assessment of restraints.

The person in charge has overall responsibility for clinical governance in the centre. There was no supporting clinical management personnel as part of the management team. This arrangement could leave the centre in a vulnerable position, should the person in charge be required to be absent for any extended period. Oversight of the following areas were lacking, as discussed under each regulation; the premises, contracts of care, infection prevention and control, fire safety procedures, care planning and assessment, managing behaviour that is challenging and residents' rights.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors requested contracts of care for six residents chosen randomly,

- Three residents had signed contracts; these included the services to be provided, terms and conditions, fees to be charged, the room number and the occupancy of the room.
- Two had no contract
- One resident had an unsigned contract

The contracts for two residents who were in receipt of additional one to one care hours did not reference this care. In both cases the additional funding was provided by the HSE.

The contract for one resident reflected the room that he was initially accommodated in and not the room he was living in on the day of the inspection. The resident told inspectors that he wanted to return to his original room.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre. This did not contain accurate information as required under Schedule 1 of the regulations.

The statement of purpose was updated following the inspection to reflect the required WTE staffing levels when the centre is at full occupancy and the current WTE staffing levels. The description of a room was updated to identify its intended purpose as a store room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed records of all incidents and accidents occurring in the centre and found that relevant notifications had been submitted for all incidents specified in the regulations within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Records were maintained of verbal and written complaints and the outcome was documented. The complaints process was seen to be displayed prominently in the entrance hall of the centre. The appeals process was outlined in this document as well as the contact details of the Ombudsman.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

As identified on previous inspections, the registered provider had not completed the refurbishment of the premises as referenced in condition 4 of the registration of the centre. The premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016. Furthermore, the deficits in the premises had a direct impact on the rights of the residents. Further findings are discussed under regulation 17: Premises and regulation 9: Residents' rights. Some areas of the centre had been refurbished, including flooring and decorative upgrades. Repair of a number of fire doors had been completed. However, maintenance, upgrading and repair of a number of areas remained outstanding. Inspectors found that following the previous inspection in May 2022, no further upgrades had been completed.

There had been some infection control-specific improvements since the previous inspection. The laundry facility was now part of the daily cleaning schedule and was seen to be cleaned to an adequate standard, with all unnecessary items removed. The layout of the sluice room had been improved to allow for a unidirectional flow of dirty to clean items and exposed wooden shelving had been removed. Auditing of infection control procedures had commenced which had begun to highlight areas for improvement. A small outbreak of COVID-19 was declared in June 2022, and this had been professionally managed within the centre with input from the local public health department. An up-to-date COVID-19 contingency plan was in place, and this had been communicated to staff to ensure prompt action should there be a further outbreak. Further areas for improvement are detailed under regulation 27: Infection

control.

Improvements were seen in relation to simulated fire evacuations in the centre. Recent drill records showed that evacuation techniques were well practiced and staff were informed and guided through the evacuation procedures in the centre, including evacuations of the centre's largest compartment. Staff had practiced the new evacuation routes and were familiar with the procedures in place to protect residents, including the use of the fire evacuation lift from level, and the external ramped route leading from the extension, which formed secondary escape routes for levels 2, 3 and 4. A comprehensive risk assessment had been undertaken to ensure adequate containment of fire between the construction site and the occupied nursing home, to protect residents safety. The doors leading to the extension at each level were not fire rated. The risk assessment identified that these doors would be replaced with fire rated doors before construction work recommenced. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. General Practitioners (GP's) attended the centre on a regular basis, residents had regular medical reviews and were referred for appropriate expert reviews by health and social care professionals when required. Based on the sample of records examined by the inspector, residents were comprehensively assessed prior to admission to the centre. Care plans were varied in detail and direction, with some describing good, person-centred initiatives to meet residents needs, while others were scant and lacking personalisation. Overall, nursing assessment and care planning required review, to ensure that residents' clinical and social assessments were consistently carried out, in order to provide accurate information to direct the care of the resident. Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medications that required administrating in an altered format such as crushing were all individually prescribed by the GP and indication for administration were stated for short-term and "as required" medications.

While the inspector observed many examples of resident's being offered choice and being treated with respect and dignity, it was found that given the large number of residents who were under 65 years, and living with complex needs, the absence of dedicated social care services negatively impacted upon the rights of the residents due to the absence of a full activity schedule.

