



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

## Issued by the Chief Inspector

Name of designated centre:	Swords Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Mount Ambrose, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 October 2022
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0038283

## About the designated centre

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

Swords Nursing Home is a purpose-built facility which can accommodate a maximum of 52 residents. The centre provides long-term residential, respite, convalescence, dementia and palliative care to a mixed gender of 18 years old and over. Care is provided to those of low, medium, high and maximum dependency. The main objective of Swords Nursing Home is to ensure the continued delivery of high-quality consistent person-centred care to all residents. Their philosophy is based around a quality of life and quality of care for residents. They use a multifaceted approach to care to achieve this. Accommodation available to residents includes eight twin and 36 single bedrooms, some of which have bathrooms en-suite. It is located in the countryside within 5km of Swords village.

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

Number of residents on the date of inspection:	39
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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 26 October 2022	09:05hrs to 17:25hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents living in the centre. Residents said they were satisfied with the care they received and the standard of cleanliness in their bedrooms and communal areas. One resident said that cleaning staff kept the centre "spotless" and that "the cleaning staff are excellent". Some residents commented they were happy that life had returned to normal with regard to visiting. Visiting was seen to be unrestricted during the inspection and risk assessments were completed for all visitors before they entered the centre to ensure they had no signs of infection.

This centre was a one-storey building. Accommodation available to residents included eight twin and 36 single bedrooms, some of which have en-suites. Each room contained a hand-wash basin for resident use. There was a variety of indoor communal space available for residents and residents moved freely throughout the centre. Residents were seen to enjoy a celebration for one of the staff with music and dancing. Residents were observed to be cared for in a kind, gentle and supportive way. Residents commented that "staff couldn't better" and that they were great.

Overall, the general environment and residents' bedrooms and communal areas inspected were clean and well decorated with a few exceptions. Painters were in the centre during the inspection attending to chipped paintwork around the centre and repainting vacant rooms.

While the centre provided a homely environment for residents, there were a few infrastructural issues that impacted effective infection prevention and control. For example, there were sinks available for staff to clean their hands, however, two available sinks did not comply with current recommended specifications for clinical hand hygiene sinks, in the treatment and general practitioner (GP) rooms. There was no hand hygiene sink available in one sluice room for staff use. The surfaces of a small number of chairs in communal areas, hoists and the work bench in the treatment room and nurses station was damaged. This impacted on effective cleaning. Clinical waste bins were inappropriately used at the entrance of the centre, on corridors and in staff rooms to dispose of used face masks, paper and plastic waste.

There was signage located throughout the centre which informed residents, staff and visitors of protocols to follow to reduce infection, such as hand hygiene, cough etiquette and the wearing of personal protective equipment (PPE). While there was alcohol based hand-rub available in the centre, more were required along two corridors to support good hand hygiene practice. This was addressed during the inspection.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact 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. Weaknesses were identified in infection prevention and control cleaning methods and training. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection.

Swords Nursing Home is owned and managed by Mowlam Healthcare Services Unlimited Company. The inspector found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre. The provider had nominated a senior staff nurse as infection control lead. Various committees were in place to monitor infection prevention and control in the centre, such as the monthly infection control and governance meetings where audits and aspects of standard precautions were discussed. While audits tools used contained action plans and a responsible person was identified, they did not reflect findings during this inspection. These findings are detailed under Regulation 27: Infection Control.

The provider was proactive in maintaining and improving current facilities and physical infrastructure at the centre, through ongoing maintenance and renovations. For example, bedrooms were repainted and chipped paintwork around the centre and storage cupboards in the clinical room had been replaced. The provider had installed three clinical hand-wash sinks to support good hand hygiene among staff. However, the surfaces of counters, a small number of chairs in communal areas, some bed tables and bed frames were damaged and would not facilitate effective cleaning.

The provider had taken appropriate actions to address the malodour that had been present in a small number of communal bathrooms and en-suite facilities. The inspector was told that an odour tended to occur when there was heavy rainfall. The provider had replaced soil pipes, piping under shower trays and ventilation systems to address odour issues. The provider had systems in place to monitor the odour on a daily basis. The inspector found that there was a slight odour present in one of the communal bathrooms and a sluice room. The communal bathroom was found to be odour free by the end of the inspection.

The inspector was told of plans for improvement to enhance the lived experience of residents, such as a curtain replacement programme and replacement of flooring in

communal bathrooms. One communal bathroom had been completed and a second bathroom was scheduled for flooring replacement shortly after this inspection.

