



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | Blackrocks Nursing Home |
| Name of provider: | Blackrocks Nursing Home Limited |
| Address of centre: | The Green Road, Foxford, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 September 2023 |
| Centre ID: | OSV-0000321 |
| Fieldwork ID: | MON-0041288 |

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 48 |
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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 |
|--------------------------------|-------------------------|---------------|---------|
| Wednesday 27 September 2023 | 09:45hrs to 16:00hrs | Kathryn Hanly | Lead |
| Wednesday 27 September 2023 | 09:45hrs to 16:00hrs | Celine Neary | Support |

What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. Residents could move around the centre freely and inspectors observed a number of residents walking around the centre independently or with the help of staff.

Inspectors spoke with five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre.

Inspectors observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. Inspectors spoke with three visitors and all described the high standard of compassionate care and support provided by staff in the centre. Residents, visitors and staff also expressed their delight at improved communication with staff since the mask mandate had been removed earlier in the year.

From inspectors' observations throughout the day it was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Residents had access to social activities appropriate to their needs and abilities. Inspectors observed residents reading newspapers, watching TV and partaking in activities in three shared spaces throughout the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Blackrocks Nursing Home is a single storey building with 50 registered beds located in Foxford County Mayo. The centre has two units. The first unit is located at the front of the centre. The second unit, "St Anne's" is located at the back of the centre. Staff outlined to inspectors that all residents living in St Anne's had a known diagnosis of dementia.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting, maintenance and planned renovations of resident bedrooms. The main sitting room had recently been redecorated and appeared bright and comfortable. The dining room was also nicely decorated with well spaced out tables, table cloths, condiments and furniture which made them homelike.

Bedroom accommodation comprised twenty-six single rooms all of which were en-suite and ten double occupancy rooms which are also en-suite. This included two former double occupancy rooms that were now single occupancy as they await extension construction.

External garden and courtyards were well-maintained with level paving, comfortable seating, shaded areas and flower beds. An external patio had recently been added.

Residents said they had enjoyed using this space during the recent good weather.

The ancillary facilities generally supported effective infection prevention and control. Clean and dirty areas were kept separate and the workflow patterns of each area were clearly defined. For example the housekeeping room had a janitorial sink and sufficient space for storage and preparation of trolleys and other cleaning equipment. This room was well-ventilated, clean and tidy with surfaces that facilitated easy cleaning. Cleaning carts were equipped with locked compartments for storage of chemicals. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

A bedpan washer had been relocated to the sluice room and additional storage racks for urinals had been erected. However, the location of the external sluice room did not minimise travel distances for staff to reduce the risk of spillages and cross contamination, and to increase working efficiencies. As a result inspectors were not assured that utensils were brought directly to the sluice room for decontamination immediately after every use. Details of issues identified are set out under regulation 27.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Equipment viewed was also generally clean with some exceptions. For example, two nebulisers, a portable fan and four urinals were had not been effectively cleaned. Disposable privacy curtains in several twin bedrooms were visibly stained. The covers of five armchairs were worn and as such did not facilitate effective cleaning. Soap dispensers in several en-suite bathrooms were also visibly unclean.

Sinks were available along corridors and within the sluice room for staff use. However these sinks did not comply with the recommended specifications for clinical hand wash basins. Barriers to effective hand hygiene practice were also observed during the course of this inspection. For example, there were insufficient numbers of alcohol hand gel dispensers. A ratio of one alcohol hand gel dispenser to six resident beds was observed in one area. National guidelines recommend that alcohol hand gel be readily available at point of care to promote effective hand hygiene.

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

Inspectors found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship and the implementation of infection prevention and

control standard precautions. Details of issues identified are set out under Regulation 27.

The provider of this centre is Blackrocks Nursing Home Limited. The nominated provider representative was responsible for the Governance and Management of the nursing home. The person in charge worked full time in the designated centre and was supported by a clinical lead and two clinical nurse managers.

The infection prevention and control programme was overseen by an infection prevention and control committee which met quarterly. The formation of this committee demonstrated progression towards a coordinated approach to infection prevention and control within the centre.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Person in Charge. The provider had nominated the clinical lead and a staff nurses to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The clinical lead had completed the link practitioner training and the second staff member was in the process of undertaking the link practitioner training.

Inspectors observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

However, inspectors found that further improvements were required in the overall governance and management of infection prevention and control to ensure there was effective oversight of infection prevention and control practices. For example, infection prevention and control audits had not been undertaken in over a year. This meant that the provider could not be assured that standard infection control precautions were consistently implemented by staff delivering care. Findings in this regard are further discussed under Regulation 27.

Surveillance of multi-drug resistant organism (MDRO) colonisation was not undertaken. This meant that the provider was unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters found that staff had failed to identify a significant number of residents that were colonised with MDROs including including Carbapenemase-Producing *Enterobacteriales* (CPE), Vancomycin-resistant *Enterococci* (VRE) and Extended Spectrum *Beta-Lactamase* (ESBL). Findings in this regard are presented under regulation 27; Infection control.

At the time of the inspection it was explained that the antimicrobial stewardship programme was in the process being established and formalised. The provider had implemented an number of antimicrobial stewardship quality improvement initiatives. For example, the volume of antibiotic use was monitored each month. An antimicrobial administration record had also been developed and implemented. This

document clearly set out the type of antibiotic prescribed, the indication and the duration of treatment. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under regulation 27; Infection control.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Weekly infection prevention and control "huddles" took place to improve staff knowledge and provide regular reminders of good practice.

However, inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs. In addition, nursing staff spoken with were unaware of the routine CPE screening requirements for residents on admission to an acute hospital. This meant that they did not routinely review results of this screening when the residents were discharged back to the nursing home.