Overall, systems to improve the quality and safety of residents' care required further strengthening. On the days of inspection, residents were not fully afforded the right to participate in activities or to access secure outdoor spaces. The contracted, protected hours for overseeing social care for some residents were not in place, and staffing resources were shared between residents to meet this shortfall. This led to a service that could not fully deliver individualised, person-centred care.

Regulation 11: Visits

The centre's current visiting arrangements were appropriate, and placed no unnecessary restrictions on residents.

Judgment: Compliant

Regulation 17: Premises

As identified on previous inspections, the overall premises does not meet the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and Standard 2.7 of the National Standards for Residential Care Settings for Older People in Ireland, 2016 as follows:

- A room, which was submitted for registration as a bedroom, and outlined on the floor plans as a bedroom, was not suitable for this intended use. It was being used as a store room on the day of inspection.
- Due to long delays in the construction of a new extension, there remained no access to safe outdoor space for residents.
- The registered provider had not fully completed the refurbishment of the premises as referenced in restrictive condition 4 on the centre's registration.
- The configuration of a small number of multi-occupancy rooms did not afford residents the necessary privacy to conduct personal activities in private in that each resident's floor space did not include the space occupied by a bed, a chair and personal storage space.
- One three bedded room (empty on the day of the inspection) was not configured to meet the needs of three residents. For example the space behind the bed curtains would not facilitate a resident to get dressed in privacy or to sit on a chair beside their bed. Access to one wardrobe was restricted by the placement of a bed
- The size and layout of some of the multi-occupancy rooms did not meet the needs of residents who required assistive equipment such as hoists and comfort chairs, and were more suited to mobile residents only.
- Wear and tear was evident in some doors, handrails, walls and furniture, therefore cleaning and decontamination of these areas could not be assured.
- There was no handwashing facility in the laundry room

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors found that all residents, including those who required a modified diet had a choice of menu at each meal time. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide to the centre, a copy of which was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that outlined the risks in the centre and measures in place to mitigate the risks identified.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- A number of rooms in the centre were vacant. The cleanliness of these vacant rooms varied, with some having stained flooring and furniture and a build up of dust in areas. Housekeeping staff spoken with were unable to fully describe the appropriate procedure for deep cleaning of bedrooms
- there was some ambiguity among staff regarding which residents were colonised with multi-drug resistant organisms (MDRO). This meant that appropriate precautions may not have been in place when caring for these

residents. This is also addressed under regulation 5: Individual care plan and assessment

- Two privacy curtains in rooms that were in use, had visible staining present
- A foul odour was present in one corridor, which was commented on by residents. It transpired that soiled incontinence wear was placed into a rubbish bin on the corridor. Notwithstanding the odour, this could pose a risk of contamination to residents, staff and visitors

Environmental audits had taken place since the previous inspection, and the most recent audit, undertaken on November 30 2022, identified similar findings to those seen on inspection. An action plan had been put in place to address these findings and the registered provider assured inspectors that this was underway.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Similarly to the previous inspections in February 2022 and May 2022, improvements were required to come into full compliance with fire precautions. Notwithstanding the improvements detailed in the Quality and Safety section of the report, there remained a large number of fire doors which had been assessed as requiring replacement and repair, however these had not yet been completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors found that from a sample of care records reviewed, the registered provider had not arranged to meet the needs of each resident as per their assessment. For example:

- A validated assessment tool was used to monitor for risk of malnutrition. However, the inspector found that there had been repeated miscalculation of one resident's risk of malnutrition, resulting in an incorrect assessment of their nutritional status. This miscalculation resulted in a delay in seeking dietetic review for the resident, who had relevant underlying conditions requiring close monitoring of their nutritional status.
- A resident who had been admitted from hospital with a confirmed multi-drug resistant organism (MDRO) infection, did not have an individual care plan in place to guide staff in safe care to prevent possible onward transmission of infection
- Improvements were required to the system of recording personal and relevant information on matters which were important to each individual, such as life story information, likes and dislikes, past occupation, hobbies and interests. Inspectors found some examples of this type of information being gathered in a document entitled "A Key to Me", however in some of the resident's files, this document contained very little meaningful information and did not contribute to person-centred care planning. For example, one care plan stated that the resident had no interest in participating in the group activities in the centre, however there was no documentation to support an individual plan for this residents social care, in the absence of interest in group activities.
- Of the sample of care plans reviewed, two were not completed within 48 hours of admission, as required by the regulation. One of these was not commenced until after this time frame, and remained incomplete one week after the resident's admission.

