

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Shrewsbury House Nursing Home
<b>Centre ID:</b>	OSV-0000161
<b>Centre address:</b>	164 Clonliffe Road, Drumcondra, Dublin 3.
<b>Telephone number:</b>	01 837 0680
<b>Email address:</b>	info@dublinnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Shrewsbury House Nursing Home Limited
<b>Provider Nominee:</b>	Rachel Gaughran
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	Sheila McKeivitt
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 18 February 2016 19:00 To: 18 February 2016 21:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate

**Summary of findings from this inspection**

This inspection was unannounced and the purpose of this inspection was to monitor ongoing regulatory compliance following receipt of statutory notifications made to the Authority by the provider, and to review governance and staffing. This inspection took place out of normal working hours.

The provider was found to have fully addressed the risk identified in one hand wash basin on the last inspection, and had monitored the water temperature closely. Improvements relating to major non-compliance with premises had not been addressed and were not fully considered as part of the overall inspection.

The person in charge was on duty and she was informed of the purpose of the inspection. There were no vacancies with 35 residents at the centre. The number of residents had reduced by one further to a reconfiguration of a larger four bedded room to a single and a twin room since the time of the last inspection. The staff levels and skill mix included - the person in charge, two registered nurses, and two care assistants. The centre was found to be clean, warm, and well maintained. The staff were in the process of handing over to the night staff which included one staff nurse and two care assistants. There was sufficient overlap in day and night staffing to allow for supervision requirements and to ensure residents received supper and all assessed care needs at the time of this inspection. Staff, residents and relatives/visitors fully engaged with inspectors during the course of the inspection. Residents confirmed to inspectors that their requests and needs were met in a timely

manner, and staff respected their choices in their daily lives.

Inspectors found that improvements were required in relation to fire safety procedures and the major non-compliance with regulation 28 fire precautions. Not all staff on duty had participated in fire safety training and oversight and checks of fire safety arrangements were not consistently maintained. Inspectors issued an immediate action requirement to the person in charge and the general manager at the time of the inspection. The provider did not attend the inspection but both senior managers on duty agreed to respond and provided the Authority with written assurances about immediate actions to mitigate risks observed by the inspectors. A satisfactory written provider response to the immediate action on fire safety was received on 23 February 2016 within time frame given.

Findings and areas for improvement are outlined in the body of the report and within the action plan at the end for response. Nine actions are the responsibility of the provider, and one action the responsibility of the person in charge.

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

***Outcome 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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre is managed by a suitably qualified and experienced manager who is a nurse with relevant experience. The person in charge had not changed since the time of the last inspection, and she was engaged in the governance and operational management on a regular and consistent basis. She is supported by a senior nurse as deputy and a general manager. The provider is also available and works at the centre. However, some improvements were required with regards to managing the risks associated with fire safety management and supervision of staff practices as evidenced by Outcome 8 of this report.

The person in charge confirmed that training for staff had been planned for the following week after this inspection and gave assurances that this would be fully implemented.

**Judgment:**

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were largely maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Information was provided in a timely manner to inspectors relating to residents and dependencies. Staff easily retrieved relevant information requested by the inspector at the time of the inspection. However, the schedule 4 fire safety records for emergency lighting maintenance were not accessible at the time of the inspection which is a requirement of the legislation under regulation 21.

The designated centre had a fire safety management policy in line with Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013. However, aspects of this policy required review in terms of guiding and informing staff about evacuation procedures as outlined in Outcome 8 of this report.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The provider had put in place systems and staff training for fire safety management. The fire safety policy and procedures were not fully implemented or in place in a robust manner. Inspectors reviewed the systems in place and staff knowledge in relation to the management of the fire safety at the premises. Staff on duty were interviewed and documents examined including signage and fire instructions.

