

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shrewsbury House Nursing Home
Centre ID:	OSV-0000161
Centre address:	164 Clonliffe Road, Drumcondra, Dublin 3.
Telephone number:	01 837 0680
Email address:	info@dublinnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shrewsbury House Nursing Home Limited
Provider Nominee:	Rachel Gaughran
Lead inspector:	Leone Ewings
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 May 2017 09:30 To: 17 May 2017 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection

The inspection focused on six outcomes and also the journey of a number of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant policies. The judgments in the provider's self assessment stated two outcomes were in substantial compliance - complaints and staffing, and four outcomes were moderate non-compliances - residents' rights dignity and consultation, health and social care, safeguarding and safety and

premises. Seventeen residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia.

The updated statement of purpose outlined that the centre supported residents with dementia. Overall, the inspectors found that the centre met the individual care needs of residents with dementia. The inspectors found the provider was in compliance with six of the six dementia thematic outcomes reviewed. The provider had addressed the non-compliances in documentation, fire safety and laundry services further to the last inspection which took place on 27 April 2016. One improvement was required and an action plan to complete a risk assessment for the means of escape from an exit with a step was identified by inspectors. The provider undertook to review this forthwith.

Information was available for residents and relatives about dementia and residents' health care needs were well met. Any resident with responsive behaviours could be managed by skilled staff with good communication techniques, and meaningful activities or diversion. Residents with dementia had their choices in relation to aspects of their daily lives respected by staff.

Feedback from residents and relatives was generally positive with the majority complimenting the kindness of staff and how quickly they responded to resident's needs. Staff were friendly and welcoming and showed respect for residents autonomy. Relatives were also satisfied with how staff kept them informed of any changes in their loved ones health condition.

The staffing in place including numbers and skill-mix were found to meet the needs of residents. Staff had received appropriate training which equipped them to care for residents who had dementia.

The action plan at the end of this report identify areas where an improvement by the provider is required.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was judged to be a moderate non-compliance in the self-assessment, the inspectors judged it as in full compliance.

The person in charge outlined work completed in terms of policies on health promotion, advocacy and consent policy and care planning policy. A new system to record resident inputs and consultation regarding care plans is in the process of being fully implemented. Community involvement and retaining autonomy and any existing links following admission to the centre was promoted by the person in charge and all staff.

Overall the care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. The nursing, medical and social care needs of these residents were met to a good standard. Residents' confirmed their wellbeing to the inspector during the inspection. Residents with dementia had their choices in relation to aspects of their daily lives respected by staff. Staff communicated in a person-centred way to promote independence and autonomy of the people living at the centre.

There was an admissions, transfers and discharge policy in place, which involved reviewing the cognitive abilities prior to admission. Records of a multi-disciplinary assessment and suitability for accommodation and the environment took place prior to each potential admission. Records included details of residents who had been transferred into and out of hospital, with copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre.

Residents had access to medical and allied health care professionals. Evidence was seen that general practitioner's (GP's) visited the centre to see residents regularly. Access to out of hours medical care was also fully facilitated. Where required, some residents had access to a consultant psychiatrist and other acute hospital consultant referrals. Referrals for residents for assessment to any of the allied health care team members was timely, and well documented.

The inspector saw evidence of referrals made, assessments completed and recommendations made in residents' files. The provider facilitated all residents to have routine assessments of eyesight and dental hygiene/needs. There was clear evidence that all residents had their medical needs including their medicines reviewed by the pharmacist, GP and person in charge. The pharmacist delivered medicines to the centre as required and provided support and training as required. Records of prescribed medicines and those administered were clear and subject to audit in the centre.

Risk assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. Assessments and care plans were updated on a four monthly basis. A sample of care plans reviews read by the inspector were up-to-date. Activities and an emphasis on those which took place outside the centre had improved since the time of the last inspection. For example, trips on the bus, and to the nearby green space for walks and exercise.

Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

Overall the nutritional needs of residents were met to a good standard and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents, and residents' likes and dislikes were respected.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to a dietician. The inspector saw that residents' individual likes, dislikes and special diets were all recorded and were known to both care and catering staff.