Judgment: Not compliant

Regulation 6: Health care

Residents continued to have good access to a high level of medical care in the centre. Continuity of care was provided by the residents visiting GP. Records reviewed by inspectors identified that the expertise and directions of medical and other health care professionals such as consultant psychiatry, optometry, and dietetic services was followed. There was evidence of good management of wounds with appropriate specialist input when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The restraint register identified that 30% of the current residents were using bedrails on the day of inspection. A review of the assessment process before

applying bedrails identified that these were not consistently used in accordance with national policy as published by the Department of Health. For example, records showed that alternatives to bedrails were not always trialled, the risks involved with using the bedrail were not documented, and the specific circumstances under which the bedrail was being applied were not detailed.

Judgment: Substantially compliant

Regulation 8: Protection

There were appropriate measures in place to safeguard residents from abuse:

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse
- Records reviewed by inspectors provided assurances that any allegation of abuse was immediately addressed and investigated
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- The centre was acting as a pension agent for a number of residents. The arrangements in place to ensure the residents finances were protected were in line with Department of Social Protection guidelines
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons
- Any allegation of abuse was investigated in line with the centre's own policy and national guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

There was a varied profile of residents in the centre, including a large number of residents under the age of 65. Inspectors found that the premises, and staffing levels, did not fully contribute to a person-centred service, and as such, impacted upon the human rights of the residents. There was some evidence of institutionalised practices;

- Residents were not permitted to keep their phone chargers in their bedrooms as the registered provider had constituted these a fire hazard. The chargers were taken and stored in the nurse's station until they were requested by the resident. This was brought to the attention of the inspectors by a resident who could not make a phone call as their phone battery had died. The resident stated that he had asked for the charger back but was told it was unsafe.

- A resident told inspectors that when requesting incontinence wear, staff had told him that he had no more left. Staff confirmed that residents were provided with a weekly allowance of incontinence wear and that this residents supply was gone. The provider confirmed this procedure and stated that additional incontinence wear was locked away to prevent it being used inappropriately. The provider undertook to provide this to the resident as a matter of urgency.
- A number of residents were observed in their bedrooms all day. While documentation showed that some residents preferred not to attend communal rooms, there was limited one-to-one activities provided for these residents, for example; in the morning, 45 minutes was allocated to a staff member for one-to-one activities for all of the residents who preferred to stay in their rooms.
- The small size of the centre's only dining room does not allow for all residents to be seated in the dining room at one sitting. On the second day of inspection, only six residents sat in the dining room for lunch; inspectors noted that these were all independently mobile residents, or requiring minimal assistance. Residents who required assistance with their oral intake had their meals in the sitting room, had spent the majority of the morning. Furthermore, the dining room was closed off to residents at times during the day when it was used for staff meetings and breaks. A large number of residents remained in their room for meals. All residents were served breakfast in their bedrooms. Inspectors found that there was no documented rationale for this practice and as a result, residents spent long periods of time in one area of the centre, and did not have an appropriate dining experience.
- Due to the ongoing building works in the centre, there was no enclosed outdoor garden space for residents' use. While some residents were assisted to go for regular walks nearby with staff, other residents did not have any access to the outdoors.
- Residents who were accommodated in twin bedrooms could not always undertake personal activities in private. The configuration of some of these bedrooms required review, for example; residents' wardrobes were not always easily accessible as they were located across the room within another resident's bed space. This is also referenced under regulation 17: Premises above.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Shannagh Bay Healthcare Ltd OSV-0000095