Adequate precautions against the risk of fire and safe evacuation of persons from all parts of the centre were not in place. Improvements were required relating to following aspects of fire safety; Inspectors observed 12 internal residents bedroom doors wedged or held open during the inspection. The person in charge was asked to review this and

mitigate the risks associated with this practice on the evening of the inspection and before inspectors left, this was completed. The door to the smoking room was observed by an inspector and was held open allowing cigarette smoke to travel along the corridor.

Means of escape was not fully maintained, and external lighting was insufficient at some fire exit points including the first floor exit. External fire exits on the ground floor were uneven and not well lit at the time of the inspection. One double internal fire door beside the smoking room had a visible gap at the bottom of the door.

The fire evacuation procedures, plans displayed near the main entrance hall and signage had not been adjusted or updated recently. Though the layout of the first floor had changed following works. Staff on duty interviewed by inspectors were not familiar with the evacuation procedures; including what actions to take in the event of a fire or evacuation. The provider had not updated the documentation which was not clear in the written directions to take in the event of fire for areas and zones in the designated centre.

While staff and records confirmed that training in fire safety and evacuation procedures had been provided, as outlined in Outcome 5 some Schedule 4 maintenance records relating to emergency lighting were not available for inspection. The inspectors observed that external lighting to fire escapes on first floor and courtyards was not working. Fire exits included a mix of push bars and key operated, with steps to be negotiated to assembly points at various ground floor exits and exits to internal courtyard gardens.

Overall the provider's arrangements for implementing fire safety management precautions were inadequate. Inspectors requested and met with the person in charge and the general manager acting on behalf of the provider to communicate these findings verbally and in writing by an issuing an immediate action requirement. They both acknowledged the failings and agreed to respond immediately. A written update in relation to matters of non compliance that were communicated by inspectors during and at the end of the inspection, was received in response to the immediate action plan given. The first response received from provider and person in charge within agreed time frame on 23 February 2016. Furthermore a detailed fire safety management risk assessment was requested by the inspectors and an updated fire safety management policy.

**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:**

Thirty five residents were at the centre at the time of the inspection with a maximum occupation of 35 due to completion of recent building improvements. The provider had fully addressed the action plan relating to temperature regulation of water from the hand wash basin, in the shower room adjacent to room 12.

The premises had been reviewed by the provider and her architect since the time of the last inspection. Building works to implement changes to a four bedded room on the first floor had been completed to reduce this multiple occupancy room to a twin and single rooms.

Plans for further building works had been submitted to the Authority to reduce occupation for two additional three bedded rooms in use on the ground floor. The person in charge confirmed that plans were also in place to build an extension to make improvements to the laundry and linen rooms. However, these changes had not commenced to date.

**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:***

Leone Ewings  
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<sup>1</sup>

<b>Centre name:</b>	Shrewsbury House Nursing Home
<b>Centre ID:</b>	OSV-0000161
<b>Date of inspection:</b>	18/02/2016
<b>Date of response:</b>	04/04/2016

### Requirements

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

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

### Outcome 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 oversight relating to risk management and fire safety was inadequate.

#### **1. 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

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

monitored.

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

Risk Management Policy is under review at present.

Fire risk management policy has been reviewed and updated in March 2016  
External health and safety company has reviewed and completed a fire risk assessment on 30th March 2016.

Following on from the inspection, an additional fire risk assessment will be conducted by an external fire safety engineer. The date for this is to be arranged.

**Proposed Timescale:** 01/05/2016

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Fire safety management policy required review in terms of guiding and informing staff about evacuation procedures.

**2. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Fire safety Management Policy has been reviewed, updated and disseminated to all staff members.

All fire procedures have been updated and are displayed clearly around the nursing home. The fire zones have being renamed and are colour coded throughout the nursing home.

All revised fire procedures and maps of the nursing home have been placed in resident's bedrooms and throughout the nursing home. All staff have been informed of the changes

**Proposed Timescale:** 04/04/2016

**Theme:**

Governance, Leadership and Management

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

Schedule 4 fire safety records for emergency lighting maintenance were not accessible at the time of the inspection.