Where appropriate wound assessments and care plans were in place to guide staff in evidence-based practice. The records were also fully reflective of care provided. Pressure ulcer prevention and management practice was found to be adequate, and all staff were knowledgeable and well informed about skin care and prevention with policy implemented.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was judged to be a moderate non-compliance in the provider's self assessment, and the inspectors judged it as compliant. The person in charge outlined improvements to policies on resident finance, personal property and personal and intimate care had been completed.

The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Two reports had been made since the last inspection and the actions taken further communicated to HIQA in final reports and updates. All residents had been appropriately safeguarded at all times by the provider and the person in charge.

The approach used by all staff demonstrated a good standard of a consent led service provision. Elements of good practice to safeguard residents' privacy and dignity and rights were observed during this inspection.

There was an up to date safeguarding policy in place. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. They also spoke highly of the care provided by the staff and their caring attitude, and gentle person-centred approach.

At the time of the inspection, a small number of residents presented with some identified some mild responsive behaviours. These were well managed by staff. Residents who required support had an assessment completed and care plans were developed that set out how residents should be supported if they had responsive behaviours. The inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with music. Staff spoken with were clear about how to manage and re-direct each resident. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

Evidence-based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records read confirmed that staff had attended training on responsive behaviours and dementia

awareness. Senior staff in the centre had also completed post-graduate training in gerontology and social care.

There was a clear written policy on any restrictive practices which may be considered for use in the centre. The policy, practice and assessment forms reviewed reflected practice that was in line with national policy, as outlined in *Towards a Restraint Free Environment in Nursing Homes* (2011). No residents were found to be using bedrails at the time of the inspection. Alternatives to the use of bedrails were available, considered and documented. For example, increased staff supervision measures, low-low beds, sensor alarms and crash mats. The records of residents receiving any prn (as required) psychotropic medicines for responsive behaviours were reviewed by inspectors. Overall, there was clear evidence of review and where required, a detailed behavioural support plan in place to inform staff interactions and positive communication was observed.

A member of the management team acted as a pension agent for two residents. Overall, appropriate safeguarding measures were in place for the management of finances. Residents' funds were kept separately and receipted in a transparent manner. Nonetheless, this involved a member of management was managing cash amounts, all of which was fully recorded and accounted for. The revised policy reviewed by inspectors in the centre was that separate bank accounts would be sourced and utilized, and it was confirmed to the inspectors that this would be fully implemented when the accounts were set up by the provider.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was judged to be a moderate non-compliance in the provider's self assessment, and the inspectors judged it as compliant. Improvements had taken place in terms of privacy for residents living in rooms adjacent to the front hall area to ensure privacy and dignity was maintained when residents chose to leave their doors open. The rights and dignity of residents including those with dementia were found to be respected in the centre. Residents within the centre were consulted with in the running of the centre, their independence was promoted and they were provided with opportunities to engage in meaningful activities daily.

Residents' religious and political rights were respected in the centre. Roman Catholic mass was held in the centre once a month and communion was administered every

Friday to any resident who wished to receive it. Inspectors were informed that if a resident wished to access the services of any other religion that it would be facilitated, and had been in the past. Residents could also attend external religious services if they wished. Residents within the centre were registered to vote for local and general elections, and for referendums. Voting could be carried out within the centre.

Residents had access to an independent advocacy service and contact information for the service was displayed throughout the centre. The advocates facilitated residents' meetings that occurred in the centre every three months. The meetings covered various topics relating to the management of the centre. Topics discussed included areas such as staffing, food and laundry services and the activities plan. Meetings were also used as a forum to provide residents with information in relation to upcoming birthdays, changes to the staff and planned outings. Copies of the minutes were displayed around the centre for review by residents and visitors.

