



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

Issued by the Chief Inspector

Name of designated centre:	Shrewsbury House Nursing Home
Name of provider:	Shrewsbury House Nursing Home Limited
Address of centre:	164 Clonliffe Road, Drumcondra, Dublin 3
Type of inspection:	Short Notice Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0000161
Fieldwork ID:	MON-0041748

About the designated centre

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

Shrewsbury House Nursing Home can accommodate a maximum of 34 residents. The designated centre provides accommodation to both female and male residents over 18 years old with low, medium, high and maximum dependencies. Accommodation is provided in two two-storey domestic houses, which have been co-joined and extended to provide a mix of single, twin and multi-occupancy bedrooms over two floors. There are communal toilets and bath and shower rooms available on each floor. Access to the second floor is via a stair lift. Outside there is a pleasant enclosed garden with seating and tables for residents. The centre is located in North Dublin and is close to public transport routes and local shops. The centre is family owned and managed. There is a qualified nurse on duty at all times. The person in charge works Monday to Friday and has day-to-day responsibility for the management of staff and residents in the designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
--	----

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 February 2024	08:30hrs to 16:00hrs	Aislinn Kenny	Lead
Tuesday 6 February 2024	08:30hrs to 16:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them it was clear residents living in the centre received a high standard of quality and personalised care in Shrewsbury House Nursing Home. Inspectors observed that the rights of residents' were respected in how staff addressed and responded to their needs throughout the day. Residents were well known to staff and there was a relaxed atmosphere in the centre with kind interactions observed between staff and residents.

Residents spoken with on the day of inspection were very complimentary of staff and one resident told inspectors "Staff are very kind hearted, there's no problem asking for anything." Inspectors walked around the service and saw there were enough staff on the day of inspection to meet the needs of the 33 residents. The inspectors observed that some residents stayed in their bedrooms throughout the day and staff were observed going into rooms to check on residents and chatting to them throughout the day. Another resident told inspectors Shrewsbury Nursing Home was a nice place to live and that meals are good.

The centre was laid out over two floors with a reception area, communal rooms and a garden available for residents' use. Residents' bedrooms were on both floors. Access to the first floor was via the stairs or a chair lift. Residents' accommodation was in single or twin rooms. There was access to an en-suite in some bedrooms and access to shared bathrooms. Residents' bedrooms were clean and tidy and personalised to their tastes. There was a garden area for residents' use and the centre had two courtyards which were accessible from the ground floor and provided extra light for the centre. The provider had made improvements to the premises since the last inspection however there were still some issues to be addressed and some maintenance requirements in the centre. This will be discussed further in the report.

The reception area of the centre was nicely decorated and relaxing music was playing while staff were providing care to residents in their rooms. Information for residents was on display throughout the centre including information on advocacy services. Residents' meeting minutes were also on display for residents to keep informed, as well as the residents' guide. Throughout the day residents were seen in different areas of the centre relaxing by themselves or socialising together. Inspectors saw there was a porch area that was set up with two chairs and was used as a visiting space. This area required a full review and risk assessment as it was also a fire exit escape route required to be free from obstruction.

Inspectors saw that residents were offered a choice of meals at dinner time. On the day of inspection most residents had chosen to eat their meals together in the dining room while others had their meals delivered on trays to their room. Residents that required assistance with their meals received support in a caring and dignified manner. Residents had tea and refreshments throughout the day and had a choice

of snacks also with a pictorial snack menu available. Mass was provided in the centre on Fridays and residents were accompanied to the local shops by care staff when they wished. There was also a 'mobile shop' which was a trolley with food and personal care items brought around to residents for them to purchase items from if they wished. There was an activities programme in the centre and on the day of inspection residents were seen enjoying activities in the sitting room. There was a lively karaoke taking place in this room and residents were taking turns singing songs and enjoying the music. Residents who did not wish to sing were accommodated in the second sitting room.

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, the inspectors found that the governance and management arrangements in the centre were effective and ensured that residents received person-centred care and support. The centre had a good history of regulatory compliance and while improvements were still required in respect of premises and oversight of fire precautions, inspectors were assured that the registered provider had taken steps to address these and had the capacity and capability to deliver a safe and high quality service. Notwithstanding, there was action required under fire procedures, premises and records. Inspectors found that most of the actions from a previous compliance plan had been completed also.

This was a short-announced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and to inform a response to applications to vary Condition 1 and 3 attached to the registration of the centre. The designated centre was registered in July 2022 for 34 beds. The Chief Inspector of Social Services had received an application to vary the registration to increase the bed number to 35 beds. Inspectors also reviewed work that had been carried out in the centre that related to fire safety.

The registered provider of this centre is Shrewsbury House Nursing Home Limited. The centre is family-owned and run with a good history of compliance with the regulations. The management team was made up of the registered provider representative and person in charge, a general manager and clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, housekeeping, maintenance and catering staff.

