



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

Issued by the Chief Inspector

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	09 January 2023
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0038860

About the designated centre

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

The designated centre provides 24 hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
--	----

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
Monday 9 January 2023	09:15hrs to 17:30hrs	Deirdre O'Hara	Lead
Monday 9 January 2023	09:15hrs to 17:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Residents and family members, who spoke with inspectors, were satisfied with the standard of care they received in this centre. All the residents and relatives spoken with had positive things to say about life in the centre. Residents told the inspectors that they saw their doctor and other allied health care specialists when needed and described the care they received from staff as excellent. They said that they were satisfied with standard of cleanliness in their room and communal areas. Inspectors saw that residents were connected to the community and children from a local school had written letters to residents for Christmas.

The designated centre is a single story building. Fairlawns Nursing Home is situated on the outskirts of the town of Bailieborough. Shops, churches, restaurants, pubs, a hotel, library and swimming pool were all within walking distance from the centre.

Residents' bedroom accommodation consisted of a mixture of single and twin bedrooms. They were laid out around an internal courtyard which was well maintained with raised plants and seating for residents. Inspectors observed a wooden garden shed for tools, it was unclear if this was fire rated structure. There was a variety of indoor communal spaces available for residents to relax in or receive visitors. This included two sitting rooms, a dining room, library, hairdressing salon, conservatory and oratory.

Residents' living environment was decorated in a homely and traditional style. Resident bedrooms were seen to be personalised. While the premises was nicely decorated, there were aspects of the environment that were not in a good state of repair. For example, some areas required painting. The provider confirmed that once the fire safety upgrade works were completed, that the premises would be painted.

While residents who spoke with inspectors said they were satisfied with the cleanliness of their rooms, inspectors observed dust and debris or damage to surfaces and equipment throughout the centre, such as, floors, equipment such as commodes, drug trollies, pillows, crash mats and work surfaces. This impacted negatively on the visual cleanliness of the centre and effective infection prevention and control.

The inspectors observed inappropriate storage of out-of-date medical supplies on the emergency trolley, inappropriate storage of hoist slings and continence wear, which could lead to cross contamination. Toilets and changing facilities for catering staff were not in addition or separate from toilets for other staff. This may increase the risk of cross infection particularly during outbreak.

Inspectors found that the provider was making improvements to the premises such as repairs to flooring that was damaged in the dining room, bathrooms and circulating corridors. The medication room was small in size and insufficient to accommodate storage of equipment such as sharps bins and did not contain a

clinical hand-wash basin to facilitate effective hand hygiene. The oratory was nicely decorated, however, there was inappropriate storage of visiting screens in this room which impacted on the aesthetics of the room for residents who wished to use it.

Alcohol based hand rub was available throughout the centre to support hand hygiene practice, however, one was required in the conservatory. There were posters illustrating the correct procedure to perform hand hygiene, above all alcohol based hand rub dispensers and hand-wash basins. Hand hygiene practice was seen to be good during this inspection. There was other signage located throughout the centre which informed residents, staff and visitors of protocols to follow to reduce infection such as cough etiquette and the wearing of personal protective equipment (PPE).

The inspectors spoke with several residents and those residents who could voice their opinion told inspectors that they felt safe. They said that they enjoyed the food on offer and that they had plenty of options to choose from. They were particularly satisfied with the homemade breads and pancakes which were provided every Tuesday. Visitors who spoke with inspectors said that they were kept up-to-date with any changes in their loved ones condition and communication from the provider was good.

Designated activity staff were available five days a week (Monday to Friday) and on the day of inspection Inspectors observed some residents attending Mass in the morning and bingo during the afternoon, both of which were seen to be well-attended. Residents who spoke with inspectors said that they particularly liked ball games and enjoyed the company of other residents. Five residents who sat in the conservatory listened to the local radio and had a view into the internal courtyard. The daily newspaper was available and one resident spoken with stated that they read the newspaper daily as well as number of magazines.

Throughout the day, the inspectors observed staff speaking with residents in a positive and friendly manner which respected resident's dignity and independence. Staff appeared to know the residents and family well, this was evident in their communication with them.

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 inspectors 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)*. Weaknesses were identified in infection prevention and control governance, guidelines, training, oversight and monitoring systems. Infrastructural barriers to effective hand hygiene and premises

were also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

The registered provider of Fairlawns Nursing Home is Fairlawns Nursing Home Limited. This provider had a positive attitude to regulation and were committed to improving the quality of care for residents. The centre is registered for 37 residents. Thirty one residents were accommodated on the day of inspection, and there were three residents in hospital. The inspection was facilitated by the senior management team, namely, the registered provider and the person in charge, both of whom worked in the centre on a full-time basis. It was observed that the person in charge strongly advocated for residents in the health and social care provided to residents. They were highly visible throughout the day of the inspection and appeared to be well-known to residents and visitors. The management team was supported by a newly appointed clinical nurse manager (CNM), a team of nursing, health care assistants, housekeeping, catering, maintenance and activities staff.

