



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

## Issued by the Chief Inspector

Name of designated centre:	Newtownpark House
Name of provider:	Nursing & Caring Services Limited
Address of centre:	Newtownpark Avenue, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0000075
Fieldwork ID:	MON-0037094

## About the designated centre

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

Newtownpark House is a family run nursing home, located in Blackrock, Co. Dublin and can accommodate 62 residents, male and female over the age of 18. The centre provides 24-hour nursing care to long term residents with low, medium, high and maximum dependency levels. With the support of individual nursing care, each resident is encouraged to reach and maintain their full potential in terms of independence, ability and quality of life.

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

Number of residents on the date of inspection:	59
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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 8 June 2022	08:45hrs to 17:30hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, with plenty of communal and private space. Residents identified staff as being kind and caring and enjoyed the activities provided. The inspector spoke with residents during the inspection and met two visitors who were in visiting their relatives. In conversations with visitors, the inspector was told that they were very happy with the care provided and were kept updated with regard to their loved ones health and wellbeing. They mentioned that staff were marvellous and were very gentle in their approach to residents.

The inspector arrived unannounced to the centre and on arrival they were met by a staff member who ensured that all necessary infection prevention and control measures, including hand hygiene and checking for signs of infection and the wearing of face mask were implemented prior to accessing the centre.

The accommodation in Newtownpark House was located in two buildings, directly opposite each other. One building was called Keane and the other was called Conlon. Keane was the older of the two buildings. They were multi storey buildings with access to each floor by means of lifts and staircases. There were grab rails located at appropriate points along corridors to assist residents when walking.

The centre was decorated in a homely fashion, which was bright and well ventilated. Residents had decorated their rooms with items personal to them such as pictures, ornaments, books and pieces of furniture.

The inspector saw that there had been upgrades to furniture and some flooring in the Conlon unit. In Keane unit, dining furniture had been replaced and records showed that replacement of furniture in communal areas, that were in a poor condition, was in progress. In both buildings there were a number of bedrooms that still had carpets which were due for replacement. Many seen were worn or were stained. The use of carpet did not allow for effective cleaning. The inspector observed that there was a lack of dedicated hand hygiene sinks and sluice rooms to support good infection control practice in the centre.

During this inspection the inspector visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' rooms, store rooms, laundry and staff areas.

There were adequate numbers of alcohol based hand rubs located throughout the centre. Throughout the day, a small number of staff did not routinely wear face masks for all resident care activity as recommended in national guidelines. Examples were seen where wore their mask below their nose which posed a risk of onward transmission of COVID-19 to residents and staff.

Actions were required in respect of storage. Chemicals for cleaning were stored in

sluice rooms which posed a risk of contamination to cleaning fluids. There was also inappropriate storage of personal hygiene products and equipment in communal bathrooms and store rooms. This impacted on good infection control practices in the centre and could lead to cross infection.

Residents who spoke with the inspector said that they saw staff clean their hands regularly and were happy with the level of cleanliness in the centre. Residents were complimentary about the cleaning staff and said they were "great". They said they watched videos on infection control that were very informative, on the TV in reception. There were information leaflets on display with regard to infection control available for residents.

Visiting was unrestricted, with the exception of residents and visitors wishing to use the sun room or a sitting room. These were used on a booking system to ensure that they were available for each visit. One resident said they enjoyed and looked forward to visits from their dog. Otherwise visits took place in bedrooms and many residents and visitors were seen to enjoy walks in the garden or were seen using seating around the grounds to receive visitors or enjoy the sunshine.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on 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 compliance with Regulation 27 and the *National Standards for infection prevention and control in community services* (2018). The governance systems reviewed identified areas for action in the area of overall oversight of infection control in the centre, to assure the provider with regard to the effectiveness and quality of infection control in the centre. Examples of this were, there were no clinical hand hygiene sinks available to staff which did not support effective hand hygiene and there were insufficient functional cleaners rooms appropriate to the size of the centre to ensure safe cleaning. Action was required to ensure there were effective oversight monitoring systems, such as robust infection control audit tools. Details of findings are set out under Regulation 27.

Overall accountability, responsibility and authority 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 and nurse managers. There were two nurses and one healthcare assistant who were infection control champions within the staffing cohort to promote, supervise and support infection control practice in the centre.

