



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

## Issued by the Chief Inspector

Name of designated centre:	Beach Hill Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Lisfannon, Fahan, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000320
Fieldwork ID:	MON-0037908

## About the designated centre

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

The designated centre is a 48 bedded purpose built nursing home. Bedroom accommodation consists of 34 single and seven twin bedrooms with en suite shower facilities located in three distinct areas; Camlen, Foyle and Swilly. Assisted toilets and bathrooms are available and spacious communal areas, including foyer/ reception and dining facilities. Residents have access to outdoor facilities. The philosophy of care is to create a home for residents who are valued and cared for with dignity and respect.

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

Number of residents on the date of inspection:	48
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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 21 September 2022	13:10hrs to 17:15hrs	Deirdre O'Hara	Lead
Thursday 22 September 2022	08:15hrs to 13:45hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector spoke with six residents during the course of the inspection. They were very complimentary in their feedback and expressed satisfaction about the facilities in the centre and with the standard of hygiene in their bedrooms and communal areas.

The residents who spoke with the inspector on the two days of inspection praised the care provided by the staff during a recent COVID-19 outbreak. They said they were kept up-to-date with regard to isolation times and what they needed to do to prevent onward transmission of the virus.

Beach Hill Manor Private Nursing Home was located near Lisfannon and Buncrana beach and was close to local amenities. This was a two-day unannounced inspection. 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.

The centre was sub-divided into two separate units. The provider had recently installed four clinical hand hygiene sinks and replaced alcohol based hand gel dispensers along corridors to support hand hygiene in the centre. While hand hygiene practice was seen to be good it was not effective due to a small number of staff wearing nail varnish or a watch. There was signage located throughout the designated centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection such as the wearing of personal protective equipment (PPE) and hand hygiene.

Furniture in communal areas and the dining room had been replaced. The inspector saw plans to replace the furniture, fixtures and flooring in the remainder of the centre that did not facilitate effective cleaning.

Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with few exceptions. For example, carpets in the linen store rooms, main reception, flooring in sluices and housekeeping rooms were stained or damaged. Hoists were inappropriately stored and unclean on corridors.

The inspector observed during both days of the inspection that staff interactions with the residents were gentle and respectful. Staff were responsive when residents sought support with their needs.

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 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). Weaknesses were identified in infection prevention and control governance, guidelines, oversight and monitoring systems. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

The inspection was carried out to assess infection control compliance, following an outbreak of COVID-19 in the designated centre in August 2022. During this outbreak a large number of residents and staff members tested positive for COVID-19. At the time of this inspection residents and staff had completed their required period of isolation.

The provider of the designated centre is the Brindley Manor Federation of Nursing Homes Limited and the centre is part of the Orpea Care Ireland group. 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. In their absence, the assistant director of nursing became the lead for the recent outbreak and were supported by the senior management team, within the nursing home group.

The centre had access to the local Health Service Executive Infection Control team for outbreak support. However, there was no ongoing support from a qualified infection control practitioner as recommended in the HIQA *National Standards for Infection Control in Community Services* (2018).

The infection control program was developing where monitoring of antimicrobial use, indication and duration was evident in the stewardship program. While there was an infection prevention and control policy, it did not include guidance information on the cleaning and management of nebulizers and other resident equipment. This may result in equipment not being cleaned appropriately and safe for further use.

Staff had received online training in infection prevention and control practices only. However the findings of this inspection found that further training and supervision was required on standard infection control precautions, including safe equipment cleaning and environmental hygiene practices.

Infection control audits were carried out and recommended actions and responsible persons identified. However, the audit tools used did not identify findings on the inspection day. Gaps in examples seen were in the monitoring of the cleanliness of hoists, and some commodes and shower chairs, which were seen to be unclean or

damaged.

There were sufficient numbers of domestic and laundry staff to meet the cleaning and housekeeping needs of the centre. However, there was a lack of monitoring and supervision of cleaning processes and staff practices. Findings in this regard will be discussed under regulation 27.

Management were responsive in addressing issues found on the day of inspection. For example:

- A system to monitor terminal cleaning following transmission based precautions was developed to ensure cleaning was completed following the recent outbreak
- the inappropriate storage of supplies from floors such as, continence wear, were relocated to allow for effective cleaning of floors
- comfort chairs that were no longer needed and damaged shower chairs were removed and replaced with new shower chairs to allow for effective cleaning
- hand towel dispensers were wall mounted in shared bathrooms to support good hand hygiene.

## Quality and safety

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.

A health profile transfer document was used when residents were being admitted from the community or hospital setting or transferred to the acute hospital setting. However, this document did not contain details of health-care associated infections to support sharing of and access to information within and between services.

The centre was well ventilated and the communal areas were well maintained. Overall, the premises met the needs of the residents, however, there was inappropriate storage of large items of equipment such as hoists along the corridors that resident used. This was a finding during the last inspection. The surfaces of the walls and floors were observed to be damaged in ancillary rooms which affected adequate cleaning.