There were management systems in place to monitor the centre's quality and safety. The inspectors found clinical audits were completed and action plans were devised to improve the delivery of care to residents. Systems of communication were in place. Management meetings took place monthly and areas for quality improvement were discussed. Staff meetings and residents meetings also took place within the centre. The registered provider had completed an annual review for 2023 and reported on areas such as work to the building, falls, resident satisfaction and complaints. It also contained plans for 2024.

Inspectors reviewed management systems in place to protect residents from the risk of fire. The provider had taken steps to improve fire safety in the centre and had recently completed work to upgrade the fire safety systems. A Fire Safety Risk Assessment (FSRA) was completed in 2022 by a competent contractor and identified issues relating to compartmentation, fire detection, and fire doors. While there were still some outstanding items to be completed, in particular with fire doors, the provider had taken a risk-based approach to addressing the issues to ensure that the highest risk items were completed first. There was a system of audits in place to ensure that fire safety systems and devices were in good working order. These checks were completed on a daily, weekly or monthly basis as required.

The provider was required to review the floor plans which the centre was registered against, as there were some inconsistencies between the physical arrangements and the registered floor plans. Some of these inconsistencies were as a result of upgrade works completed at the centre, which resulted in additional doors being fitted to improve fire safety.

The person in charge met the requirements of the regulation and was well-known within the centre by residents and staff.

Records reviewed found that not all staff files contained the required documentation. Other records, such as the statement of purpose, certificate of insurance, contracts of care and residents' care records were available for review. There was a directory of residents in the centre which was also reviewed and contained all the required information.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application was submitted to vary condition 1 and condition 3 attached to the current registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked in the centre full-time and met the requirements of the regulation.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents in the designated centre was maintained by the registered provider and was made available for inspectors to review. The directory of residents detailed all the information regarding each resident as required by the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of staff members' personnel records and found not all of the required prescribed information was available, as set out in Schedules 2 and 4 of the Regulations.

For example: Not all information was available for the person in charge

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.

Judgment: Compliant

Regulation 23: Governance and management

While management systems were in place to ensure the service was appropriately managed and the provider had completed fire safety upgrade works to most of the doors throughout the centre, stronger oversight was required to ensure any identified issues were timely followed up. An audit of the doors completed by a contractor had resulted in some of the doors being fitted with a sticker which indicated that the door had failed the audit.

No details of remedial works to rectify the issues with these doors was in place to ensure that these doors were suitable in their locations. This required review to ensure the service provided is safe and effectively monitored.

A previous compliance plan had identified the need to update the emergency policy and provide contact details for the generator supplier and this had not been fully completed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review and met the requirements of the regulation.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider had taken steps to address the identified issues with the premises and had responded to the fire safety actions that were required.

Some improvement was still required in the upkeep of the facilities and premises and maintenance attention was required in some areas of the centre. The provider was completing refurbishment works to some areas of the centre, and was committed to completing this work. Nevertheless, there were some outstanding maintenance issues identified on the day of inspection which are further discussed under Regulation 17: Premises.

Inspectors reviewed procedures in place to protect residents in the event of a fire. The centre was equipped with a serviced up-to-date fire detection and alarm

system. However, detection measures were not adequate to alert staff at the centre in the event of a gas leak in the attached boiler house. Inspectors also found some storage spaces in the centre were not equipped with fire detection.

Concerns relating to compartmentation were also identified on inspection. While inspectors were shown improvement works which had been carried out, remaining issues relating to containment of fire smoke and fumes at fire doors, and service penetrations in compartment walls were evidenced on inspection. Fire safety issues are detailed further under Regulation 28 Fire: Precautions.

Residents with communication difficulties received person-centred and safe care from a team of staff who knew their individual needs and preferences. The registered provider had prepared a residents' guide that was comprehensive and was available to residents. There was no restrictions on visitors to the centre and residents were facilitated to keep in contact with loved ones.

Residents' rights were upheld in the centre and residents were supported and encouraged to have a good quality of life where their choices were respected. Regular meetings between the provider and residents ensured that residents' voices were being heard in the centre. Advocacy referrals had been completed as necessary also. Inspectors found there was a choice of group and one-to-one activities for residents based on their preference on the day and these were carried out by all care staff. Residents told inspectors they looked forward to the music and they enjoyed going out on day trips, which inspectors were told would be starting up again as weather improved. In the reception area there were pictures of a trip to the farm. Residents had access to radio, television, newspapers and were supported by staff who respected and responded to their personal choices.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely and their specific needs and methods of communication were known by staff.

Judgment: Compliant

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending the centre on the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Some maintenance issues were outstanding for example, some doors and walls required maintenance attention such as a staff toilet on the first floor which had damage to the door, and the walls inside.
- A toilet for use by residents on the first floor had no means of ventilation of the room. This room also required some maintenance attention, as a ledge above the toilet was in poor condition.
- The lighting levels in the stairwell at the east side were not adequate to safely illuminate the stairwell.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available which included a summary of services and facilities available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required by the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- There was inappropriate storage of combustible materials in a storage cabinet on the ground floor corridor. This storage cabinet also housed flammable items such as aerosols. The storage unit was constructed of chipboard, and was not a fire-rated cabinet.
- There was inadequate measures in place to alert staff to a gas leak in the boiler room which was attached to the centre. An undetected gas leak could

cause a fire in this area which was situated in the central courtyard of the centre.

