



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

## Issued by the Chief Inspector

Name of designated centre:	Bushy Park Nursing Home
Name of provider:	Bushy Park Nursing Home Limited
Address of centre:	Nenagh Road, Borrisokane, Tipperary
Type of inspection:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0000410
Fieldwork ID:	MON-0036955

## About the designated centre

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

Bushypark nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located on the outskirts of the town of Borrisokane. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining, day and activities rooms as well as an enclosed garden area available for residents use.

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

Number of residents on the date of inspection:	26
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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
Tuesday 31 May 2022	09:00hrs to 16:35hrs	Marguerite Kelly	Lead

## What residents told us and what inspectors observed

Three residents who spoke with the inspector on the day of inspection were positive about living in this centre. They said that the management and staff of the centre were kind and caring, and that their choices were recognised. One resident told the inspector he couldn't be happier; another told the inspector he was glad the restrictions were over and he could see his visitors again. Staff were observed to be responsive and attentive. There were no delays with attending to residents' requests and needs. Staff were respectful and courteous towards residents. Despite much work being completed since the last inspection, especially in regard to new flooring and paintwork, the premises requires more improvements to facilitate effective cleaning.

On arrival to the centre, the inspector was met by a staff member, who ensured that symptom checks and hand hygiene were completed prior to gaining access to the centre. The Registered Provider Representative (RPR) accompanied the inspector on a tour of the premises. The inspector observed some residents up and ready for the day: some were seated or mobilising around the nursing home. Others were sleeping or resting in their bedrooms. Mobility equipment, hoists, wheelchairs and walking aids were clean and in good condition.

Bushy Park Nursing Home is a single storey premises and is registered to provide care for 34 residents. It is a purpose-built, family run nursing home. On the day of this inspection there were 26 residents living in the centre, with 8 vacancies. Bedroom accommodation comprises 13 twin bedrooms and eight single bedrooms. All bedrooms, except two of the twin rooms, are en suite with a shower, toilet and wash hand basin. A sample of residents rooms viewed had been personalised for them, with pictures, photographs and soft furnishings.

While some communal and bedroom spaces were seen to have a homely environment, improvements were still required in regard with the maintenance of the premises. The provider was progressing refurbishment works in the centre, in order to improve the residents' lived experience. This included actions to upgrade bedrooms and replacement of some damaged flooring and walls.

Visitor arrivals were a combination of booked in advance and 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 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 arrangements in place 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 not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Infection prevention and control governance, oversight and monitoring systems required strengthening. Barriers to effective hand hygiene practice and maintenance were identified during the course of this inspection, which was similar findings to the previous inspection. The supervision and oversight of audit findings also required improvement. Findings in this regard are further discussed under the individual Regulation 27.

The registered provider is Bushy Park Nursing Home Limited. One of the directors of the company is present in the centre on a daily basis and is involved in the day to day operation of the centre. The person in charge post had been vacated and the person to fulfill this role was due to commence employment. The assistant director of nursing was the nurse in charge on day of inspection and was supported in the role by the RPR. Staff spoken to understood the management structure and who to go to if support was required. Overall accountability for infection prevention and control within the centre rested with the assistant director of nursing who was also the designated COVID-19 lead.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency; these included regular staff and management meetings. However, due to recent management changes much of the recent meeting records were not available for review. There were audits conducted in infection prevention and control. Nonetheless, 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 on a weekly hazard audit tool dated 26.05.2022 that there was a leaking sink in the sluice and this was still leaking on the day of inspection some 6 days later.

The centre were previously monitoring antibiotic use as recommended in the National Standards for infection prevention and control in community services 2018. This enabled the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance. However, this had not been updated for several months.

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 evident on the day of inspection where items and rooms were being upgraded and planned for. However, there were still items, fixtures and fittings that required replacement or repair, as they were worn, torn and chipped. For example; 3 out of 5 pillows checked were worn, 3 out of 5 mattresses checked were ripped or worn. A commode was seen in the sluice which was broken, this was removed and replaced by the RPR. The bed pan washer was not working on the day of the inspection. However, the provider ordered a new one before the end of the

day of inspection

All HSE/HPSC Infection Control guidance were available, however, some of the national guidance was out of date and needed replacing for more up to date versions. The centres own policies were accessible for staff to use. The policies were in date, but needed to be reviewed as some of the procedures outlined were not aligned to the supplies in the nursing home, or national guidance. For example the policy stated soap dispensers should be of the soap cartridge design, however many of the dispensers were of the top up design. The policy discussed the use of spill kits but there were none available to review.

All Staff had received training in infection prevention and control. Nursing staff had undergone antibiotic surveillance training. Records reviewed showed all of the training was online. The centre had access to the HSE specialist team for outbreak support, but did not have access to an infection prevention and control specialist as recommended in the National Standards for infection prevention and control in community services (2018) for all other areas of infection prevention and control. Likewise, there was no Infection Prevention and Control link nurse on site to support staff training in hand hygiene and IPC practices.

The statement of purpose outlined the staffing numbers employed. In addition to the registered nurse (RGN) numbers on duty, 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. There was one RGN on the night shift and the nurse 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 that an outbreak area was needed to be staffed separately to a non-outbreak area. During the previous inspection it was noted the person assigned to laundry duties also provided direct care to residents and these roles were not segregated. The finding of this inspection was that the roles were now separated.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Training in hand hygiene, cough etiquette and COVID-19 had been provided to residents. Notwithstanding 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 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.

