



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

Issued by the Chief Inspector

Name of designated centre:	Dunboyne Nursing Home
Name of provider:	Dunboyne Nursing Home Limited
Address of centre:	Waynestown, Summerhill Road, Dunboyne, Meath
Type of inspection:	Unannounced
Date of inspection:	24 January 2022
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0035736

About the designated centre

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

Dunboyne Nursing Home Limited is the registered provider of Dunboyne Nursing Home. According to the statement of purpose, the nursing home provides residential care for long-term to short-term, respite and convalescence residents, as well as those with an intellectual disability, palliative care need, acquired brain injury and physical disability. The centre can accommodate a maximum of 61 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. The centre was purpose built. There are 47 single and seven twin rooms. The centre has multiple communal rooms that are accessible to residents at all times. Residents also have access to a central enclosed courtyard. The centre provides 24-hour nursing care to residents with low to maximum dependency needs. Additional therapeutic services are provided on site at the request and in the best interest of the resident, subject to appropriate GP referral as necessary, and access to the required resources.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Monday 24 January 2022	08:30hrs to 15:30hrs	Kathryn Hanly	Lead
Monday 24 January 2022	08:30hrs to 15:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

The centre was experiencing an outbreak of COVID-19 at the time of the inspection with necessary restrictions impacting on the day-to-day lived experience of residents.

Visiting restrictions were in place due to the COVID-19 outbreak. The Registered Provider had engaged and communicated with residents and relevant others regarding the current outbreak. Inspectors spoke with three residents living in the centre. Two residents described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. One resident felt that COVID-19 restrictions had a negative impact on their quality of life, however, they understood the reason for them. Another resident told inspectors they were bored and found the day long.

There were a number of staff vacancies at the time of the inspection. Staffing levels had been further impacted by the outbreak of COVID-19 in the centre. The inspectors observed that staff were working exceptionally hard. The nurse manager knew individual residents and their specific care needs. However they could not fulfil their managerial role as they were working as a nurse with a full complement of residents to care for.

Staff spoken with told the inspectors that they were extremely busy. A nurse administering medicines told the inspectors they were delayed as they had to attend to residents who needed attention or care. One staff member told inspectors they had worked excess hours over the past week and were exhausted.

During the course of the inspection there were many occasions where it was observed that there were insufficient staff available to ensure resident's needs were met. For example call bells were ringing constantly throughout the day in both units and some residents waited extended periods of time for their call bells to be answered. Inspectors found the call bell system to be loud, distracting and not in keeping with an environment that is the resident's home.

Inspectors observed lunch being served to residents by care staff. It was presented very well and looked nutritious. However, meals were served later than normal and were over an hour delayed for some residents. One resident told inspectors that they were 'hungry' and never usually had dinner so late.

Resident activities were mostly individual and self-directed. Residents in Poppy unit were watching TV in the dayroom. However, no other activities were observed in this unit and residents were left unsupervised for long periods of time with no meaningful engagement with members of staff. In another unit, that included a mixture of residents with either COVID-19 positive or negative results, activities were provided only to residents in whom COVID-19 had not been detected.

A resident that had tested positive for COVID-19 was observed walking with purpose

throughout this unit. Doors to nine rooms accommodating residents with active COVID-19 infection were open.

Through walking around the centre, inspectors observed that some residents had personalised their bedspace and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. The décor in Poppy unit was showing signs of wear and tear. Some of the surfaces and finishes including wall paintwork, wooden hand rails and flooring in Poppy were worn and as such did not facilitate effective cleaning.

Improvements were required in environmental hygiene on Poppy unit. Terminal cleaning was not done when resident's rooms were vacated. For example, one resident's room had been vacated on 21 January and the room had not been deep cleaned. Inspectors observed personal clothing left behind in another room, from which the resident had been transferred. This room was then occupied by another resident, who was later discharged on 24 January, while the other resident's clothes remained in-situ.

Several items of resident equipment and furniture were visibly unclean. Not all equipment, particularly frequently used equipment, was cleaned in accordance with national and evidence-based guidelines.

Clinical waste collection bins were overflowing and approximately a dozen bags of general waste were observed at the back of the centre. The clinical waste was collected on the day of the inspection.

