



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Uí Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0036942

## About the designated centre

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

The centre is a modern purpose built one storey residential care facility that provides a comfortable and spacious environment for residents. Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have en suite facilities of shower, wash hand basin and toilet which promotes privacy and prevention of infection. The philosophy of care is to provide high quality care to the 48 residents who need long-term, respite, convalescent or end of life care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	41
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## How we inspect

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 24 May 2022	14:05hrs to 18:00hrs	Marguerite Kelly	Lead
Wednesday 25 May 2022	08:35hrs to 15:45hrs	Marguerite Kelly	Lead

## What residents told us and what inspectors observed

From the inspector's observations and from the 4 residents spoken with, it appeared that residents were content living in Aras Ui Dhomhnaill Nursing Home. The inspector observed staff being respectful and courteous towards residents. Notwithstanding, all of the positive work completed since the last inspection there were some improvements required in relation to infection control. Findings in this regard are further discussed under the individual Regulation 27.

Following an opening meeting, the person in charge (PIC) accompanied the inspector on a tour of the premises. The inspector saw that many of the residents were up and about, and appeared content. During the tour, the inspector observed residents moving around the centre, seated in various communal areas, in their bedrooms and some partaking in organised activities.

Aras Ui Dhomhnaill Nursing Home is currently registered for 48 residents. On the day of this inspection there were 41 residents living in the centre, with 7 vacancies. It is a single storey building which has 46 bedrooms. Residents are accommodated in both single and shared bedrooms, all of which are ensuite. There are large communal areas, ancillary rooms and offices. The Nursing Home is designed into 3 suites the Ballymastocker suite, the Sheephaven suite and the Lennon suite.

Residents had easy access to a large enclosed garden area from a number of communal areas. The garden was wheelchair-friendly with wide paths throughout. There was a covered gazebo area and suitable garden furniture for residents to sit and enjoy the mature trees, flower beds and weather.

On the day of inspection the centre had a relaxed and informal atmosphere. The provider had provided suitable decor that incorporated memorabilia throughout the centre, such as antique style furniture, fire places, wall murals and ornaments. The nursing home appeared clean and bedrooms viewed were warm and comfortable. The bedrooms all contained wardrobe and drawer space for residents to store their clothes and personal possessions. The inspector observed that many residents had personalised their bedroom space with pictures, art and photographs to reflect their life and interests.

The inspector spoke in detail with 4 residents, in order to establish their experiences of living in Aras Ui Dhomhnaill Nursing Home. All of the residents who were spoken with, were complimentary of the staff and the nursing home. One resident described how the staff were kind, and the food was good. Another resident told the inspector that they were happy living at Aras Ui Dhomhnaill, that staff were helpful and food was good. The inspector observed considerate and helpful resident and staff interactions throughout the day. Staff were observed to communicate with residents in a kind manner that took account of resident communication abilities. Mobility

equipment seen such as hoists, wheelchairs and walking aids appeared clean and in good condition.

Residents were offered frequent drinks and snacks throughout the day and the inspector noted that there were jugs of water placed around the nursing home for residents to keep hydrated during the day. On the day of inspection the inspector saw that residents' spiritual needs were met through attendance at Mass on site. The centre's oratory was seen to be a peaceful place where residents could also go to for quiet sitting. There was also a purpose built hair dressing and barber salon which was very clean. All hairdressing equipment was clean and had a functioning sterilising unit in place for all hair brushes.

Visitor arrivals were a combination of booked and some were non-booked arrivals which is in compliance with current visiting guidance. On arrival to the centre all visitors completed an infection control process with appropriate COVID-19 screening and mask wearing. The inspector observed visits taking place during the inspection.

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

## Capacity and capability

Overall, the inspector found that the provider had many of the measures and resources in place to manage infection prevention and control in the centre in line with national guidance. However, while the provider had completed infection control audits, action was required to address the findings of the audits.

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff. The inspector found that residents living in the centre received a good standard of care that mostly met their infection control needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. There were monitoring systems to ensure that residents' well-being was promoted

This is a family run nursing home. The registered provider is Sheephaven Investments Limited. The person in charge works full time in the designated centre and was supported in their management role by an assistant director of nursing. Overall accountability for infection prevention and control within the centre rested with the person in charge who was also the designated COVID-19 lead, with support from the Assistant Director of Nursing.

From the records provided to the inspector staff, resident and management meetings records were taking place frequently. The latest meeting minutes shown to the inspector included discussions surrounding hand washing, furniture replacement, visiting and COVID-19 risks.

The person in charge had systems in place to monitor the quality and safety of the service delivered to residents. They included a planned schedule of infection prevention and control and environmental audits, which were discussed at both management and staff meetings. However, there were lost opportunities to improve the quality and safety of care for residents, by means of implementing improvement plans post auditing and data gathering. For example; it was noted and discussed at a management meeting 29.04.2022 that storage was not always used appropriately and similar findings were found on the day of inspection. For example inappropriate storage of resident stores in the laundry area and storing clean resident incontinence wear and hygiene wipes in communal bathrooms.

The inspector found that some improvements relating to the oversight of maintenance was needed. There was an active maintenance and refurbishment program in place and it was seen on the day of inspection where items were being upgraded and planned for. However, there were still items, fixtures and fittings that need upgrading, as they were worn, torn and chipped. For example; 5 out of 11 pillows needed replacing with wipeable ones and 5 chairs were placed in the conservatory with do not use labels as these chairs were waiting to be picked up by a repair supplier.