Independence was promoted in the centre. Throughout the day residents were observed to be moving throughout the centre as they wished. Residents were observed to be using the garden area and various communal rooms throughout the inspection. There were no restrictions in place for residents. There was good access to information. The centre had created a residents' newsletter which detailed any upcoming events, dates of significance or outings planned in the centre. Copies of the most recent HIQA report, the residents' guide and the statement of purpose for the centre were all available. There was a residents' information board which contained information such as the weekly activities, recognising elder abuse and how to make complaints. The daily menu for the centre was on display and the inspectors observed staff asking residents what they would like to have for their meals.

The activities available in the centre was found to be person-centred and based around the interests of the residents. Inspectors spoke to the staff member responsible for activities. The activities were aimed to incorporate the external areas as much as possible. Residents would leave the centre a number of times per week to participate in a nature walk in neighbouring green space. Some residents were involved in painting or sanding furniture outside. Other interests such as music were promoted through provision of musical instruments. The activities plan also included dementia-friendly activities involving music and aimed at stimulating residents. Inspectors were told that the scheduled activities plan was flexible and would change if the residents wished, or if the weather was particularly good and the residents' wished to go outside to the garden. This was observed to occur on inspection. Outings were held monthly. A bus brought residents to places such as museums, the seaside and Dublin city centre at Christmas to see the Christmas lights. The inspectors were told outings occurred all year around. A record was kept of each resident that needed or wanted a one to one activity. This was scheduled weekly to ensure all residents had access to activities.

There was an open visiting policy in the centre. Residents could visit their relatives in a private visitors' room if they wished. The visitors' room was homely and contained information relating the centre for relatives to review if they wished. The residents had access to a various types of media. Newspapers were provided in the communal rooms. Residents had access to television, radio and the internet. A communal computer was available for use by residents. There was also access to a telephone located in the

hallway, and a mobile if residents' wanted privacy while making a phone call.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was an appropriate procedure in place for the recording and management of complaints. Complaints made in the centre had been recorded and acted upon.

The centre had a policy in place that outlined the recording and management of complaints. The policy named the person in charge as the complaints officer and the registered provider to oversee the management of complaints. An appeals process was outlined in the policy. Any appeals could be made to the registered provider or to the ombudsman. The centre had the complaints procedure on display in two formats. One outlined a detailed procedure as per the policy while the other was in a booklet/easy read style to assist all residents to make a complaint if they wished to do so. Both were available throughout the centre. The residents' guide also contained information on how to make a complaint.

Inspectors reviewed the complaints log and found that both written and verbal complaints were being recorded. The complaints had a detailed investigation attached that included information on the outcome of the complaint, any actions taken and the satisfaction of the complainant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre had the appropriate staff numbers and skill mix to meet the needs of the residents. Throughout the inspection staff were not rushed and attended to residents in a calm, polite and friendly manner. Staff were aware of each resident's individual care plan and knew residents and relatives well.

The inspectors reviewed the planned and actual rota for the centre. The actual rota was found to be reflective of the staffing compliment on duty during the inspection. The person in charge explained that the staffing compliment was assessed regularly reviewing both the number and dependency levels of residents. From Monday to Friday there were two nurses and six healthcare assistants on duty. At weekends, one nurse works during the day. At night one nurse and two healthcare assistants. The inspectors found that this staffing compliment was suitable to meet the residents' assessed needs.

The inspectors reviewed a sample of three staff files and all contained the requirements as per schedule 2 of the regulations. The person in charge confirmed that all staff working in the centre had received a Garda vetting disclosures. The inspectors reviewed documentation that evidenced that all nurses working in the centre were registered with the Nursing and Midwifery Board of Ireland.

There were no volunteers working in the centre at the time of inspection. However, management was aware of the requirements of the regulations if there were future plans to do so.

Management in the centre maintained a training matrix which monitored all staff's training requirements. Mandatory training in fire safety, manual handling and safeguarding older people was up to date for all staff in the centre. Additional training that had been provided to all staff included training in dementia, infection control and nutrition. Nurses had received training on end-of-life care and medication management.

