



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

Issued by the Chief Inspector

Name of designated centre:	Blair's Hill Nursing Home
Name of provider:	Blair's Hill Nursing Home Limited
Address of centre:	Blair's Hill, Sunday's Well, Cork
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0000201
Fieldwork ID:	MON-0036924

About the designated centre

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

Blair's Hill Nursing Home is a three-storey building located in a cul-de-sac, off a busy street on the north side of Cork City. Residents' bedroom accommodation is on the ground, first and second floors, which can be accessed by both stairs and lift. 33 of the bedrooms are single rooms and there are two twin bedrooms. 30 of the bedrooms are en suite with toilet and wash hand basin. There are eight residents accommodated in single rooms in each of the first and second floors and the remaining residents are on the ground floor. There are two bathrooms with shower, toilet and wash-hand basin on the first and second floors; there are showers and toilets alongside communal areas and bedrooms on the ground floor. Communal areas comprise a large conservatory day room, a smaller sitting room, seating along the corridor joining the conservatory and sitting room, two dining rooms, smoking room and oratory. Blair's Hill Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 17 May 2022	09:00hrs to 14:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The inspector saw that staff were respectful and courteous towards residents.

The inspector spoke with four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident said they were anxious and worried in the earlier stages of the pandemic but staff reassured and supported them. Two residents told the inspector that they had planned to go on outings with family members.

The inspector observed that residents were encouraged and facilitated to clean their hands and actively assisted with this practice before meals.

Residents' accommodation and facilities were located on the ground, first and second floors. The main kitchen, storage facilities and staff rooms were in the basement. The main entrance was wheelchair accessible and led to a small enclosed porch where the infection control sign-in and equipment were located. The main day room was beyond this porch.

Through walking around the centre, the inspector observed that the centre was homely and well decorated. Some residents had personalised their rooms with photographs and pictures. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the en-suite bathrooms and along the corridors to maintain residents' safety. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. Alcohol hand gel dispensers were readily available along corridors for staff use. However there were a limited number of clinical hand wash sinks dedicated for staff use. Findings in this regard are further discussed under the individual Regulation 27.

The general environment and residents' bedrooms, communal areas, store rooms, laundry and 'dirty' utility (sluice) room appeared visibly clean with some exceptions. For example heavy dust was observed on the venetian blinds within two bedrooms. The covers of the three armchairs within the chapel were worn and torn. The inspector was informed that replacements had been ordered.

The inspector observed excessive infection prevention and control signage on display throughout the centre. For example social distancing stickers were placed between each chair and on the windows of the conservatory. Instructions on how to don and doff personal protective equipment (PPE) were displayed within the majority of bedrooms and in some ensuites.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Blair's Hill Nursing Home is operated by Blair's Hill Nursing Home Limited. The person nominated by the provider to represent the registered provider, the provider nominee, attended the centre most days.

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). Weaknesses were identified in infection prevention and control governance, oversight and monitoring systems. Barriers to effective hand hygiene practice were identified during the course of this inspection. The supervision and oversight of cleaning practices also required improvement. Findings in this regard are further discussed under the individual Regulation 27.

A review of documentation indicated that infection prevention and control was a standing agenda item at monthly clinical governance meetings. Infection prevention and control key performance indicators (KPIs) including vaccine uptake and infections were maintained to provide clinical oversight.

The person in charge was the designated infection prevention and control lead.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. A outbreak of COVID-19 was declared in Blair's Hill Nursing Home in January 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. A formal review of the management of the January 2022 outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had been completed as recommended in national guidelines.

An infection control audit had been undertaken in January 2021. However this audit had failed to identify some of the issues identified on the day of the inspection. Five staff had recently attended audit training. The person in charge had undertaken hand hygiene competency assessments. An audit schedule for hand hygiene had also been developed.

There were insufficient numbers of domestic staff to meet the cleaning and housekeeping needs of the centre. There was one cleaner rostered on duty on the day of the inspection. The inspector was informed that a second person had been recruited and was due to commence employment in the near future. There was a lack of oversight and supervision of cleaning processes and staff. Findings in this

regard will be discussed under regulation 27.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard precautions including hand hygiene, waste management, sharps safety, environmental and equipment hygiene. The nurse in charge was aware of updated public health and infection prevention and control guidelines on the prevention and management of cases and outbreaks of COVID-19, influenza and other respiratory infections in residential care facilities which had been recently published.

Staff had received on-site education and training in infection prevention and control practices. The inspector was informed that four additional face to face infection prevention and control trainings had also been scheduled for June. However the findings of this inspection found that further training and supervision was required on standard infection control precautions including hand hygiene, PPE use and equipment and environmental hygiene practices.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans were in place for all residents.

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 knew how and when to report any concerns regarding a resident. Clinical and household waste was consistently managed in line with national guidelines. However the inspector observed some inconsistencies in PPE use during the course of the inspection. Issues identified are discussed under regulation 27.

Visits were encouraged and practical precautions were in place to manage any associated risks. There was no limit on the total number people who can visit a resident. However the inspector was informed that visits continued to be scheduled in advance with the facility. In addition visiting care plans did not identify the residents nominated support person and plans had not been updated since March 2021.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were being transferred to the acute hospital setting. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However this section had not been completed on a copy of a form viewed by the inspector.