Training records demonstrated that all staff had access to and had attended infection control training. This was delivered through a blended approach, such as, face-to-face and online training. The provider informed the inspector that two staff would be facilitated to attend infection control link practitioner training, once a date became available, through the local Community Health Organisation.

The findings of this inspection found that further training and supervision was required on standard infection control precautions, including safe sharps and appropriate waste management and environment and equipment hygiene practices.

Infection prevention and control guidelines covered aspects of standard and transmission-based precautions and the care and management of residents with infections, such as multi-drug resistant organisms (MDROs). The antibiotic use was monitored each month on an individual resident basis. However, the centre's overall antimicrobial use and MDRO's and infection rates was not monitored to progress the quality of antibiotic stewardship within the centre. For example, antibiotic use and infections were not tracked to inform quality improvement initiatives.

There were sufficient care and cleaning staff on duty in the centre to meet the needs of the residents. Call-bells were answered without delay and there were staff available to assist residents if they needed. The supervisor, who oversaw cleaning, was included in cleaning staff numbers in accordance with the centre's statement of purpose. A comprehensive cleaning schedule was in place for each of the units and included the flushing of infrequently used water outlets. Cleaning records were overseen by the manager.

## Quality and safety

While there was evidence of good infection prevention and control practices, some practices observed demonstrated instances of inappropriate and unsafe waste management, inappropriate cleaning processes for equipment and the environment; these are further detailed under Regulation 27: Infection control.

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. Ample supplies of PPE were available. Appropriate use of PPE and hand hygiene was observed during the course of the inspection. Laundry was outsourced to an external contractor and clean and dirty laundry was seen to be stored and managed safely.

There was a well-managed vaccination programme in progress. All of the residents who were eligible had received their COVID-19 booster and influenza vaccines. Staff

were receiving the influenza vaccine through a peer vaccination programme in the centre. (Peer vaccination programmes are when healthcare workers administer vaccines to other healthcare workers).

The provider was using a transfer form when transferring residents into hospital if they became unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. The pre-admission records used did not include a comprehensive infection prevention and control history or risk assessment to ensure all infection control measures were in place, if required. The provider assured the inspector that this would be addressed without delay.

Staff were knowledgeable about the management of spills and needle stick injuries, however, they did not have access to safety engineered needles and a small number of needles were seen to be re-sheathed which increased the risk of needle stick injuries. Four sterile dressings and solutions used for wound dressings were not used in accordance with single use instructions, as they were stored with un-opened dressings. This could result in them being re-used and may result in a healthcare-associated infection.

Residents who had a medical device, such as a urinary catheter (a flexible tube for draining urine from the bladder) had information in their care plan to guide staff. However, the information and guidance on the frequency of changing urine collection bags was not clearly outlined and staff were not changing bags in line with the centre's policy. This practice may increase the risk of a resident acquiring a healthcare-associated infection. Care plans reviewed for residents with multi-drug resistant organisms (MDROs) provided detail to inform infection prevention and control practices.

## Regulation 27: Infection control

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

Surveillance of infections and colonisation was not routinely undertaken and used to inform practice. This meant that the provider did not monitor local trends in infection and colonisation development of antimicrobial resistance within the centre.

The provider had not ensured that all precautions to ensure practices for effective infection control was part of routine delivery of care to protect people from preventable health care-associated infections. This was shown by:

- Intravenous trays and wound dressing scissors inspected were not visibly clean. Routine decontamination of the care environment was performed using a combined detergent and disinfectant solution when there was no indication for its use. Tubs of 70% alcohol wipes were inappropriately used throughout



the centre for the cleaning of equipment. These practices could result in surfaces and equipment not being cleaned appropriately and possible damage to surfaces with prolonged use

- all sharps bins inspected did not have the temporary closure mechanism engaged when they not in use or were not signed when they were opened and assembled. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- five hypodermic needles were seen to be recovered following use in sharps bins. This practice increased the risk of needle stick injuries and did not align with the centre policy on management of sharps
- domestic waste was inappropriately disposed of as clinical waste. For example, used face masks, plastic and paper waste was seen in bins
- continence wear were observed to be stored in open packets or out of their packets on linen trolleys could result in cross contamination
- The inspector was informed by three staff members that the contents of commodes and bedpans were manually decanted into residents' toilets prior to being placed in the bedpan washer for decontamination. This practice could result in an increase environmental contamination and cross infection.

