



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

Issued by the Chief Inspector

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0037667

About the designated centre

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

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. For operational purposes the centre is divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

There are numerous communal areas for residents to use including four day rooms, a dining room and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care.

Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs in-house as required. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff. Activities are provided seven days per week and throughout the day and evening.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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 18 August 2022	09:00hrs to 16:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

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. The inspector spoke with four residents living 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. One resident said she found it difficult to communicate with staff wearing masks but understood the reason for their use.

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 centre was purpose built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. The centre was laid out over two wings, Fuschia and Heather Wing with 30 single bedrooms in Fuschia Wing and 12 twin rooms and six single bedrooms in Heather Wing. All residents' bedrooms had ensuite showers, hand wash basin and toilets. However the flooring in several ensuite bathrooms was showing signs of wear and tear. The inspector was informed that a replacement scheduled was ongoing and flooring had been recently replaced within two bedrooms and in a dayroom.

There was plenty communal spaces and rooms in the centre with one large day room and a sitting room in Fuschia Wing and a "garden" sitting room in Heather Wing. Meals were provided in the two interconnecting dining rooms. The centre also had a "flower walk" where a glass corridor, lined with potted flowering plants, linked through the centre, where residents could walk up and down regardless of the weather outside. The inspector observed a large group of residents enjoying a music session in the dayroom. Other residents were seen to be enjoying a knitting group.

Visitors were seen coming and going throughout the day of the inspection. A designated member of staff was in the reception area to ensure that visitors were signed in and completed safety checks in line with national guidance. Several residents were observed receiving visitors in their rooms. One resident said she was looking forward to the resumption of group outings and day trips.

There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. The clinical hand wash sink in this room complied with recommended specifications for clinical hand wash basins. However a staff toilet opened directly into the clean utility room. This posed a risk of contamination of equipment and supplies within the clean utility room. The inspector was informed that alternative staff toilets were available

and this toilet was locked and taken out of use immediately.

The inspector also observed a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean with few exceptions. For example, the sluice room required a deep clean. This was done during the course of the inspection.

Oversight of equipment cleaning and cleaning schedules also required review as three wheelchairs and two cleaning trolleys were unclean. A small number of commode basins had not been effectively cleaned after use. Findings in this regard are further discussed under the Regulation 27.

The inspector observed that alcohol hand gel was available at point of care within each room. However alcohol gel in a small number of cartridges was past its expiry date. Barriers to effective hand washing were also observed during the course of this inspection. For example, there were only two hand wash sinks (in the sluice room and clean utility room) dedicated for staff use. Findings in this regard are presented under regulation 27.

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

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.

Bishopscourt Residential Care Limited is the registered provider for Bishopscourt Residential Care and is registered to accommodate 60 residents. There are two company directors one of whom is actively involved in the management of the centre and was working in the centre on the day of the inspection. The centre employed a general manager who was responsible for the operational management in the centre. The director of nursing was the person in charge and was supported in her role by a clinical nurse manager, a team of nurses, health care assistants, activity staff and housekeeping staff. The centre also had a full time maintenance person and an administrative assistant.

The inspector found that that there were clear lines of accountability and

responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The provider had nominated a clinical nurse manager, with the required training and protected hours allocated, to the role of infection prevention and control link practitioner. The infection control link practitioner demonstrated a commitment and enthusiasm for the role.

Monthly infection prevention and control audits were undertaken by the infection prevention and control link practitioner. Audit tools were comprehensive and quality improvement plans were developed in response to audit findings. However audit scores were not recorded, tracked and trended to monitor compliance over time, therefore the provider was unable to implement targeted quality improvements or monitor improvements over time.

Antibiotic use and new infections were monitored each month. However surveillance of multi-drug resistant organisms (MDROs) was not routinely undertaken. Individual assessment of infection and MDRO status and history were not completed where required for residents on admission. Findings in this regard are further discussed under the individual Regulation 27.

The provider had a number of effective assurance processes in place in relation to the standard of environmental 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.

The centres outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. There was no outbreak on the day of the inspection.