Visits were being managed safely, in line with the regulations and residents were supported to receive their visitors in the privacy of their rooms or in designated areas in the centre. The inspector identified examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the early signs and symptoms of COVID-19 and influenza and visitors and staff were monitored for signs of respiratory illness before entering the centre. Safety engineered needles were available for use by staff to help prevent needle stick injuries. Staff were aware of procedures should they or another member of staff

sustain an needle stick in jury.

There were spill kits available (a set of equipment specifically designed to control, contain and clean up hazardous substances), however, staff required additional training to ensure that they had the appropriate knowledge with regard to the safe management of urine spills and clinical waste such as sharps bins, to prevent exposure to hazardous waste.

There was an effective COVID-19 vaccination programme in place and there had been a high uptake of the vaccines among residents and staff. There were plans in progress to commence this year's influenza vaccinations in the coming weeks and vaccinations would be available to residents and staff.

Alcohol based hand rub was available throughout the centre and PPE was readily available. There was good practice with regard to when staff were putting on and taking off PPE.

## 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 systems to ensure that cleaning had been completed was inadequate. For example: there was no cleaning schedule for soft furnishings such as curtains and hoists. Additionally, the provider had not communicated with the housekeeping supervisor which rooms required deep cleaning following the last outbreak. This may result in a delay in deep cleaning of these rooms and a risk of onward transmission of the COVID-19 virus to unaffected residents and staff
- staff did not have access to up-to-date policies with regard to the cleaning and decontamination of medical equipment. For example, the safe cleaning of re-useable nebulizers. Nebulizer masks were seen to be unclean and chambers were not rinsed with sterile water and stored dry. This practice could result in the risk of transmitting a healthcare-associated infection
- admission and transfer documentation reviewed did not include a comprehensive infection prevention and control history or risk assessment infections to support sharing of and access to information within and between services, to prevent cross infection.

The provider had not ensured that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- wear and tear was visible in some areas and the quality of surfaces and finishes on a small amount of bedroom furnishings, fittings and fixtures did not always support effective cleaning. Examples of this was seen in flooring,

such a stained carpets in the foyer and damaged flooring and walls in ancillary rooms

- the hand wash sink in the clinical room was used for dual purposes to clean equipment and for hand washing. It contained an overflow, plug and water poured directly into the drain. There was no hand wash sink or janitorial unit in one of the cleaners' rooms and the sink in the other cleaners' rooms was rusty. This did not support effective hand hygiene practice to minimise the risk of acquiring or transmitting infection
- three care staff were seen to wear wrist jewellery or nail varnish which may impact effective hand hygiene
- the layout of the dirty utility (sluice) rooms were inadequate in size to safely accommodate equipment within them. Dirty utility rooms inspected were narrow. The storage of equipment, such as, bins and used linen trollies in these rooms hampered access to hand hygiene sinks, equipment sinks and bed pan washers. This impeded good infection prevention and control practices
- the management of urine spillage procedures were not known fully by three staff members. Sharps bins observed were not signed when they were opened and one sharps bin had not been assembled correctly, the lid was loose. These practices may result in exposure to contaminated 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:

- cleaners were inappropriately using disinfectants chemicals for general cleaning purposes when there was no indication for their use
- all floor brushes reviewed were heavily worn and dirty which could result in cross contamination and ineffective cleaning
- sterile water and sterile dressings were not used in accordance with single use instructions. Dressings and open bottles of sterile water were stored with un-opened supplies and could result in them being re-used
- Hoists inspected were seen to be unclean. This meant that they had not been cleaned after each use.

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 Beach Hill Manor Private Nursing Home OSV-0000320

Inspection ID: MON-0037908

Date of inspection: 22/09/2022

## 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> <ul style="list-style-type: none"> <li>• An environmental review of all floors and walls will be completed and replacement flooring and upgrade works where required will be included in 2022/2023 refurbishment plan.</li> <li>• Review of storage area for equipment including hoists - Completed 30/09/2022</li> <li>• Hoist cleaning regime introduced on 13/10/2022 – Completed.</li> <li>• Decontamination and cleaning of equipment policy to be reviewed and updated by 31/10/2022</li> <li>• By 31/10/2022, in-house training will be provided to all staff on IPC which includes the wearing of jewellery, use of nail polish, safe equipment cleaning and environmental hygiene practices</li> <li>• A full review is underway of IPC audits. To be completed and as required any revised approach to be in place by 31/10/2022</li> <li>• Cleaning regime and scheduling has re-commenced. To be monitored closely by the PIC and ADON. Completed and ongoing since 13/10/2022</li> <li>• Weekly audits undertaken by PIC to ensure compliance with all cleaning standards and practices – Completed 13/10/2022</li> <li>• By the 31/10/2022, updated pre-admission assessment will be in place that also captures infection risks</li> <li>• A full review of the sluice room, hand washing sinks and a janitorial sink is underway. Clinical sinks will be in place in the sluice room and housekeeping room by the 31/12/2022.</li> <li>• By the 31/10/2022, update training will have been provided to all staff in relation to the use of spill kits, sharps and sharps bins, the use of chemicals, single use items and aseptic technique.</li> <li>• A review has been conducted into the use of floor brushes with brushes replaced where required. Completed - 13/10/2022</li> <li>• All opened dressings and sterile water were removed on the day of inspection</li> </ul>	



## 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	31/12/2022