- Emergency lighting directional signage was not in place in all corridor areas for example at the corridor near room 20 to 23.

Notwithstanding works that had taken place to improve the compartmentation within the building, improvement was required by the registered provider to make adequate arrangements for detecting, containing and extinguishing fires. For example:

- Issues were noted with fire doors in many parts of the centre, and some doors were marked with a fail sticker for example:
- The double doors at the top of one of the stairwells. This door had large gapping around its perimeter, and inspectors could not be assured of its fire-rating for this location.
- The door to bedroom 19. This door had large gapping underneath the door.
- A toilet at room 20
- The under stairs storage cupboard which housed the gas shut off point.
- Additional works were required to ensure containment measures were adequate for example:
- Service penetrations through wall in ground floor sluice room were not fire sealed. This service went into a box out in the corridor which was not fire sealed.
- There was a large hole in the wall of a storage room on the ground floor.
- There was a hole in the wall near the door frame at the compartment doors on the first floor. This would reduce the effectiveness of the compartmentation within the building.
- Inspectors could not be assured that access hatches and doors to the attic space were fire-rated in order to protect the evacuation corridors.
- Fire detection was not in place in storage cupboards in the ground floor, or in the under stairs storage space.

Action was required by the registered provider, to ensure by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- While fire drills were being conducted at the centre regularly, there was a variation in the means of escape from different areas of the centre. One bedroom was in a section of the centre where horizontal evacuation was not possible. This bedroom corridor opened onto a mid-level on the stairwell. The route to safety was down the stairs to the next compartment, or directly outside. This was different to the evacuation method in all other areas of the centre. While the resident in this room was fully mobile, staff spoken with were not immediately aware of the fire safety concerns relating to that room.
- An entrance porch was being used as a visiting space. This space was a primary evacuation route and was required to be kept clear so that evacuation would not be impeded.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shrewsbury House Nursing Home OSV-0000161

Inspection ID: MON-0041748

Date of inspection: 06/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • A New file has been set up on person in charge – containing all relevant information- Completed 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • All fire doors reviewed by the carpenter on 26th of February. Remedial works due to begin on April 15 th to rectify any highlighted issues and to ensure all doors are suitable in their location- due to complete by May 31st • Monthly checks are completed by the manager on all fire doors with any issues noted and yearly checks are to be completed by an external contractor- Completed. • The Emergency Policy has been updated to include the contact details of our generator supplier- Completed. 	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Staff toilet issue- door and wall repair required. A Builder and floor contractor have reviewed the room and will be completing work in the coming weeks. Due to complete by May 31st
- A complete review of the resident toilet on the first floor was carried out. External ventilation will be added and ledge above toilet will be replaced- due to complete by May 31st
- All lighting has been reviewed by the manager throughout the home – new light fixture purchased with more illumination for the staircase on the east side of the home. New higher wattage bulbs have been identified for other areas and will be fitted- due to complete by May 31st
- New issues log book now kept in nurses’ station – any issues seen by staff or management to be logged and given to maintenance personnel- Completed

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Combustible & flammable materials in storage areas have been removed and storage cabinet will be upgraded to a fire rated cabinet - due to complete by May 31st
- Contact has been made with a gas detection company. Gas detection measure will be fitted in the boiler room - due to complete by May 31st
- New emergency directional lighting has been added to the corridor near room 20-23- Completed
- All fire doors at compartments, rooms and storage areas have been reviewed by the carpenter on 26th of February. Remedial works due to start on April 15 th to rectify any issues highlighted
- Service penetrations through wall on the ground floor will be sealed – box on the corridor to be sealed and fire rated
- A hole in the wall of storage room on the ground floor has been repaired- Completed
- A hole in the wall at the compartment door on the first floor will be repaired when the fire doors are being rectified from April 15th.
- Access hatches to attics and attic doors will be upgraded with fire rated timber and sealed - due to complete by May 31st

- Contact has been made with the fire company on March 5th and we are awaiting a date for smoke heads to be fitted to storage areas
- A Fire drill has been completed with all staff regarding a bedroom without horizontal evacuation. Risk assessment has been carried out as to what dependency level the room can cater for and the mobility needs of the person who can reside in this room has been added to the statement of purpose-Completed
- An entrance porch that caters for private visiting is now fitted with folding furniture and the area is noted on risk register to help ensure no additional furniture is placed there-Completed

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 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.	Substantially Compliant	Yellow	31/05/2024
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	15/03/2024
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	Substantially Compliant	Yellow	31/05/2024

	effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/05/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2024