



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

## Issued by the Chief Inspector

Name of designated centre:	Lough Erril Private Nursing Home
Name of provider:	Lakeview Retirement Home Limited
Address of centre:	Lough Erril, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	04 November 2021
Centre ID:	OSV-0000357
Fieldwork ID:	MON-0034674

## About the designated centre

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

Lough Erril Private Nursing Home is a purpose built facility located near Mohil, Co Leitrim. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is over two levels. All resident accommodation is on the ground floor. There are five double rooms and 35 single bedrooms. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

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

Number of residents on the date of inspection:	40
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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
Thursday 4 November 2021	09:10hrs to 15:00hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulation 27: Infection Control. On arrival, the inspector was guided through the centre's infection control procedures by a member of staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out.

An outbreak of COVID-19 had been declared on 21 September 2021. As a result, the normal routine and schedules of the centre had been disrupted. Staff expressed empathy with the residents and acknowledged that the ongoing pandemic and current outbreak had been a difficult and anxious time for the residents and relatives. The inspector was informed that the majority of staff and residents in the centre opted to be vaccinated against COVID-19.

The inspector spoke with four residents to gain an insight into their lived experience. Residents said the COVID-19 outbreak had been very worrying but they were relieved to have got through it. Some residents spoken with stated that they found COVID-19 restrictions had a negative impact on their quality of life, however, they were kept informed of and understood the reasons for the restrictions.

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. Residents were very positive in their feedback to the inspector and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre.

There was a relaxed atmosphere within 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 centre was purpose built and it provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Residents were accommodated in a mixture of single and twin rooms. Accommodation comprised 36 single rooms and four twin rooms. Of these rooms, 27 bedrooms had en-suite toilet and shower facilities. There was a dining room and two sitting rooms. The centre was warm and spacious with surfaces, finishes and furnishings that readily facilitated cleaning.

Through walking around the centre, the inspector observed that there were televisions in all bedrooms and some of the residents had personalised their bedrooms with their own family photographs. The inspector was informed that efforts had been made to de-clutter the centre and an additional storage shed had been installed. Overall, the general environment appeared clean and well maintained with some exceptions. However the décor in some resident's rooms was showing signs of wear and tear. The inspector was informed that painting had been scheduled and

was due to recommence when the outbreak was declared over.

The inspector saw that alcohol hand gel dispensers were readily available for staff in the centre and staff were observed to wear surgical masks in line with national guidance. Sinks for resident use were available in every room and residents were encouraged and supported to perform hand hygiene. However barriers to effective staff hand hygiene were identified during the course of this inspection. These will be addressed under regulation 27.

The next two sections of the report will present findings in relation to infection prevention and control governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## 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.

Lakeview Retirement Home Limited is the registered provider of Lough Erril Private Nursing Home. The person in charge (PIC) was supported on site by a business manager, administration staff, a clinical nurse manager, registered nurses, an activities co ordinator, care staff, kitchen, household, laundry and maintenance staff.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the PIC who was also the designated COVID-19 lead. There was a proactive approach to risk management in the centre. Risk assessments had been completed for risks associated with COVID-19.

A clinical nurse manager been allocated to lead and support infection prevention and control practices within the centre. The infection control lead demonstrated a commitment and enthusiasm for the role and informed the inspector that she was planning to attend an infection prevention and control link nurse training programme in the near future.

The centre had experienced two COVID-19 outbreaks to date. A total of five confirmed cases had been identified (two residents and three staff members) in May 2020. This outbreak had been identified and successfully contained in a timely manner. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks.