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 sanitary ware and pre-plumbed assemblies in healthcare buildings. There were wall mounted alcohol gel and soap dispensers, however many of the dispensers were of the 'top up' variety. An assessment was required of their use to ensure that adequate controls are in place to ensure there is no contamination on refilling. There were plenty of supplies of PPE's and the Inspector observed masks and gloves were being used appropriately by staff during the Inspection.

The environment was visually clean and uncluttered. However, damaged flooring, furniture and paint work could not be effectively cleaned. There were cleaning checklists available but no processes in place directing staff in what, when and how to clean. This was evidenced as staff were provided and were using a disinfectant product to wash the floors, which was not required as the centre was not in an outbreak. There were no Material Safety Data Sheet (MSDS) documents available for review for any of the cleaning chemicals used. These contain information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product.

All cleaning equipment seen on the day was clean except one housekeeping trolley which was damaged and in need of replacement. The household team spoken with had a system of colour-coding in place, with appropriate separation of clean and unclean items during cleaning processes. There was a system for deep cleaning bedrooms on a rotational basis, but increased oversight of the planned deep cleans was required as it was not clear how often rooms were deep cleaned. Similarly, audits had been undertaken of cleaning and hygiene practices, however not all the findings were consistent with the findings of the inspection. For example, there was no reference to damaged flooring, and it was ticked that hand wash sinks were available for every 4-6 beds. Both these items were found to be compliant in the audits, but the inspector found damaged flooring and there were not hand wash sinks available for every 4-6 beds.

There was no dedicated housekeeping room. The area located to the front of the laundry was used as the chemical store and preparation area for housekeeping staff. This area did not have a hand wash sink for housekeeping staff to use or a suitable chemical cupboard for storage of cleaning chemicals. This preparation area was adjacent to the dirty laundry area, and there was a risk that soiled linen/laundry would contaminate the housekeeping equipment being brought into the dirty laundry area, and similarly clean laundry may be contaminated on the way out through this housekeeping area.

## 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 and damaged surfaces restricts effective cleaning.

Some elements of the local infection prevention and control guidelines did not reflect national guideline or best practice. For example hand hygiene policy recommended use of Chlorhexidene soap for hand hygiene and the use of powder free latex gloves, both of which are not aligned to national hand hygiene standards.

There was no dedicated housekeeping room. Cleaning trolleys and supplies were stored in the laundry area. This arrangement increases the risk of environmental contamination and cross infection to both laundry and housekeeping equipment.

HSE/HPSC Infection Control guidance reviewed were out of date and needed replacing for more up to date versions.

There were no Material Safety Data Sheet (MSDS) documents available for review for any of the cleaning chemicals used. These contain information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Bushy Park Nursing Home OSV-0000410

Inspection ID: MON-0036955

Date of inspection: 31/05/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:            Regulation 27 (Capacity and capability)</p> <p>New Director of Nursing appointed, accountability for infection prevention and control within the centre rests with the D.O.N and ADON.            All records of resident, staff and management meetings are available in “Meetings Folder” in Nurses station..            Maintenance book updated daily. IPC audits continue and improvement plans post auditing now in place.            Antimicrobial usage was monitored monthly and will continues to be reviewed by DON and ADON monthly and at management meetings.</p> <p>IPC policy has been amended to reflect current practice.            HSE Infection Control Guidance has been updated.            Material Safety data sheets have been updated and available to staff at all times, Staff are updating IPC courses.</p> <p>HSE/HPSC Infection Control guidance have been updated latest versions.            Nursing home policies reviewed and updated to reflect current practicies eg. soap dispensers &amp; spill kits.</p> <p>Completed by: 31st July 2022</p> <p>Quality and safety.</p> <p>Staff are updating Hand Hygiene course and practical training is assessed in the Home and staff continue to support residents in hand hygiene, cough etiquette and COVID-19.</p>	

Refurbishment plan in place and ongoing. Two rooms have been decorated and new flooring fitted since inspection.

Damaged chairs have been removed from the lounge and replaced.

Material Safety Data Sheet (MSDS) documents in place and available to staff at all times

Cleaning procedure / process in place, staff were instructed as to which products to be used to clean floors when not in an outbreak and during an outbreak.

Deep clean schedule in place and monitored by D.O.N.

IPC auditing system updated and findings are reflected in the improvement plan. Sinks and taps in compliance with HBN 00-10 Part C Sanitary Assemblies have been sourced and purchased and will be fitted by 16/08/2022.

Cleaning trolley has been replaced.

A dedicated room has been allocated to store cleaning cart and cleaning chemicals with a locked door. Sink and tap in the laundry area compliance with HBN 00-10 Part C Sanitary Assemblies to be fitted by 17/08/2022.

Infection Control:

Sinks and taps in compliance with HBN 00-10 Part C Sanitary Assemblies have been sourced and purchased and will be fitted by 16/08/2022.

IPC auditing system updated and findings are reflected in the improvement plan.

Improvement plan in place to upgrade and replace worn and torn and damaged surfaces.

HSE/HPSC Infection Control guidance have been updated latest versions.

Up to date Material Safety Data Sheets (MSDS) in place and available to staff at all times

A dedicated room has been allocated to store cleaning cart and cleaning chemicals with a locked door.



**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.	Not Compliant	Yellow	01/09/2022