Since the last inspection the provider had increased the number of hours allocated to cleaning in the centre. In addition, a Clinical nurse manager was recently been appointed and from the rosters viewed this would result in eight hours per week allocated to management duties such as audits, supervision and appraisals. There were two vacant care assistant posts for which recruitment was in progress.

There were sufficient staff to meet the care needs on the day of inspection for the 34 residents, however, additional resources and oversight was required to ensure the centre was de-cluttered and had a deep clean to ensure that the environment minimised the risk of transmitting a healthcare-associated infection.

There were a number of actions taken by the provider following the last inspection on 6 September 2022. These included:

- New cleaning trollies and equipment
- New hoists and associated slings had been ordered to replace older equipment
- Repairs to damaged flooring was in progress
- The installation of a clinical hand-wash basin in the nurses' station was almost completed.

While there were other clinical hand-wash basins located throughout the building, they did not meet the recommended specifications for clinical hand-wash basins and there was no hand hygiene facilities in the medication room or the cleaners' room to support good hand hygiene practice.

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. There were records of actions required or improvements that had been completed as a result of audits undertaken. However, audits did not identify findings on the inspection day. This is further detailed in Regulation 27. Infection control

There was good oversight of antimicrobial stewardship (AMS). Antibiotic use was monitored to ensure residents received the correct antimicrobial agents. Their local

practice was that the GP identified the preferred antibiotic for use for their resident so that if a clinical review of residents by a clinician unfamiliar with the resident's care, (such as out of hours) the clinician had the detail available to them to inform their decision on which antibiotic to prescribe.

Governance and management systems were not sufficiently robust to ensure the provider came into compliance with Regulation 27. Oversight of service and infection prevention and control practices in the centre required action. Improvements were needed in relation to practices such as decontamination of the reusable equipment such as medication trolleys and trays, resident's equipment such as slings and hoists to ensure that they can be and had been cleaned or decontaminated between uses. While there were detailed terminal cleaning check lists available to staff, the check lists used for day-to-day cleaning were not detailed to give assurances that all aspects for the centre had been cleaned.

There was no system to monitor or manage the water system in the centre. This may result in infections such as legionnaires' disease (it is a serious type of pneumonia (lung infection) caused by Legionella bacteria. People can get sick when they breathe in small droplets of water or accidentally swallow water containing Legionella into the lungs).

While an infection prevention and control policy was available, staff did not have access to all infection prevention and control guidelines to ensure they had up-to-date information to guide safe care. For example, there was no policy to guide the care of residents with MDROs or for residents with catheters and nebulizers. This meant that they were not accessible to staff to guide practice. Training records demonstrated that all staff had access to and had attended infection control training. This was mainly through online modules, the provider had arranged for a nurse manager to attend an infection control link practitioner course. They supported infection control practice with regard to hand hygiene and standard precautions, through supervision and audits on hand hygiene and the correct use of personal protective equipment (PPE). This was borne out in good practice observed during the inspection.

Staff were facilitated to attend infection control training relative to their role. Nurses had also attended training on aseptic non-touch technique and wound care to enhance quality care. The findings of this inspection found that further training and supervision was required on standard infection control precautions including safe sharps waste management and environment and equipment hygiene practices. In addition, further training was required on the safe management of nebulizers, and on management of urinary catheters (urinary catheters are a flexible tube for draining urine from the bladder), to ensure that residents were protected against infection. Inspectors saw that the provider had planned training sessions for staff on 22 and 23 February 2023 with regard to catheter care.

Quality and safety

Overall the inspectors were not assured that the residents living in the centre enjoyed a good quality of life and care was provided through appropriate access to health and social care professionals. While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection control.

The provider was using the national transfer form when transferring 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. However, this was not the case in records for two residents who had been transferred to this centre. The person in charge appropriately followed up with the transferring service and other specialists, such as, a tissue viability nurse specialist, to ensure that residents received the correct care.

In care plans reviewed, they demonstrated that residents had good access to their GP, tissue viability specialists and dietitians. The speech and language specialist was reviewing residents in the centre during the inspection. All recommendations by specialists were integrated into residents care plans. Residents who had a medical device, such as a urinary catheter did not have specific information in their care plan to guide staff. The information and guidance on frequency of changing urine collection bags was not clearly outlined and staff were not changing these bags in line with best practice guidelines. There was no system or care plan to indicate when and how to care for nebulizers. These practices may result in inappropriate care being given and increase the risk of a resident acquiring a healthcare-associated infection.

The environment was well ventilated and bright, however, store rooms were cluttered with boxes and equipment stored on floors in these rooms. This impacted on effective cleaning. Cleaning staff had good knowledge with regard to physical cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. However staff were using a single glass cleaning cloths to clean glass and mirrors without changing them between rooms. While there were safe laundry practices in place, the internal step leading to the laundry room was not clearly marked, to warn people entering or leaving this room of a potential trip injury.

