



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | Our Lady's Manor                      |
| Name of provider:          | Our Lady's Manor Incorporated         |
| Address of centre:         | Bulloch Castle, Dalkey,<br>Co. Dublin |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 09 December 2022                      |
| Centre ID:                 | OSV-0000080                           |
| Fieldwork ID:              | MON-0038637                           |

## About the designated centre

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

Our Lady's Manor is a purpose-built centre, which can accommodate 118 male and female residents over the age of 18. The registered provider is Our Lady's Manor Incorporated, and the person in charge is supported by the nursing and healthcare assistant team. Twenty four hour nursing care is provided to residents of low, medium or high dependency by qualified staff with the relevant skills to meet the residents' needs.

All of the bedrooms are single, en suite rooms which residents are encouraged to personalise. Residents have access to an internal, secure garden and a balcony. The environment is non-institutional, a safe place to be, where resident's independence and confidence can be encouraged and maximised.

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

|  |     |
|--|-----|
| Number of residents on the date of inspection: | 115 |
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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 |
|------------------------|----------------------|----------------|------|
| Friday 9 December 2022 | 09:40hrs to 18:15hrs | Deirdre O'Hara | Lead |

## What residents told us and what inspectors observed

From what residents told the inspector and what the inspector observed, residents were happy and content with the care they received in the centre. Overall feedback from residents was that this was a nice place to live, with plenty of communal and private space available to them. Residents were observed to be relaxed in the company of staff and this contributed to the calm environment throughout the day of the inspection. Residents who spoke with the inspector said that the care was "first class" and that the staff were "very kind and caring".

The inspection was an unannounced inspection to monitor compliance with Regulation 27: Infection control. Upon arrival to the centre, the inspector was greeted by a staff member who guided them through the required infection prevention and control measures before entering the rest of the centre. This included checking for signs of respiratory infection, hand hygiene and wearing of face masks. While face masks were available at the reception desk, this desk was located some distance from the main door. This meant that visitors had to walk through the large reception before they could access face masks and could result in transmission of droplet or airborne infections to residents. The provider gave the inspector assurances that this would be addressed without delay.

Our Lady's Manor is a large building set out over five floors. It is a 118 bedded nursing home located in the Dalkey area of County Dublin, and bedroom accommodation was provided on the third, fourth and fifth floors of the designated centre. All bedrooms were single rooms and bathing facilities were provided in en-suite or in shared bathrooms. The provider had taken significant action to provide showers in each bathroom en-suite. They had installed showers to a high proportion of en-suites and had converted a store room to an assisted shower room to provide easy access for residents in rooms without a shower en-suite. All upgraded shower and bathrooms inspected had been completed to a high standard.

Overall the general environment and resident bedrooms and communal and ancillary areas, such as, clinical rooms, dirty utility rooms, communal bathrooms and store rooms inspected were clean and well decorated with a few exceptions. The finish of flooring and walls in the laundry and cloth covered chairs in some communal areas did not facilitate effective cleaning. In conversations with residents, the inspector was told that the standard of cleaning was "very high" and that it was "so good that you could eat off the floor". Hand hygiene practice was good among staff, however, the available sinks in the nurses stations and treatment rooms did not comply with current recommended specifications for clinical hand hygiene sinks to support good hand hygiene within the the centre.

There was no restrictions to visiting during the inspection. Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas, such as the reception, resident bedrooms, the coffee shop and sitting rooms. Residents were seen to move freely

throughout the centre and they were observed to enjoy dining or sitting at windows that overlooked Dalkey bay. The centre was decorated with Christmas decorations and residents were seen to enjoy singing Christmas songs which added to the festive feeling in the centre. Residents who spoke with the inspector said they enjoyed the activities on offer and were never bored as they had plenty to occupy them. One resident celebrated mass from the chapel, which could be heard in areas around the centre.

Residents were seen to be assisted at meal times and other activities in a supportive, encouraging and unobtrusive manner. Residents said that they really enjoyed the food and had plenty of choice at meal times. Meals were seen to be well presented and wholesome.