The next two sections of the report will present findings in relation to infection prevention and control governance and management in the centre and how this impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the National Standards for Infection Control in Community Services are implemented by staff.

Dunboyne Nursing Home Ltd. is the registered provider of Donboyne Nursing home. The centre is part of Arbour Care Group

The centre is registered to care for 61 residents, on the day of the inspection there were 57 residents living in the centre and two residents in hospital. The dependencies were assessed as 15 residents with maximum dependency, 14 high, 14 medium, and 10 low dependency. Seventy percent of the residents living in the

centre had a diagnosis of dementia or cognitive behaviour.

An outbreak of COVID-19 was declared on 14th January 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. To date 40 residents and 21 staff members had tested positive for COVID-19 infection. Line listings were maintained and Public Health were informed. All of the residents that had tested positive were fully vaccinated and their symptoms were generally mild. Thirteen residents remained in isolation on the day of the inspection.

While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. However the degree to which infection prevention and control and staffing was coordinated in the centre required improvement to ensure sufficient oversight to identify potential risks and opportunities for improvement in relation to infection prevention and control. These concerns were brought to the attention of the registered provider. An urgent action plan was requested in relation to Regulation 27 following the inspection.

An immediate review of Governance and management of the centre was required to support the deputy manager and staff during the ongoing outbreak. No one from senior management had attended the centre from the outset of the outbreak. Staffing was not in line with the statement of purpose and function. There were vacancies in nursing, management and household which had not been back filled. The existing staff shortages were exacerbated by the outbreak of COVID-19 infection.

At the time of the inspection the person in charge was working remotely. The person participating in management was also liaising with staff in the centre remotely. The deputy manager was the on-site manager on the day of the inspection. However due to staff shortages they also had responsibility for clinical care of 28 residents and this impacted on the effectiveness the managerial oversight of the centre. This was not a sustainable governance structure and resulted in inadequate supervision of staff and poor management systems to ensure a safe and effective service. Inspectors were informed that a manager from another home within the group was redeployed to support in the management of the centre.

The inspectors were not assured that there was enough nursing staff and health care assistants on duty to meet the health care needs of residents. This finding was based on inspectors observations, conversations with staff, a review of staffing rotas and an assessment of the dependency levels of residents. The staff shortages were impacting on the staff's ability to consistently provide a high standard of quality care for residents living in the centre. This was evidenced by residents having to wait for assistance for long periods despite the best efforts of staff on duty.

There were insufficient numbers of domestic staff to meet the cleaning and housekeeping needs of the centre. One member of the domestic team had been redeployed to assist in the kitchen which meant there was only one cleaner on duty on the day of the inspection. This impacted the standard of environmental hygiene within the centre.

Inspectors were informed that recruitment was ongoing and a number of vacant positions were due to be filled pending garda clearance. The provider had endeavoured to address the additional staff shortages as a result of the current outbreak by staff working additional hours, by sourcing staff from external agencies and by redeploying staff from other centres within the group. However staff were inadequately supported and supervised on the day of the inspection.

Online infection prevention and control training had been completed by staff. However the observations of inspectors indicated that the online training alone was insufficient and further onsite infection prevention and control training and supervision was required.

Inspectors were informed that local infection prevention and control audits were undertaken quarterly. However the audit tool reviewed lacked detail and did not identify the issues identified on the day of the HIQA inspection.

Documentation reviewed indicated that designated specialist staff with expertise in infection prevention and control from an acute hospital in the region had committed to supporting the centre post outbreak with a full suite of audits and quality improvement programmes with a view to providing training later in the year.

Inspectors were informed that staff followed Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities V1.2. However inspectors identified a disparity between local infection prevention and control practices and practices outlined in these guidelines.

Quality and safety

Staff were assigned to different zones within the centre and there were additional measures in place to ensure staff minimised their movements between units. Residents with active COVID-19 infection were cared for by designated staffing during day shifts to facilitate care and minimise further spread.

The centre had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Cleaning equipment viewed was generally clean. However cleaning chemicals required review.

Transmission based precautions had been discontinued for all residents on one unit having completed their required isolation period.