Staff received appropriate supervision and annual appraisals from the person in charge. New members of staff were supported to have a full induction programme and completed a clinical skill workbook. Staff spoken to outlined that they felt well supported in their roles.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was judged to be a moderate non-compliance in the provider's self assessment, and the inspectors judged it as compliant. Improvements had taken place with maintenance to the courtyard garden new garden furniture and external lighting. The centre was originally constructed as two domestic dwellings, which have since been re-purposed and extended as a facility providing residential care for older people. Access between the ground and first floor is by way of a wide central stairway, and an ancillary stairway, with some external stairs also provided for use in an emergency. There is no lift provided in the centre, although stair-lifts are provided to all internal stairs used for everyday circulation within the building.

The build and the design and layout of the centre was in line with the Statement of Purpose and met residents individual and collective needs. The centre was kept clean and maintained to a good standard of repair and maintenance. Ventilation and lighting was suitable and sufficient. Communal facilities were provided on the ground floor. These included two sitting rooms, which were furnished in a homely way in keeping with the buildings original use as a house. There was a dining room, kitchen with suitable food storage areas.

The centre has operated and expanded with building extensions over 40 years. Two rooms on the ground floor were laid out as triple rooms, and screening and curtains were in place to offer privacy. The remainder of the bedrooms were twin or single bedrooms, some with en-suite facility. The dining room is spacious and accessible by those who wished to use for mealtimes. All private and communal rooms had an emergency call facility, and each resident was assessed for their use. There was provision of assistive equipment such as hoists. Suitable storage area is now provided for all assistive equipment.

The residents bedrooms were located on the ground and first floor. Each bedroom was provided with a wardrobe and a locker for personal items. There was also sufficient number of assisted communal bathrooms and showers to meet the needs of all residents.

A secure landscaped courtyard garden was directly accessible to residents, with off-street parking spaces to the front of the building. The inspector found the premises had adequate private and shared accommodation was provided, and variety of sitting areas for residents to sit in during the day. As already outlined in this report the centre has a visitor's room, and adequate office and administration space if private meetings are required to be held.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management**Theme:**

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that safe measures were now in place to manage fire safety and staff training in respect of revised fire procedures. The zones were clearly marked on the fire panel and staff were aware of the actions to take in the event of the fire alarm activating. Each resident had a personal evacuation plan in place.

The provider had fully addressed the non-compliances in fire safety further to the inspection which took place on 26 April 2016. Improvements had taken place in terms of means of escape, staff training, maintenance of fire equipment, lighting and safe storage of oxygen. A revised programme of fire drills, signage records had been fully implemented and staff were knowledgeable in terms of their actions to take in the event of a fire at the centre. Records of fire safety training and drills were reviewed by inspectors. A report of each fire drill including the time taken to exit, and any learning from each time was recorded.

An alternative storage area had been identified and no wheelchair or equipment storage was in place in the front hall where this was a means of escape. Some improvement was required as the step to exit this door had not been identified as a hazard and not yet risk assessed, nor was it ramped to facilitate evacuation.

An identified smoking area was outside in a courtyard garden, and accessible by residents in a wooden shelter. Equipment was in place for the safe disposal of cigarettes or other smoking materials. Residents were also visible from the inside of the centre to staff for supervision purposes, where a risk assessment had identified this in the resident's care plan.

Judgment:

Substantially Compliant

Outcome 09: Statement of Purpose**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The statement of purpose had been updated by the provider and person in charge since the time of the last inspection. This document was reviewed by inspectors and detailed the aims, objectives and ethos of the service. It was now found to meet the schedule 1

requirements of the regulations.

Judgment:
Compliant

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 report¹

Centre name:	Shrewsbury House Nursing Home
Centre ID:	OSV-0000161
Date of inspection:	17 May 2017
Date of response:	19 June 2017

Requirements

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

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

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

The outside doorstep as means of escape from the secondary front door of the building had not been risk assessed for residents' accessibility.

1. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

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

the designated centre.

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

The secondary front door has been risk assessed for residents' accessibility for use as a means of escape and an external ramp will be fitted to ensure it is accessible for wheelchairs users.

Proposed Timescale: 31/08/2017