The next two sections of this report present the findings of the inspection in relation to governance and management arrangements in the designated centre and on how these arrangements impacted on the quality and safety of the service provided to the residents.

## Capacity and capability

The provider generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. Weaknesses were identified in infection prevention and control cleaning methods, guidelines and monitoring of healthcare-associated infections. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. These findings are detailed under Regulation 27: Infection control.

Our Lady's Manor is owned and managed by the registered provider, Our Lady's Manor Incorporated. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre. The person in charge was supported in their role by the resident Medical Officer (doctor) who was nominated the infection control lead (they are a qualified microbiologist). This doctor was actively involved in the infection control programme and they provided day-to-day expertise and support to staff and residents.

The centre had recently experienced a respiratory syncytial virus (RSV) outbreak, that affected a small number of residents and staff. All those affected had recovered and the provider had taken appropriate action to prevent further onward transmission of this infection. The provider did this by, increasing cleaning activities, isolating residents and dedicated staff were assigned to care for the residents affected.

Regular infection control audits were carried out. These audits were monitored to track and trend progress with quality improvements and any gaps in practice found,

this was done to enhance the quality and safety of care and the lived experience for residents. There were records of actions required or improvements that had been completed as a result of audits undertaken. Various committees or groups were in place to monitor infection prevention and control in the centre, such as, staff meetings and monthly executive governance management meetings, audits and aspects of infection prevention and control were discussed at this forum. While audits identified that clinical hand hygiene sinks were required in specific locations around the centre and were planned for installation in 2023, it had not identified deficiencies in infection control guidelines and the appropriate cleaning of small pieces of equipment.

Infection prevention and control guidelines were available to staff and covered aspects of standard and transmission-based precautions. However, the policy on the management of nebulizers did not align with evidence based best practice with regard to the safe cleaning of this equipment. This policy also required updating to include guidance for staff on the care of residents with Multi-Drug Resistant Organism (MDROs).

While monthly monitoring of healthcare-associated infections and antimicrobial use were completed by the Medical Director and the resident Medical Officer, there were gaps in information with regard to infectious agents noted. This could result in delayed identification of any onward transmission of a healthcare-associated infection. All nurses had attended online antimicrobial stewardship training modules and antimicrobial guidelines were available to support effective antimicrobial stewardship in the centre.

Infection prevention and control training was provided though a combined approach using e-learning and face-to-face training. The system to monitor training was robust to ensure that all staff had received the appropriate training relative to their role. The provider undertook regular competency assessments for staff to ensure that they had the knowledge and skills to provide safe care to prevent infection. The resident medical officer provided information sessions to residents with respect to good hand hygiene, cough etiquette, vaccines and sessions to "keep yourself well". Residents commented that they enjoyed these presentations and found them informative.

There were sufficient numbers of staff working in the designated centre with the required skill mix to meet the care needs of the residents and cleanliness of the centre, in accordance with the statement of purpose.

## Quality and safety

Overall the provider was ensuring the rights of residents to meaningful contact with friends and family was respected. The inspector was assured that residents living in the centre enjoyed a good quality of life. While there was evidence of good infection prevention and control practices, some practices observed demonstrated instances

of inappropriate storage of equipment, inappropriate cleaning processes for equipment and the environment, insufficient information on transfer documentation; these are further detailed under Regulation 27: Infection control.

There was a successful on-going seasonal influenza and COVID-19 vaccination program in place, with vaccines available to both residents and staff. While there had been a high uptake of the vaccines among residents and staff there were gaps in records in resident care plans to show that residents had received the influenza vaccine at the same time as their last COVID-19 vaccine. The provider said they would address this straight away.

The centre's resident transfer or pre-assessment documentation did not always contain comprehensive details of health-care associated infections or vaccinations that residents may have had to support sharing of and access to information within and between services.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and respiratory illnesses and knew how and when to report any concerns regarding a resident.

Clinical and non-clinical waste was managed safely and a range of safety engineered needles were available to help prevent needle stick injuries. Staff were familiar with regard to the management of blood and body fluid spills and needle stick injuries. There were ample supplies of personal protective equipment (PPE) and appropriate use of PPE was observed during the course of the inspection.