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;

- The provider had not nominated an infection prevention and control link practitioner with the required training and competencies with protected hours allocated for the role.
- A log of antimicrobial use was maintained but this information was not used to inform antimicrobial stewardship measures.
- An infection prevention and control audit had been carried out in January 2021. However infection prevention and control audits were not tracked and trended to monitor progress. There were no records of actions or improvements that had been implemented as a result of this audit. In addition the audits completed identified high level of compliance which was not reflected on the day of the inspection.
- Staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was one cleaner rostered on duty on the day of the inspection. Improved oversight of cleaning practices was required. Cleaning records were not routinely signed.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by;

- Staff did not routinely wear respirator masks for all resident care activity as recommended in National guidelines. The inspector also observed two staff members wearing gloves in the corridor when there was no indication for their use. A staff member was observed removing gloves without performing hand hygiene. A staff member wore the same plastic apron for several hours on the morning of the inspection.
- Staff were not bare below the elbow as recommended in local hand hygiene guidelines. For example, a small number of staff were wearing wrist watches and two staff members were observed wearing long sleeve tops while attending to residents.

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

- The housekeeping store did not facilitate effective infection prevention and control measures. For example shelving was rusty, products were stored on the floor and access to the hand wash sink was obstructed.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites.
- Cleaning practice required review to ensure that the mop heads and cleaning solutions are changed frequently to reduce the risk of cross-contamination.
- There was a limited number of clinical hand wash sinks for staff use within the centre and the sinks in the resident's rooms were dual purpose used by

residents and staff. This practice increased the risk of cross infection.

- The use of portable fans in communal areas such as the nurse's station and the dining room had not been risk assessed. The fans were not on a daily cleaning schedule and the blades of these fans were dusty.

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 Blair's Hill Nursing Home OSV-0000201

Inspection ID: MON-0036924

Date of inspection: 17/05/2022

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:</p> <p>1. Re: Effective governance arrangements were not 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"> • We have now nominated one of our nurses to be our designated infection prevention and control link practitioner. She has completed the infection prevention and control course. She is also partaking in extra training on the 13/06/22 in infection prevention and control. We have also established audit to identify issues and weaknesses with regards infection prevention and control. This will be done weekly and the data recorded and an action plan will be created. This will be then discussed every four weeks at the clinical governance meeting and an improvement plan will be drawn up. The infection prevention and control nurse link practitioner will be allocated six hours weekly for this purpose. • We have also put an audit in place to ensure factors that influence antimicrobial stewardship re: accountability, pharmacy expertise, action, tracking, reporting, educating in antibiotic choices. This will be used in combination with the antimicrobial log as a guide to what intervention is needed to measure appropriate use of antimicrobials by selecting optimal drug regime dose. • Infection prevention and control audits were noted not to be in compliance with regulation. We have now reviewed and updated the infection prevention and control audit, and an action plan has been created resulting from this to ensure compliance. • Inspector found insufficient domestic staff to meet the housekeeping and cleaning needs of the Nursing Home. We have since employed an additional cleaner. She has 	

already commenced working and has received infection prevention and control training on 08/06/22. We have reviewed the roster to ensure coverage of cleaning schedule. Extra training has been organised by external tutor to do training with all cleaners. The designed infection prevention and control nurse will follow up on cleaning practices as part of our infection prevention and control audits.

2. Re: Staff did not consistently adhere to standard infection control precautions.

- Inconsistencies in PPE use were found by Inspector. We have since discussed this with our infection prevention and control Tutor and she has highlighted it on the four days training schedule for infection prevention and control to ensure that staff are fully aware of the standards in use with regards to PPE. The nominated infection and control Nurse will include this in the weekly audit where any weaknesses will be monitored and action taken.
- All staff have been instructed about the routine in hand hygiene and that they must ensure bare below elbow where all items of jewellery are removed and that nail varnish and falls nails have been removed.

3 Re: The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection.

- Housekeeping store has been cleaned and there is now easy access to the sink and new shelving has been ordered.
- All tubs of 70% alcohol wipes have since been removed from bedrooms.
- New mop heads are now being introduced. We are awaiting for samples in deciding on those best for the Nursing Home. By doing so we will minimise risk of cross infection as each bedroom will be allocated two mops heads.
- We are in the process of deciding most suitable areas where additional hand washing sinks can be installed for the staff. As this will take some time we are hoping to have them in place by end of September 2022.
- We have scheduled the cleaning of fans in the cleaning schedule i.e big dining room, small dining room and nurses station on a monthly basis. Fans used outside these areas must be cleaned on a daily basis. A format is in place for this.
- Venetian blinds in room 37 and 38 were observed with heavy dust on day of inspection. This has been cleaned and they have now been added to the cleaning schedule. This will be done monthly, a format is being devised.
- Armchairs that were found with worn covers were removed and an order has been placed for three new ones.
- All excessive infection prevention and control covid-19 signage that was on display has now been removed.



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	13/10/2022