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

- There was no hand hygiene sink in one sluice room to allow staff to effectively decontaminate their hands
- detergent used in one bedpan washer was empty. This may have an impact on effective decontamination of utensils and result in a health care associated infection
- the surfaces of some furniture including the nurses desk, treatment room counter, hoist frames, bins and damaged flooring did not support effective cleaning and infection prevention and control measures.

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 Swords Nursing Home OSV-0000181

Inspection ID: MON-0038283

Date of inspection: 26/10/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The PIC and Assistant Director of Nursing (ADON &amp; IPC Lead) will continue to provide oversight and regularly monitor IPC practices in the nursing home. We will ensure that the ADON receives enhanced education on Infection Prevention &amp; Control to facilitate best practice in her IPC Lead Nurse role.</li> <li>• The National Standards for the Prevention and Control of Healthcare Associated Infections are accessible to staff in the home. The PIC will ensure that IPC issues are discussed at handovers, safety pauses and as part of the monthly management team meetings to heighten staff awareness and vigilance.</li> <li>• The current HPSC guidelines are in place in the home, accessible to all staff and updated when new guidelines are issued.</li> <li>• Staff complete tutor-led IPC training and on-line training updates i.e., HSEland, AMRIC training.</li> <li>• The IPC Lead will conduct Hygiene and Infection Control audits and will implement SMART action for any areas identified as not compliant.</li> <li>• The HSE – IPC lead will conduct audits in the event of an infection outbreak. The PIC and the IPC Lead within the centre monitor standards.</li> <li>• The Facilities Manager has a plan of works in place for the installation of clinical hand hygiene sinks that comply with current recommended specifications, in the sluice room, the GP room and the treatment room.</li> <li>• Damaged furniture has been reviewed and a plan is in place to replace or repair the damaged items, including the desk in the nurse’s station, bed tables and bed frames.</li> <li>• Hoist noted to have areas of rust on inspection; this repair was completed in October 2022. The Clinical Waste bin at the entrance of the home was replaced in October 2022.</li> <li>• The odour noted in communal bathroom and sluice room on inspection has an ongoing daily programme of monitoring in place by Maintenance and Housekeeping team. Daily flushing of drains with Good Sense product used. The PIC maintains a log of all works by our Facilities team, and this was shared with inspector during inspection.</li> <li>• Curtain replacement programme: all unsuitable curtains have been replaced in October 2022. There is a schedule in place to replace communal bathroom flooring as identified</li> </ul>	

during the inspection will be replaced.

- Antimicrobial stewardship – all antibiotics have been reviewed, and a monthly database has been created. A section has been added to the IPC folder to monitor antibiotic usage.
- Antimicrobial stewardship will be discussed at all future IPC committee monthly meetings.
- Pre-admission assessment record: the pre-admission assessment document has been reviewed and will be updated to include all required/relevant information in relation to the resident's infection history multi-drug resistant organisms (MDROs) will be highlighted and will be treated in accordance with HPSC recommendations.
- The IPC Lead Nurse will conduct staff awareness sessions regarding the appropriate management of sharps. Sharps bins will be signed when opened and assembled, and the needles will be changed to safety engineered needles.
- The PIC will carry out clinical supervision meetings with staff in relation to the safe use and management of sterile dressing packs. Nursing equipment will be logged, and a cleaning record maintained of equipment in use. The PIC will arrange for Urinary Catheter Care Training for all healthcare staff.
- The disposal of PPE during periods when there is no infection risk has been reviewed and the IPC Lead Nurse will ensure that staff will dispose of non-infected PPE in domestic waste.
- The PIC has reviewed the storage arrangements for continence wear to ensure that storage complies with IPC requirements.
- The decontamination of bedpans and commodes is included in the Housekeeping Manual; all healthcare and housekeeping staff will be allocated time to refresh their knowledge and awareness of this information, and the IPC Lead Nurse will monitor compliance with same.
- Bedpan washer: The PIC has introduced a log to check detergent and temperature weekly. As per the Housekeeping Manual, an engineer will be contracted to check machine and seals annually, and a logbook maintained. All healthcare and housekeeping staff have been asked to refresh their knowledge of this information and the Housekeeping Supervisor will monitor compliance with same.

## 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	31/03/2023