The second outbreak of COVID-19 occurred on 21 September 2021. The inspector

identified several examples of good practice in the management of COVID-19. A range of infection prevention and control strategies were implemented to manage and control the outbreak. These included but were not limited to:

- implementation of transmission based precautions for residents where required
- allocation of dedicated staff to care for residents with confirmed COVID-19
- increased cleaning and disinfection within the centre
- allocation of staff to two zones within the centre.
- Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day. Staff temperatures were monitored four times daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

However despite local infection control efforts there was evidence of cross transmission following identification of the first case of COVID-19. A total of 33 confirmed cases had been identified (24 residents and nine staff members) during the current outbreak. Transmission based precautions had been discontinued for all residents fourteen days after symptom onset, where they had been fever-free for five days. There were no residents with confirmed/ active COVID-19 in the centre on the day of the inspection. All affected staff had recovered and returned to work.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Discussion with staff and review of documentation showed that outbreak control meetings were convened to advise and oversee the management of outbreaks of infection at the centre. The provider had also introduced a daily COVID-19 checklist. Safety pauses were taken four times a day to ensure staff were kept up to date with the evolving outbreak situation.

Public Health had been informed of the outbreak. An Infection Prevention Control specialist had attended the centre on a number of occasions during the outbreak to provide practical support and advise on outbreak management and infection prevention and control practices. The person in charge reported that they had acted to implement the infection prevention and control recommendations during this time.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE on the day of the inspection. However a number of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example facilities for and access to clinical hand wash sinks for staff use did not support effective hand hygiene. Portable fans were observed in two resident rooms and electric hand dryers were observed in communal toilets. Electric fans may pose a risk through dispersal of airborne infections including COVID-19.

The centre was adequately resourced and there were systems in place to ensure the service was safe, appropriate and effectively monitored. Infection prevention and control audits covered a range of topics including waste management, sharps

management, donning and doffing PPE and hand hygiene. A daily infection prevention and control audit was undertaken on each unit to monitor compliance with outbreak management measures. Hand hygiene knowledge and techniques were assessed by the PIC. Surveillance of antimicrobial use, infections and colonisation was undertaken and recorded on a weekly basis. Management walkabouts were undertaken daily to monitor compliance with infection prevention and control practices.

The provider had a number of effective assurance processes in place in relation to the standard of hygiene. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. However the inspector noted some disparities between the findings of hand hygiene facility audits and findings on the day of inspection.

An annual review of the quality and safety of care provided to residents in 2020 had been prepared. This contained a review of compliance with the National Standards for infection prevention and control in community services.

The person in charge informed the inspector that staffing had been a challenge during the current outbreak. However staffing levels were maintained at levels that could safely meet the services infection prevention and control needs and activities, including out of hours and deputising arrangements. During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. As a result of the pandemic the hours allocated to the cleaning of the centre had been increased.

The centre had a suite of infection prevention and control guidelines which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. However some of these guidelines were due for review. The most recent Health Protection and Surveillance (HPSC) guidance, Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities were not readily accessible to all staff. Where national policies are subsequently developed, they should be incorporated into local policies.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training.

All staff had received online training in standard infection control precautions, including hand hygiene, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Additional onsite training had been provided by an infection prevention and control specialist during the current outbreak. Training in the fitting and safe use of FFP2 respirator masks had been scheduled.

## Quality and safety



The inspector found that residents were enabled to have a good quality of life in Lough Erril Private Nursing Home with good access to medical and healthcare services. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The Registered Provider had engaged with residents and communicated with residents and relevant others regarding the current outbreak. Information about resident's colonisation or infection status was documented in their care record.

Inspector found that residents' overall healthcare needs were met, and that they had access to appropriate medical and allied healthcare services. Residents had good access to medical care and residents' general practitioners (GP) visited the centre on a regular basis.

The inspector identified 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. The inspector observed that personal protective equipment such as surgical masks were used appropriately by staff during the course of the inspection.

Staff were monitored for signs and symptoms of infection four times a day to facilitate prevention, early detection and control the spread of infection.

The registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). While visiting restrictions were in place due to the outbreak, compassionate visits were encouraged and facilitated with appropriate infection prevention and control precautions.