There was a successful vaccination programme in place and was available to residents and staff. There had been a high uptake of the vaccines such as influenza and COVID-19 boosters among residents and staff.

Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas. Two visitors reported that they were instructed by staff to book visits, and they said that they could come to the centre whenever they wished without booking also.

Resident's routines and preferences were promoted and respected. For example some residents preferred to spend their time in their room, listening to the radio in

the conservatory or interacting with other residents in communal areas. Residents were dressed well and residents said they could get up or go to bed when they wanted. The hairdresser was in the centre during the inspection and many residents said they were happy with service they provided.

Regulation 27: Infection control

The registered provider had not ensured that all 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:

- Staff did not have access to all infection prevention and control guidelines to ensure they had up-to-date information to guide safe care. For example, there was no policy to guide the care of residents with MDROs or for residents with catheters and nebulizers. This was reflected in poor management of devices such as, urinary catheters and nebulizers to align with best practice
- A review of local infection prevention and control audits which had not identified issues highlighted on this inspection and therefore failed to drive quality improvement. For example, the janitorial sink was rusty, the majority of clinical hand-wash basins available, did not meet national recommended standards. In addition, there was no hand hygiene facilities in the cleaners' room and the medication room and staff reported using equipment sinks to clean their hands. This arrangement and practice increased the risk of contamination
- The oversight of cleaning of bedrooms needed to be strengthened to ensure rooms that were adequately cleaned to minimise the risk of transmitting a healthcare-associated infection
- The cleaning check list systems used for day-to-day cleaning was not available to staff to clearly guide them with regard to the type of activity to be undertaken
- There was no system to monitor the maintenance and management of the water distribution systems in the centre which may lead to a healthcare-associated infection such as Legionnaires' disease.

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

- All sharps bins inspected did not have the temporary closure mechanism engaged when they not in use. The IV tray was dusty and contained used items. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- Liquid soap was being refilled in resident bathrooms and a small number of other dispensers around the centre. This increases the risk of cross contamination.

Inspectors were not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The underside of five commodes inspected were not clean and there was evidence of dust and debris seen on other equipment such as hoists, weighing scales, trollies and crash mats. This may result in cross infection
- The surfaces of some equipment such as the drug trollies, the covers of a mattress and bed bumper and three resident chairs inspected were damaged. This meant that they had not been or could not be cleaned effectively
- Continence wear was seen to be stored in open bags in general stores and nutrition drinks and other supplies were observed on floors. Out-of-date medical supplies were stored on the emergency trolley. Items stored this way can result in cross-contamination.

The totality of the findings listed above have informed a judgement of non-compliance with the current requirements of Regulation 27.

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 Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0038860

Date of inspection: 09/01/2023

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> <ul style="list-style-type: none"> • The provider and the Person in Charge complete observational rounds to check areas are cleaned adequately, environmental audits are now also completed by the provider and person in charge. • A new environmental auditing tool is being implemented which will provide a more robust monitoring of areas. To be completed 31.5.23 • Staff will receive additional training on auditing to assist them to understand the auditing process better and allow them to implement improvement plans. To be completed 31.5.23 • Flooring in areas which require attention is being replaced, work has commenced. Bathroom/ shower / dining room areas complete. Communal corridors completed. Replacement flooring in other areas scheduled to be completed by 30.4.23. • Fire safety upgrade works are in progress and when completed painting will commence. To be completed by 31.3.23 • The location of the medication room is being relocated. The clinical treatment room is being relocated. These areas will have new handwashing facilities to meet recommended specifications. To be completed by 31.5.23 • Work on a new toilet for catering staff has been commenced. To be completed 30.4.23 • New soap and alcohol dispensers have been ordered. To be completed 17/4/23 • The infection control policy is currently being updated and will include the areas of MDRO’s, nebulizer and catheter care. To be completed 14/4/23 • Catheter training is to be completed by 2/3/23 • The cleaners room and laundry will both have the recommended hand washing sinks. Sinks are on order and waiting delivery. To be completed 30.4.23 • The check list used for day to day cleaning is now available for staff. • The flushing of taps in relation to the prevention of legionella has now been included in the cleaning schedule. • Environmental health have been contacted and await reply re Legionella water testing. • New specialist hoist in use and can be easily cleaned. • New slings for individual use have been delivered. 	

- A new medication Trolley has been delivered.
- New shelving has been installed to facilitate adequate cleaning.
- All staff have been made aware to ensure the sharps bins have the temporary closure mechanism engaged.
- Staff have been given extra training in cleaning and decontamination of commodes.
- 3 damaged residents specialized seating chairs have been brought to the attention of the OT have been replaced.

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	31/05/2023