Quality and safety

The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place on the day of the inspection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Residents were observed to receive visitors throughout the day of inspection.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, the general environment was clean and well maintained. Used laundry and linen was segregated in line with local guidelines at point of care. The provider had substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury.

However, inspectors observed inconsistent application of standard infection control precautions including use of personal protective equipment, equipment cleaning, waste management and safe handling and disposal of sharps. Findings in this regard are further discussed under Regulation 27.

There was an over reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to national guidelines which advise that inappropriate use of dipsticks can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

A dedicated specimen fridge for the storage of samples awaiting collection was not available. Inspectors were informed by management and staff that clinical samples for culture and sensitivity were not sent for laboratory analysis where residents had

signs and symptoms of infection. This practice was contrary to national guidelines for diagnosis and management of urinary tract infections in long term care residents over 65 years, which advise that sending a urine specimen to a laboratory for culture and susceptibility is recommended for symptomatic urinary tract infection.

Furthermore, a review of care plans found that accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care of residents with a recent history of MDRO colonisation. Details of areas identified for improvement are set out under Regulation 27, Infection control.

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Management and staff were unaware of which residents were colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.
- A review of eight care plans found that information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs.
- Microbiological samples were not taken by nurses to guide antibiotic treatment of symptomatic urinary tract infections. This meant that information was not available to guide prescribers in deciding whether or not antimicrobial therapy was required and, if so, what antibiotic to prescribe particularly for residents with a history of MDRO colonisation or frequent infections.
- Infection prevention and control or antimicrobial stewardship audits were not available to view on the day of the inspection. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

Standard infection control precautions were not effectively and consistently implemented by staff. For example:

- Disposable gloves were observed to be worn by staff in communal areas on four occasions. This practice increased the risk of cross infection.
- Two sharps bins were unlabelled, overfilled, stored on the floor and the lids were open. One of the bins had not been correctly assembled and inspectors saw evidence that used hypodermic needles were re-sheathed prior to disposal. This practice increased the risk of sharps injuries.
- Clinical waste was not managed in line with national guidelines. Inspectors observed domestic waste bags in three clinical waste bins on corridors. This may lead to confusion and incorrect segregation of waste.

- Staff did not empty and decontaminate urinals in the automated bedpan washer after every use. Several urinals in en-suite bathrooms were visibly unclean. Inadequate disinfection of urinals increases the risk of environmental contamination and MDRO transmission.
- Open-but-unused portions of wound dressings were observed in a storage press. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care.

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 Blackrocks Nursing Home OSV-0000321

Inspection ID: MON-0041288

Date of inspection: 27/09/2023

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>An antimicrobial Risk Register has been populated with all residents who have been colonised with an MDRO.</p> <p>On a residents' admission or return from hospital this register will be updated by the nurse in charge with any MDRO's that has been identified for a resident and staff will be made aware.</p> <p>All staff nurses are aware of this record and to become familiar with it and the resident's needs.</p> <p>A subtle ladybug image has been placed on the doors of residents who have been colonised with a superbug this will alert staff to the precautions needed when caring for this resident, but will not compromise the residents right to privacy and dignity.</p> <p>All relevant care plans for residents who have been identifies as colonised with and MDRO's have been updates to reflect their care needs and IPC precautions which must be in place for the protection of other residents and staff and reduce the transmission of infections.</p> <p>Microbiological sample will be routinely sent if a resident is symptomatic of a UTI to assess the need for antibiotic treatment and assist the prescriber in deciding on a suitable treatment plan.</p> <p>A separate specific specimen fridge has been ordered of the sample needs to be kept for collection.</p> <p>Audits will be completed on a more regular basis.</p> <p>A separate Infection Prevention and Control Audit schedule is being created to ensure that every area is monitored appropriately and will be an effective assurance mechanism to ensure compliance with the National Standards for infection prevention and control in community services.</p> | |

All urinals will be brought to the sluice area for effective decontamination and drying reduce risk of cross-contamination after each use.

Training has been provided again, and all staff have been made aware of the necessity to complete this process correctly to reduce the risk of infection transmission between use.

The use and cleaning of urinals will be monitored with regular checks and observation of the residents ensuite bathrooms, ensuring that they have been replaced with clean urinals and reduce the risk of infections spreading. Staff will be reminded daily of the need to continue with this IPC procedure.

All staff will receive further IPC training and appropriate use of PPE on an ongoing basis. Staff are aware of the correct use of PPE and gloves must be removed when finished caring for a resident and placed in the bin and correct hand hygiene performed. Gloves are not to be worn in communal areas. This will also be closely monitored and overseen by the IPC lead.

Responsibility to ensure safe practices around sharps management has been placed with the Link Practitioner Nurse.

Immediately following inspection: one new sharps container was placed in the clinical room, it is now stored at waist height, the label is fully completed and clear and the lid securely fitted in place. The sharps container will be disposed of when it is $\frac{3}{4}$ full and replaced with a new container as required.

Sharps education has been provided to all nursing staff. They have been reminded of the dangers of working with sharps and the correct process to reduce the risk of needlestick injuries occurring.

All clinical waste bins which are not required for clinical waste at this time have been removed from the floor area.

They have been replaced by white bins for general waste.

This will reduce the risk of confusion if the need for clinical waste bins is required later in the winter months.

All staff have been informed of the difference between the two bins at their IPC training.

All nurses have been reminded of the need to dispose of all opened dressings once a dressing has been completed.

All nurses completed HSE training on Aseptic Technique in September and are again reminded of their learnings and put this into practice in the nursing home.

A new hand sanitising dispenser has been placed at the door of each bedroom in St Annes unit. This ensures that staff have quick and easy access to hand sanitisers when entering and leaving all bedrooms and providing any care to the residents.

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 | Orange | 31/10/2023 |