Overall, equipment and the environment appeared clean and well maintained with few exceptions. The provider had replaced conventional loop mops with the microfiber alternative. Inspectors viewed daily and weekly environmental cleaning checklists and schedules and noted they were consistently completed.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example storage space was limited and facilities for and access to dedicated clinical hand hygiene sinks in the centre were not sufficient. In addition some improvements were required in the management of equipment including nebulisers, pressure relieving cushions and portable fans.

## Regulation 27: Infection control

A number of issues that had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- Infection prevention and control guidelines required review and updating.

- There was a limited number of dedicated clinical hand wash sinks for staff to perform hand hygiene in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks.
- Electric hand dryers were available some toilets used by residents. Disposable paper towels for hand drying are preferable to the use of electric dryers.
- Some soap dispensers were refilled. Disposable single use cartridges or containers should be used. The provider had identified this and informed the inspector that replacement dispensers were to be ordered.
- The inspector was informed that resident's wash-water was emptied down hand wash sinks in residents rooms. This practice should cease as this will significantly increase the risk of environmental contamination and cross infection.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of hoists in an assisted bathroom. Cleaning equipment and supplies were inappropriately stored within the 'dirty' utility room.
- Staff changed in designated toilets. The inspector was informed that this was an interim measure to facilitate separate changing for cohort teams. Contingency plans should be reviewed to ensure changing facilities are located separately to toilets. Such separation is necessary to avoid the risk of contamination.
- The cleaning trolley required more detailed cleaning in crevices to ensure that equipment used for cleaning should not contribute to dispersal of dust or micro-organisms
- Tubs of alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces
- The use of portable fans had not been risk assessed in the context of COVID-19. The portable fans were not on a daily cleaning schedule and the blades of two fans observed were dusty.
- Reusable nebulisers were not rinsed with sterile water and stored dry after each use.
- The fabric covers of several resident chairs and pressure relieving cushions were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.

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 Lough Erril Private Nursing Home OSV-0000357

Inspection ID: MON-0034674

Date of inspection: 04/11/2021

## 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> <ol style="list-style-type: none"> <li>1. Infection prevention and control guidelines have been reviewed and updated. Timeline: Completed.</li> <li>2. Taking into account the New Guidelines for IPC, we will review our schedule for installing Clinical Hand Wash Sinks HBN 00-10 which are for staff use only. In the interim staff will continue to use alcohol hand gel and available hand wash sinks as per the 5 moments of hand hygiene. Timeline: December 2021</li> <li>3. Electric hand dryers will be removed from the 3 ensuite bathrooms and disposable paper towel dispensing units will be provided. Timeline: Jan 2022</li> <li>4. Disposable single use soap dispensing containers are ordered for use. Timeline: Dec 2021.</li> <li>5. Resident’s wash water is now emptied into the sluice sinks. Timeline: immediate.</li> <li>6. a) Hoist storage has been reviewed and will not be stored in the assisted bathroom. Timeline: immediate. b) Cleaning equipment and supplies are stored in the clean utility room. Timeline: immediate.</li> <li>7. Staff changing facilities will be separate to a bathroom area.. Timeline: immediate.</li> <li>8. The cleaning trolley has been deep cleaned and has been added to the daily cleaning schedule.</li> </ol>	

Timeline: immediate.

9. 3 in 1 disinfectant wipes which clean, disinfects and are sporicidal are available in the nursing home for use.

Timeline: 06/12/21.

10. a) Following risk assessment in the context of Covid 19, portable fans will not be used where a resident is suspected/confirmed with Covid 19 infection.

Timeline: 05/11/21.

b) The portable fans have been deep cleaned and added to the daily cleaning schedule.

Timeline: 05/11/21.

11. Reusable nebulizers. are washed with distilled water after use and stored dry.

Timeline: 05/11/21.

12. An audit of the fabric covers of resident's chairs and pressure relieving cushions is completed. Replacement of same is in progress.

Timeline: Jan 2022.

All changes have been communicated to all staff members.

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## 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.	Substantially Compliant	Yellow	31/03/2022