However inspectors also observed weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents against COVID-19. These risks collectively presented a risk particularly in the context of the ongoing

outbreak of COVID-19 at the time of the inspection.

Waste management practices observed were contrary to HPSC guidelines. A healthcare risk waste service was available in the centre and clinical waste was collected by the clinical waste disposal company on the day of the inspection. However waste generated in the care of residents with confirmed or suspected COVID-19 was not disposed of in the clinical waste stream. Inspectors were informed that this was due to the additional financial cost of clinical waste disposal. It is important that transmission based precautions are consistently applied during all

A combined detergent/disinfectant chlorine tablets were available but were not routinely used as recommended in Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities V1.2.

The provider had ensured there were sufficient supplies of personal protective equipment (PPE) in the centre. However there was a disparity between HPSC guidelines, PPE posters displayed within the centre, online training completed by staff and local PPE guidelines which advised the use of additional PPE when caring for residents with standard precautions. This led to a lack of clarity among staff and inspectors observed inconsistencies in the use of PPE during the course of the inspection. Inspectors observed generalised and extended use of PPE throughout the centre. The additional PPE worn by staff was observed to contribute to poor hand hygiene practices.

Barriers to effective hand hygiene practice were also identified during the course of this inspection. For example there were a limited number of dedicated clinical hand wash sinks available for staff use.

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

Management arrangements did not ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship within the service.

- There was insufficient supervision of staff practices as the person in charge on the day of the inspection also had a full complement of 28 residents to care and to distribute medication for.
- There was a poor quality infection prevention and control auditing system to drive quality improvement.

Staffing was not effectively planned, organised and managed to meet the services'

infection prevention and control needs

- There were insufficient cleaning resources provided to ensure that the environment and resident equipment was cleaned to a safe standard.
- There was inconsistent clinical monitoring and documentation of observations of residents that had tested positive for COVID-19 infection. Monitoring requirements were not outlined in COVID-19 care plans.

Standard precautions and transmission-based precautions were not effectively and consistently implemented. This was evidenced by:

- PPE was not worn in line with Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities V1.2. For example, inspectors observed a staff member exiting room accommodating residents without removing gloves or performing hand hygiene, gloves worn in offices. Two staff members were observed applying gel to their gloves. Visitors were required to wear aprons and gloves contrary to national guidelines. Staff continued to don full PPE when caring for residents that had completed their period of isolation.
- Clinical waste was not managed in line with Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities V1.2.
- The arrangements for staff changing required reviewed as staff working on both positive and negative were changing in the same area.

The environment did not minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Environmental decontamination was not undertaken in line with Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities V1.2.
- Resident's clean laundry was not stored in the laundry room in a manner that minimise the risk of re-contamination. Excessive lint and dust was visible in a dryer.
- There was one dirty utility room which was located on Ferns unit. Staff in Poppy did not have access to these sluicing facilities as the units were operating separately in an effort to contain the ongoing outbreak. Inspectors were informed that urinals used on Poppy unit were manually rinsed.
- There was a limited number of clinical hand wash sinks in the centre. The available hand hygiene sinks did not comply with current recommended specifications outlined in local hand hygiene audit tools, the water was cold and one sink was leaking.

Equipment was not decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- A number of items of resident equipment and furniture observed during the inspection were visibly unclean including portable fans, an oxygen concentrator, hoists, commode frames and a laundry trolley.
- Staff were instructed to manually decant the contents of commodes/ bedpans into toilets and clean prior to being placed in the bedpan washer for decontamination. This practice increases the risk of environmental contamination and cross infection. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment including hoists. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- Open-but-unused portions of wound dressings were observed in a room. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- The chlorine granules and tablets in the blood spillage kit had expired.