Inspection ID: MON-0037162

Date of inspection: 07/12/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Our CNM commenced employment on the 03-01-23. She will be working alongside the PIC in a clinical role. She will be assisting in the overall day to day operations on a clinical and non clinical basis. The CNM in conjunction with the PIC will lead and supervise the nurses in meeting their daily responsibilities. In the absence of the PIC, the CNM will be available.</p> <p>Since the inspection we have had 4 new nurses commence employment, and we have an additional 3 nurses commencing employment by April. We have commenced recruitment for additional nurses to commence later in 2023 and have scheduled a recruitment drive for June 2023 for nurses to commence in 2024. All our nurses applications come from overseas, and the trend sees these nurses moving to the HSE within 18 months of commencing employment so we have factored this into our recruitment strategy.</p> <p>We are continuing to recruit for HCAs, we are looking at renting accommodation to assist in overseas candidates as there is a lack of applications from within the state.</p> <p>In January 2023, we outsourced our cleaning due to the lack of suitable and eligible applications for this role for over 8 months. Contract cleaners commenced in January 2023.</p> <p>We have currently one resident with 1:1 care, this resident has a dedicated HCA for each shift. This is listed on the allocation sheet daily. It has been reinforced to all staff their role when allocated this shift, and it has been reinforced to the nurses of their role to provide assistance to HCAs and to assist answering call bells.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In December last year we reviewed the auditing programme and each member involved in auditing was allocated specific audits. The auditing system that was previously used by the management team was implemented as the system implemented by the previous PIC was not suitable or successful. A traffic light system for the audits is now in place so all involved can track the status of the audits. There is a monthly audit meeting to discuss the findings of the audits, and where actions are required and what lessons have been learnt. Any actions identified can be implemented and the outcome of audits will be communicated with all staff at handovers. The CNM will guide the nurses in any clinical actions and learnings to ensure future compliance.</p> <p>We are looking into ViClarity to assist with auditing.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>There is one resident who refuses to sign the contract, their next of kin and solicitor also refuse to sign the contract, as they believe the resident is competent to sign the contract. The resident refuses to engage as to why there is a refusal, other than an outright refusal to sign. The resident has had two psychiatric assessments since admission and has been discharged from their services. All other residents currently admitted to the nursing home have a signed contract, these contracts are scanned into their files and are available for inspections. Residents who have 1:1 care, their contracts have been updated to reflect this. Going forward, any resident who receives additional funding for care, this will be documented in their contract.</p> <p>The resident who wished to return to his original room when he was admitted, this move was facilitated.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

The statement of purpose has been updated to reflect the WTE for the current staffing levels reflecting the current occupancy levels, and also depicts the staffing levels that would be required should there be full occupancy in the nursing home.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The room in question that is being used as a storeroom, this is temporary until it is renovated. We are waiting on dates from contractors.

We are in the middle of assessing the use of the area outside the back sitting room as outdoor space for residents. We are waiting for a risk assessment to be completed and the review with contractors to replace the flooring and skylights. The contracts have been informed that this work must be completed by the end of April 2023 at the latest.

The rooms identified currently by the inspectors as not affording residents the necessary privacy have been reviewed. Due to occupancy levels, we have some of these rooms with only one resident while we identify the best was to reconfigure the rooms. The rooms fully occupied, the residents have been offered another room, to which they have declined. We have discussed with the residents and the families the situation and they are happy at the moment with their current living arrangements. Staff are very conscious when providing care that the privacy and dignity of residents is maintained.

Certain rooms have been identified for mobile residents only. While some of these rooms are occupied, moving forward these rooms will be given to mobile people only.

The three bedded room is currently unoccupied. This rooms was recently reconfigured and refurbished. This is now on the list to be reconfigured again. Until this is done the beds that meet the needs of the residents will only be occupied.

There is a maintenance schedule in place, this reviews the current condition of the environment. Any upgrades, replacement and painting of the environment is carried out. This is a reoccurring task as the communal areas have a heavy traffic flow and continuous damage.

In the laundry room there is a handwashing sink to the left of the washing machines.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Contract cleaners commenced in January, our Duty Manager along with the manager of the company worked together to train in the new staff to the standard of cleaning required. Checklists were reviewed and implemented. The company in conjunction with the Duty Manager undertake environmental audits, so where standards are not met these can be dealt with immediately by the company.

When rooms are deep cleaned privacy curtains are laundered. If they require laundering before that this will be completed.

HCA's have been reeducated on how to dispose of used incontinence wear, which bags are to be used and which bin to place them in, so as to avoid any foul odours.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Some fire doors have been replaced and some have been refurbished. A list of fire doors to be replaced have been given to the PIC to action replacement. The PIC is in the process of coordinating the replacement with suppliers and fitters.

Regulation 5: Individual assessment and care plan

Not Compliant

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

All hospital acquired infections are now updated on the residents profile of our nursing systems so all staff are aware of which residents have infections and then what IPC precautions need to be taken. At handover, all infections are reported to staff, and this practice will continue. We are also implementing a Q&A whereby staff will be questioned on residents who have infections randomly to ensure they are paying attention to the information given to them.

Training was completed with all nurses on how to complete assessments regarding malnutrition. All nurses are now aware of how to complete correctly. The CNM will also review these going forward.