Residents had regular access to their doctor and other specialists such as dietitians and wounds care specialists, when they needed and recommendations made by them were integrated into resident care plans. There were clear directions for the care of residents with MDROs to prevent healthcare-associated infections. In other care plans reviewed for wounds and urinary catheters, the care plans outlined measures to be taken to prevent infection.

The provider had installed clinical hand hygiene sinks on the third, fourth and fifth floor corridors to support good hand hygiene among staff. However, the clinical hand hygiene sinks in treatment rooms or nurse's stations were not compliant with recommended national standards. The inspector was informed of plans to install the appropriate sinks next year.

## Regulation 27: Infection control

While there was evidence of good infection prevention and control practice in the centre the following areas for improvement which are fundamental to good infection control practice were identified:

- While antimicrobial use was monitored regularly, information was not used to



track and trend infections to allow for early identification of healthcare-associated infections and ensure appropriate measures were in place

- local infection prevention and control guidelines did not give information to guide staff on the care of residents colonised with CRE. The guidelines also required review to guide staff how to clean and store nebulizer masks and chambers safely, in line with national guidance
- pre-admission transfer documentation did not always contain information with regard to infections or colonisation with MDROs or residents vaccination status to ensure the appropriate measures were in place to prevent healthcare-associated infections.

The environment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Clinical hand hygiene sinks in the nurses' stations, physiotherapy room and treatment rooms did not comply with recommended standards to support effective hand hygiene. They contained overflows and plugs or water poured directly into the drain which could result in environmental contamination
- there was inappropriate storage of equipment seen in two communal bathrooms which could result in cross-infection and impact on these rooms being available to residents, should they wish to use them
- floors and wall finishes in the laundry did not allow for effective cleaning. For example: there were tiles missing and damaged painted areas on floors and walls and there were exposed pipes covered in insulation along walls and in front of a row of laundry sinks
- there were cloth covered chairs which did not facilitate adequate cleaning. The majority of them were clean with a few exceptions, where a small number of them had stains on them.
- tubs of 70% alcohol wipes were inappropriately used throughout the centre for the cleaning of equipment and some surfaces. These practices could result in surfaces and equipment not being cleaned appropriately and possible damage to surfaces with prolonged use.

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 Our Lady's Manor OSV-0000080

Inspection ID: MON-0038637

Date of inspection: 09/12/2022

## 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> <p>As part of the infection control improvement plan, information gathered will be tracked and trended to allow to detect for early identification of healthcare associated infections. This will be completed by 31st March 2023.</p> <p>Infection control guidelines will guide staff on how to clean and store nebulizer masks and safety chambers in line with national policy. This will be completed by January 31st 2023.</p> <p>The pre-admission transfer documentation has been changed to contain information with regard to infections or colonization with MDROs and residents’ vaccination status.</p> <p>Infection control guidelines have been updated to guide staff on the care of residents colonised with CRE.</p> <p>The remaining clinical hand hygiene sinks that do not meet recommended national standards will be replaced by December 31st 2023.</p> <p>Surgical masks are now available at the front entrance of the reception area.</p> <p>All staff have been reminded of the policy of no inappropriate storage of equipment in the communal bathrooms.</p> <p>An upgrade to the flooring and wall finishes in the laundry has been identified as a quality improvement for 2023. This upgrade will be completed by 31st July 2023.</p> <p>The cloth covered chairs within the facility will be replaced with new furniture that allows for effective cleaning as a quality improvement initiative commencing in 2023. This will be completed on a phased basis which will be risk assessed based on usage and location. All communal cloth covered chairs on Level 5, our high dependency floor, will be</p> |                         |

replaced by the end of December 2023. All communal cloth covered chairs on Level 3 and Level 4 in the sitting rooms and corridors will be replaced by the end of December 2024. All other communal cloth covered chairs within the facility will be replaced by the end of December 2025.

Staff have been provided with appropriate cleaning products that allows for cleaning of equipment and surfaces.

**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             | 31/12/2025                      |