Infection control was monitored at various groups or committees, such as quality, clinical governance and infection prevention and control committee and staff

meetings. They were held regularly and topics such as COVID-19 and infection control best practice were discussed. There was regular reporting to senior management of the CareChoice group with regard to infection control data, training and audits in the centre. The infection control program was developing to include monitoring of antimicrobial use with monthly monitoring of healthcare-associated infections and antimicrobial use were completed.

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The centre had experienced a recent COVID-19 outbreak that started on 23 January 2022 and was closed by Public Health on 20 April 2022. There were no suspected or detected cases of COVID-19 in the centre on the inspection day. A post outbreak review had been completed by the person in charge. This report identified that additional training was needed for cleaning staff with regard to use of chemicals and end of life care training was recommended for nurses and staff. These had been completed. Early identification of infection had allowed for prompt implementation of infection control measures to prevent onward transmission of the virus.

During the recent outbreak they were supported by Public Health. However, there was no ongoing support from a qualified infection control Practitioner as per HIQA *National Standards for Infection Control in Community Services* (2018).

Regular infection control audits were carried out and responsible persons identified. However, audit tools used were not designed to monitor compliance with standard precautions such as safe clinical waste and safe sharps practices.

The provider had identified that a hand hygiene sink was required in one sluice room and records seen showed they had taken action to arrange for reconfiguration of this room to include a hand hygiene sink. In one cleaner's room, where the janitorial sink was in a poor state of repair with broken taps, plans were in place to replace this sink as part of their refurbishment program.

All staff had completed infection control training within timescales set out in their policy. Training was a blended approach using online platforms and face-to-face training. This was supported by the use of a glow box (A UV glow box enables infection control trainers to demonstrate correct hand washing and techniques), instructional videos and 'toolbox' talks for staff at shift handover. The provider had recently introduced training software which recorded when staff completed training. The most up-to-date national infection control guidelines and the centres' contingency plans in the event of an outbreak of COVID-19 were readily available to staff on the centre's computer system or at the nurses stations.

## Quality and safety

Notwithstanding the positive findings during this inspection, further review and development under Regulation 27: Infection Control was required. Details of issues identified are set out under Regulation 27.

There was a successful vaccination program on offer in the centre which was available to residents and staff. Many residents had received their second COVID-19 booster in recent weeks and serial swabbing was still in place for staff. In addition, residents and staff were monitored for signs of infection each day to assist in the early detection and so that measures could be put in place to prevent the spread of infection. Staff were familiar with regard to recognising residents who may have possible signs of infection and knew what action to take if residents became positive or were suspected to have any signs of COVID-19 infection.

There were spill kits (a set of equipment specifically designed to control, contain and clean up hazardous substances) available in each building. Staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. While safety engineered sharp management devices were used, action was required to ensure that clinical waste was stored securely, such as sharps boxes and clinical waste bags.

Residents who had a medical device such as a urinary catheter, had specific information in their care plan to guide staff. The information and guidance reduced the risk for the resident of acquiring a healthcare-associated infection if implemented. The provider was using a transfer form on a computerised care plan system 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.

While the environment was visibly clean, there were no dedicated cleaners' rooms to store and prepare cleaning chemicals. There were no clinical hand hygiene sinks to support good hand hygiene. The inspector was informed by the person in charge that staff used resident bathroom sinks to wash their hands. Hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub. Resident's sinks should not be used for staff hand hygiene to prevent cross contamination.

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention

and control and antimicrobial stewardship. This was evidenced by;

- Audit tools used did not identify findings during this inspection with regard to the following examples: safe management of clinical waste and safe sharps practice.
- The water from two hand hygiene sinks in the laundry room did not appear to reach adequate temperature, the water was either cold or tepid. The person in charge confirmed that they had contacted a plumber to rectify this without delay.
- In one cleaners room the surface of the sink was damaged and the taps were not working. There was no sinks in another cleaners rooms. Sluice rooms were used as dual purpose where cleaning chemical dispensers were mounted on the wall over the sluice hopper. This arrangement and practice increased the risk of contamination of cleaning products.
- The findings of this inspection identified a need to access an infection control specialist for education and advice.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- While the replacement of worn and/or stained furniture and flooring in the centre had been recognised by the provider as requiring replacement, this remained outstanding and impacted on the quality and safety of the service provided to residents.
- There were no dedicated clinical hand hygiene sinks available to staff to minimise the risk of residents acquiring an infection at strategic points in the centre, such as, the clinical rooms and within easy walking distance for staff to access.
- The inspector was informed by three staff members that the contents of commodes and urinals were manually decanted into the sluice or resident toilets and manually cleaned prior to being placed in the bedpan washer for decontamination. There were no racking systems or storage for bedpans and urinals. This may result in an increased risk of environmental contamination and cross infection.
- All sharps bins seen did not have the temporary closure mechanism engaged when they were not in use. One was seen to be stored on a high shelf and others on medicine trollies when they were unattended. Two clinical waste bins were stored externally to the building and had no locks. This meant that residents and staff could be inadvertently exposed to contaminated sharps stored within them. This presented a risk to residents or staff being exposed to infectious clinical waste.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare –associated infection. This was evidenced by:

- Cleaning and care staff were inappropriately using disinfectant wipes for general cleaning purposes when there was no indication for their use. This

meant that surfaces and equipment were not cleaned to minimise the risk of infection.

- Four hoists seen had visible evidence of dust, dirt and debris on their surfaces and intravenous trays seen were dusty. This meant that they had not been cleaned after use.
- Equipment and hygiene products were not stored in a manner that reduced the risk of cross contamination. For example, a hoist and open bottles of personal hygiene products were unlabelled in a communal bathroom. Open bags of continence wear were stored on trollies and shelves. Face masks were stored out of their boxes on storage shelves on corridors.

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 Newtownpark House OSV-000075

Inspection ID: MON-0037094

Date of inspection: 08/06/2022

## 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>Compliance plan for effective governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship :</p> <ul style="list-style-type: none"> <li>• The water from two hand hygiene sinks in the laundry room is rectified on 01/07/22 and now have hot water.</li> <li>• Two new cleaners room identified in each house and are now in use, new sinks ordered for replacement of existing sinks. Refurbishment of the room in progress, expected date of completion by 31.8.22.</li> <li>• Cleaning chemical dispensing units removed from both sluices on 13/07/2022 and relocated to new dedicated cleaners' rooms in each house.</li> </ul> <p>Compliance plan to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection:</p> <ul style="list-style-type: none"> <li>• As of 01/07/22 seven clinical hand wash sinks have been sourced and will be installed in areas throughout both houses to ensure that they are within walking distance of residents' rooms, alcohol hand sanitizer dispensers are in place at various access points allowing staff to perform hand hygiene to minimise risk of infection.</li> <li>• Full review of sluice and decontamination process in progress, changes will be implemented further to this review, expected date of completion 31.10.22.</li> <li>• Sluice room wall rack ordered, expected date of deliver by 15.8.22.</li> <li>• All staff nurses advised to use temporary closure mechanism engaged when not in use. Toolbox talks on sharps management with emphasis on using storage of sharp bins and engaging temporary closure mechanism when sharp bins not in use to be rolled out by 31.8.22.</li> <li>• External clinical bins moved to an enclosed space and new bins with integrated locks ordered. Monthly IPC audits and regular spot checks will be conducted by CMT to ensure compliance on waste/ sharps management. IPC Policy CL 003 on sharps &amp; waste</li> </ul>	

management disseminated to all staff on 19/07/22.

Compliance plan on equipment decontamination and maintenance to minimise the risk of transmitting a healthcare associated infection.

- As of 15.06.22 detergent wipes are used for general cleaning purpose and disinfectant wipes used only for cleaning surfaces where there is a known infection. Toolbox talks on 'IPC: Cleaning & Decontamination of the Environment & Equipment' rolled out in July 2022.
- Staff advised to clean down hoists after use including footplates that had debris on them on the day of inspection. Hoists continues to be cleaned daily after use and deep cleaning of hoists completed by night staff as per cleaning schedules. Intravenous trays cleaned after use; all staff nurses educated on the gaps noted on the day of inspection. Spot checks on equipment cleaning and decontamination records will be conducted by IPC link nurses and CMT on a regular basis.
- Staff education on appropriate PPE usage completed, gaps noted with respect to wearing masks addressed in daily staff huddles.
- Storage reviewed further to the inspection. Staff advised not to leave continence wear in open packets. All hygiene products from communal bathrooms removed. Staff educated on not to leave products in communal bathrooms. Spot checks to ensure compliance will continue.
- Plan for designated storage space for hoist under review, hoist will be removed from communal bathroom to a designated storage space, expected date of completion 31.10.22.
- Closed facemask holders ordered on 19/07/22 and awaiting delivery.

## 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	Orange	30/11/2022