All HSE/HPSC Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use and the centre had had longstanding access to the HSE infection prevention and control specialist team for outbreak and support.

All Staff had received education and training in infection prevention and control and there were two Infection Prevention and Control link nurses on site to support staff training in hand hygiene and IPC practices. Records reviewed showed much of the training was online rather than a blend of face to face and online.

The statement of purpose outlined the staffing numbers employed. In addition to the registered nurse (RGN) numbers the person in charge and/or their deputy, were in place to supervise and monitor all aspects of care during day time hours. The Inspector spoke to several of the staff team and they felt that there were sufficient staff to respond to the needs of the residents. Staff were seen to engage with residents without rushing and were observed chatting and taking their time with residents. Several residents spoken to also confirmed if they rang the bell they did not wait long for a response. There was one RGN on the night shift and the person in charge informed the inspector if an outbreak was declared the centre had availability of their own full and part time staff who could help out in the event of that an outbreak area was needed to be staffed separately to a non-outbreak area.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans and infection control care plans were in place for all residents care plans viewed. Training in hand hygiene, cough etiquette and COVID-19 had been provided to residents. Despite the positive findings, further review and development to become fully compliant with regulation 27 Infection Control was required. Details of issues identified are set out under Regulation 27.

The centre had previously experienced an extensive COVID-19 outbreak. A review of the management of this COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. A COVID-19 contingency plan was also in place highlighting how COVID-19 and non COVID-19 areas could be managed. In addition, staff replacement plans and COVID-19 lead replacement plan was discussed in the report which provided assurance that the centre had a plan in the event of further outbreak. However, the national guidance was out of date in this folder and needed up dating.

Staff spoken to, were aware of residents who were prescribed antibiotics, and the provider was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. care plans and visiting care plans were seen by the inspector.

There were clinical hand wash sinks available in the centre but they were not accessible to all bedrooms. None of the hand wash sinks were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitaryware and pre-plumbed assemblies in healthcare buildings. Staff were however, wearing portable alcohol dispensers, and there were many wall mounted alcohol gel dispensers.

There were plenty of supplies of PPE's and the inspector observed masks and gloves were being used appropriately by staff during the Inspection. However, the supply of gloves in the centre were vinyl gloves rather than nitrile. Vinyl gloves should not be used for personal care as they offer less protection than nitrile gloves from blood borne viruses for the wearer.

The environment was very clean, uncluttered but very homely. The Housekeeping staff were very knowledgeable and their equipment was well maintained and clean. There were good processes in place directing staff in what, when and how to clean. There was a cleaning equipment schedule also, and all cleaning equipment seen on the day was very clean. The centre, however were using string mops to mop the floors which increase the risk of 'double-dipping' used mop heads into clean water and thus cross-contamination between resident areas. Notwithstanding the



aforementioned, there was a good hygiene audit system which monitored the housekeeping processes.

The laundry contained a correct flow from dirty to clean items, but did contain one domestic washing machines, It is preferable that washing machines should be of an industrial standard (with accurate disinfection temperatures for washing soiled laundry items). Also, there was inappropriate storage of resident supplies in the clean area of the laundry. Though these items were stored in the clean area of the laundry they may become contaminated in this area, due to the close proximity of dirty laundry.

### Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.

Infection Prevention and Control and environmental audits undertaken did not use the measurement data to improve the safety and quality of the care provided.

Maintenance issues: The worn and torn mattresses and damaged surfaces restricts effective cleaning.

Inappropriate storage of clean resident supplies in the laundry and shared bathrooms areas. This arrangement increases the risk of environmental contamination and cross infection.

The wearing of Vinyl gloves during personal care procedures offers less protection than nitrile gloves from blood borne viruses for the wearer.

The use of string mops to mop the floors increases the risk of 'double-dipping' into clean water and thus increasing cross-contamination between resident areas.

Judgment: Substantially 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for Aras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0036942

Date of inspection: 25/05/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>The provider plans to upgrade the taps and wash hand-basins in the designated hand-washing sink areas to comply with required clinical sink areas as per IPC directives. To be completed 30th September 2022</li> <li>The IPC environmental audits will be redesigned with an action plan to follow through on findings noted in the audits. To be completed 15th August 2022</li> <li>All worn mattresses and pillows were removed immediately and new purchases have been made to replace these. Completed 25th May 2022</li> <li>A mattress and pillow audit tool is being designed to ensure proper monitoring systems are in place on mattresses and pillows. To be completed 30th August 2022</li> <li>The maintenance &amp; upgrade work is ongoing in the nursing home. The environmental audits highlight works required and this is prioritized as part of the maintenance program. Additional painting/decorating will commence when current upgrading works are completed. Ongoing and immediate interventions on maintenance and refurbishment will be completed by 30th November 2022</li> <li>Nitrile gloves are only being used for patient care. Vinyl gloves are used in the kitchen and by domestic staff only. These are now stored in the correct designated areas away from the patient care areas. Completed 25th May 2022</li> </ol>	

7. The designated 3 drawer system that was holding incontinence wear in the shared bathroom facility was removed immediately.

Completed 26th May 2022

8. Extra shelving is being installed in storage rooms to allow for extra storage and the overflow stock of PPE etc. from the clean laundry area and other storage areas. Stock is being redistributed in the building to appropriate designated store areas.

To be completed 30th August 2022

9. The provider is looking at a new floor cleaning system to combat the 'double dipping'. In the interim period the cleaners are changing mop heads between resident rooms to reduce the risk of cross contamination.

To be completed 25th September 2022

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022