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	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0035736

Date of inspection: 24/01/2022

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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>I.1 – Residents – are informed of all infections- changes to medications through regular Gp reviews – this is documented in residents care plans- information in relation to associated infections is given to residents –</p> <p>2.1- appropriate Infection control is documented and implemented and staff are informed at all Handovers 0800-2000 hrs</p> <p>2.2- Information is relayed to residents families in relation to any changes from GP reviews –post GP round by telephone - Infection prevention and control – Covid Updates is relayed to Families via email Dept of health and HIQA are notified as per requirements using the appropriate channels NF02 etc</p> <p>2.3 New cleaning schedule has been devised for all terminal cleans – with Deep cleans to be signed off by DPIC or in absence PC / Staff nurses All Storage areas has been deep clean and decluttered – All residents have individual slings that require same – Cleaning of these are documented All hoists shared equipment is washed and cleaned – with Sani clothes used in between uses from one resident to the next.</p> <p>Training has been provided for staff in relation to cleaning- the correct use of chlorine tablets as per Public Health Guidelines in relation to IPC in the event of future outbreaks Yellow mop buckets with correct mops – yellow cloths are now insitu in the event of a future outbreak – for example – resident with Norovirus- contain spread, staff have been trained in the use of same. Cleaning store has been deep cleaned and repainted. DPIC is the recognized person to whom Household staff report to Decoration and painting there is a plan in place to have all nursing home areas repainted and complete by end August 2022</p>	

5.1 –5-2 Governance- Management structure is in place with clear governance guidelines in all areas for supervision.

Person in charge Has since returned to work- post isolation period

DIPC working management hours.

DPIC is the recognized person to whom Household staff report to –

Clear guidelines have been defined in relation to escalation in the event of any future outbreaks –

Health And Safety Meetings have a clear IPC section – Meetings are held Quarterly
Governance and management meetings are held Monthly – evidence of meetings are held in PIC office

Covid Outbreak plan – Updated at regular intervals – Contingency planning in place – Policies are given to all new staff on commencement of duty to familiarize themselves with and ask questions if unsure – staff are asked to sign policies

New guidelines are updated and added to policies when new guidelines are published by NEPHT /HSE

Risk assessments are included with Safety folder – All identified risks are managed and discuss if further planning /Quotation's are required

Supervision in relation to use of PPE is ongoing – with daily reminders at all handovers 0800 and 2000- in addition to training and reminding of correct use of PPE with staff in small groups –

Staff are reminded in relation to National standards – local policies in relation to Infection prevention and control – through their Whats app group and via email and direct conversation –

Covid care plans – Monitoring of vital signs is now included daily in Nursing care plans on Computer system for all residents – paper copy has ceased

6.1 Auditing- auditing has been addressed – with new audits completed weekly in addition to the monthly and quarterly audits – in relation to IPC

Local IPC lead from external hospital assisting in this area

Continued Link with CH08 8 and Dept of Health are maintained and advice will be sought as required

Waste management is as per HSPC guidelines – with the correct use and disposal of clinical waste - through waste management disposal company – extra pick ups of Clinical waste will be ensured for any Notifiable infections

Hand wash Sinks – There is a plan in place to get costings for extra sinks – this will have to be budgeted

Laundry – Laundry has been divided into 2 clear sections – Clean zone – Dirty zone – regular auditing of Cleaning in Laundry is in place

Utility Room – Prices are been sourced for a Bed pan washer that is capable of disposing waste and decontaminating receptacles-

advice is been sought through builders in relation to possibility of 2nd Utility Room –

Nursing Home was never intended to be 2 compartments.

Alcohol wipes are no longer in use – Sani Cloth Universal wipes are in use

Dressings – Clean trolley is now in use – only necessary items are placed on same for individual dressings/ care of wounds.

Chlorine Granules – all expired items from Spill kits have been replaced- staff are aware of the use of these

6.2- Positions vacant – Staff awaiting Garda vetting are now cleared – adequate staffing in nursing home as per SOP.

Ongoing recruitment in place for all departments within the home -with panel been formed for interviews should vacancies arise. 5 staff on panel per Dept.

– Training has been provided for staff in relation to cleaning- the correct use of chlorine tablets as per Public Health Guidelines in relation to IPC in the event of future outbreaks Yellow mop buckets with correct mops – yellow cloths are now insitu in the event of a future outbreak – for example – resident with Norovirus- contain spread, staff have been trained in the use of same.

Cleaning store has been deep cleaned and repainted.

DPIC is the recognized person to whom Household staff report to

Webinar in relation to IPC has been attended by Available staff – NHI

Dept of Health staff have supported in relation to IPC by carrying out Audit

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 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.	Not Compliant	Red	28/01/2022