The person in charge informed the inspector that staffing had been a challenge during previous outbreaks. During the inspection there were adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. Staffing on the day was in line with the centres statement of purpose. Staff were seen to be responsive and attentive without any delays with attending to residents' requests and needs. The inspector also observed there were sufficient numbers of housekeeping staff to meet the needs of the centre on the day of the inspection. All areas and rooms were cleaned each day and the environment appeared visibly clean.

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.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff responsible for cleaning were found to be knowledgeable in use of the cleaning chemicals and cleaning techniques. The inspector was informed that additional training in cleaning practices and processes had been booked for the housekeeping staff. However the inspector identified, through speaking with staff and findings on

the day of inspection, that additional education was required on the management of MDROs.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place. Resident's care plans identified the residents nominated support person.

Resident care plans were accessible on a computer based system. The National Transfer Document and Health Profile for Residential Care Facilities was incorporated into the electronic document management system. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However, further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status. Details of issues identified in care plans and nursing assessments are set out under Regulation 27.

The inspector identified some examples of good practice in the prevention and control of infection. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread 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.

Staff continued to avail of serial COVID-19 testing fortnightly. Polymerase chain reaction (PCR) testing was supplemented with antigen testing. This had identified some isolated cases of COVID-19 among staff and appropriate controls were put in place to prevent a large outbreaks.

The centre experienced one large outbreak of COVID-19 in November 2020. Since this time, there had been two further small outbreaks affecting staff and residents. While it may be impossible to prevent all outbreaks, a review of the notifications submitted to HIQA indicated that management had successfully contained the spread of infection and limited the impact of these outbreaks on the delivery of care.

The provider had ensured there were sufficient supplies of personal protective equipment (PPE) in the centre throughout the pandemic. All staff were seen to be wearing the appropriate PPE on the day of the inspection. One resident was being cared for with transmission based precautions. Appropriate PPE and signage was available outside their room. Staff wore respirator masks when providing direct care to residents.

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. Assurances were not provided at the time of the inspection that the decontamination of bedpans and urinals was being managed in line with best practice.

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. For example;

- Surveillance of MDRO colonisation was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity among staff and management regarding which residents were colonised with MDROs.
- Care plans and nursing assessments reviewed did not include a comprehensive details regarding residents infection prevention and control status or history. This meant that appropriate precautions may not have been in place when caring for residents that were colonised with MDROs.

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

- Two commode basins and a urinal in resident's ensuite bathrooms were stained. A bedpan that had been washed in the bedpan washer was also visibly unclean. Ineffective decontamination increased the risk of cross infection.
- Two cleaning trolleys required more detailed cleaning in crevices to ensure that equipment used for cleaning should not contribute to dispersal of dust or micro-organisms.
- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- Some soap dispensers in residents rooms were refilled. Disposable single use cartridges or containers should be used to prevent the risk of contamination.
- A range of safety engineered needles were not available. A small number of used needles were recapped prior to disposal. This practice increased the risk of a needle stick injury.
- Several open-but-unused portions of wound dressings were observed in the clean utility room. Use of these partially used dressings increases the risk of contamination.

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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Bishopscourt Residential Care OSV-0000200

Inspection ID: MON-0037667

Date of inspection: 18/08/2022

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> <p>Increase staff awareness by providing training and information of MDROs . Implement process to improve management of residents with MDRO history / status. 30/09/2022</p> <p>A process has been put in place to insure bedpans are cleaned each night. Any stained urinals have been replaced with new commode basins & urinals. 14/09/2022</p> <p>Cleaning Trolleys are to be cleaned daily and deep cleaned weekly and audited weekly by IPC Nurse. 14/09/2022</p> <p>Consult with maintenance & contractors and risk assess to look at the feasibility of recessing sinks into the wall along the corridors on each side of the Nursing Home. 30/06/2023</p> <p>Replace refillable soap dispensers with dispensers that use disposable single use cartridges. 31/10/2022</p> <p>Information and Training on Risk of Needle Stick Injury to be provided to all staff. 30/09/2022</p> <p>Dressings once opened to be kept in sealed packaging labelled and dated to minimise risk of contamination. 14/09/2022</p>	

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	30/06/2023