A fire safety risk assessment was not available on inspection.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All emergency lighting has been reviewed in the nursing home and works have been carried out, all fittings are now compliant with regulations. Please find enclosed Emergency lighting system certificate.

Emergency lighting is tested quarterly by the maintenance contractor.

There is a yearly fire safety risk assessment done by the General manager and reviewed by an outside health and safety consultant every 6 months.

A fire procedures review is also carried out by the manager every 6 months.

**Proposed Timescale:** 04/04/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

The fire procedures to be followed were not displayed clearly to fully inform and guide staff in fire safety measures.

**4. Action Required:**

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

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

All fire procedures have been updated and are displayed clearly around the nursing home. The fire zones have being renamed and are colour coded throughout the centre. All staff are now familiar with these areas

Fire training for all staff has taken place in February 2016, procedures and safety measures were addressed during training

All revised fire procedures and maps of the nursing home have been placed in resident's bedrooms and throughout the centre.

**Proposed Timescale:** 04/04/2016

**Theme:**

Safe care and support

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

All staff on duty had not attended suitable fire safety training to implement the fire safety policy and emergency procedures.

**5. Action Required:**

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

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

All staff undertook their annual fire safety training on the 22nd and 29th of February 2016 inclusive.

Fire drills were held every 6 months with all staff members. Following a review, fire drills will now be conducted every 4 months with a full evacuation continuing yearly.

**Proposed Timescale:** 04/04/2016

**Theme:**

Safe care and support

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

Emergency lighting on first floor external escape was not operating at the time of the inspection.

**6. 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:**

All emergency lighting has been reviewed throughout the nursing home and works have been carried out and emergency lighting internally and externally is now compliant with regulations.

Please find enclosed Emergency lighting system certificate.

Emergency lighting, internally and externally are tested quarterly by an external maintenance contractor

**Proposed Timescale:** 04/04/2016

**Theme:**

Safe care and support

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

The double fire doors beside the smoking room had a visible gap at the base of each door.

**7. Action Required:**

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

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

Automatic Acoustic Door Bottom Seals have been ordered for fitting. Please find enclosed brochure and item is highlighted.

A door 1.5metres away from this door is currently being utilised as a fire door. A magnet release fitting is currently in place

**Proposed Timescale: 01/05/2016**

**Theme:**

Safe care and support

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

The use of door wedges and furniture to prop 12 resident bedroom doors and smoking room at the designated centre.

**8. Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

All door wedges were removed immediately during inspection. Any resident that requested a door wedge has had an acoustically activated device applied to their door and this documented in their care plan. This device will close the door on the sound of the fire alarm, ensuring the residents safety.

**Proposed Timescale: 04/04/2016**

**Theme:**

Safe care and support

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

The fire safety policy and some measures to mitigate risk were not fully implemented.

**9. Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

The fire alarm is serviced quarterly and it is tested on a weekly basis. Please find enclosed certificate of quarterly servicing.

Fire Extinguishers are serviced annually, the last service was completed in February 2016, please find enclosed the service certificate.

All beds are fitted with evacuation sheets if in the event of a fire; the residents can be safely evacuated. The fire safety policy has been reviewed and updated in March 2016. Internal emergency response plan has been reviewed in April 2015.

The smoking room is being relocated to an external unit, it will be wheelchair accessible via a ramp and a call bell system.

All smokers are risk assessed upon admission and a plan of care documented.

**Proposed Timescale: 01/05/2016**

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The works to address the premises inclusive of two multiple occupancy rooms, linen and laundry rooms had not yet commenced.

**10. Action Required:**

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

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

Residents' linen and laundry service has been outsourced since 01/03/2016.

One multiple occupancy room has been address in November 2014. Two remaining rooms will be addressed in future planning arrangements. One of the rooms is high dependency as it is located centrally in the centre.

**Proposed Timescale: 31/01/2019**