All residents with infections now have a care plan. This is overseen by the CNM.

The PIC and CNM are reviewing all 'A Key to Me'. Some residents do not have family members or friends to assist with this and have poor memory and are unable to give the information. The activities coordinator along with the PIC and CNM will be reviewing and creating more specific social care plans

All the nurses are aware of their responsibility to complete all care plans within 48 hours of admission. The CNM will oversee that these are completed and the admitting nurse has specific time to complete these.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We encourage a restraint free environment. We do have some residents who request bed rails, and this is documented and reviewed incase they change their minds. The PIC and CNM have instructed nurses when they are doing assessments, where there is a risk of falls, they need to meet with them to discuss alternatives prior to using bedrails. Alternatives we currently have in place are bed alarm mattresses and crash matts. Trials on alternatives must be completed prior to the sanction of bedrails. All nurses have been required to review the falls and restraint policies and to complete further education for themselves.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Phone chargers were identified as a fire risk, as residents phones and chargers were found on occasions to be very hot and some residents were leaving the phones while on charge under pillows. We had tried to educate the residents initially on how to charge and store their phones but this was unsuccessful. We then implemented a strategy to reduce the risk of fire, by having phone chargers left in the nurses station and residents could bring their phones there for charging. We have residents meetings and activities would meet with those in their room on a one to one basis, and this was never brought to our attention as an issue by the residents. Since the inspection, we have reviewed the procedures, so residents who have been assessed to keep their chargers in their rooms, a HCA allocated to the floor is responsible for checking that phones are not being over charged while they would be checking or interacting with the residents. This is also discussed at handovers so if there are any issues they can be flagged immediately.

All staff have been reminded about when incontinence wear is given to residents, and at handover, should a residents supply be running low, to notify the Duty Manager or CNM. This can be done at handover also. Staff have been educated again on how to interact with residents and their responses to residents requests. Where there is a change in the resident and the current incontinence wear is no longer suitable, the nurse and CNM do an incontinence reassessment straight away.

Activities are allocated different times to meet with residents who do not wish to join in the communal areas or join in activities. Some of the residents who spend their day in their room have requested activities not to bother them in their rooms. While the residents wishes are respected, the HCAs will offer on a daily basis multiple opportunities to go to the communal rooms. Activities will also pop in each day in case the resident has changed their mind. Our activity programme is always changing as the residents likes and dislikes change. Also with the introduction of new staff, new ideas are offered and these are trialed and often that not implemented as part of the programme. Residents are offered choices of activities in the sitting rooms, where they are guided and assisted with various, season related interests (such as arts & crafts, music sessions, quizzes, card games, different reminiscence therapies and games, movie afternoons, puzzles, baking, ball games to name but a few. In Bray area there is several social groups especially in the Mermaid Centre for the residents to attend theatre and shows, tickets have been purchased on numerous occasions and no takers although they have expressed an interest in that show. The activity coordinators meet with residents in their own rooms and have tried extensively to find interests for these residents other than trips to the pub, and encouraged over and over to entice them to come to the conservatory for a change of scenery and explained the area is quiet and where they don't have to interact with others if they don't want to. We have also tried to organize residents to attend community programmes, however the residents did not meet the requirements.

Due to residents wishes, we only have one sitting in the dining room. Some residents requested their meals in their bedrooms and some prefer to have their meals in the sitting room. Some of our residents who are in the sitting room who require assistance and who are not mobile were very unsettled when being transferred to and from the dining room resulting in poor food intake. We trialed these residents having meals in the sitting room and to date food intake has much improved. Each resident is afforded a choice where to have meals, some residents change their minds day to day and we facilitate this. There is good communication between the HCAs and Kitchen staff. Where more residents which to come to the dining room, we can revert to previous systems of having multiple sittings in the dining room.

Residents are offered walks daily along the seafront, anyone who wants a walk this is facilitated. As mentioned previously we are working on some outdoor space on Level 2 by the back sitting room.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	15/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/04/2023

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	03/01/2023
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.	Not Compliant	Orange	22/01/2023
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether	Not Compliant	Orange	31/01/2023

	under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/12/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Not Compliant	Orange	31/01/2023

	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.	Not Compliant	Orange	31/01/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/01/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/01/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/01/2023
Regulation 9(3)(b)	A registered	Not Compliant	Orange	31/01/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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