



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

Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 August 2022
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0037470

About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	79
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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 3 August 2022	09:02hrs to 17:15hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

Three residents who spoke with the inspector on the day of inspection appeared content living in this centre. They said that the management and staff of the centre were kind and caring. One resident told the inspector he was happy and glad 'visitors come and go now'. Another told the inspector he was glad the restrictions were over and he could see his visitors again. Visits were seen taking place by the inspector during the course of the inspection.

Staff were observed to be responsive and attentive towards residents. There were no delays seen when attending to residents' requests and needs. Despite maintenance and improvement work being completed since the last inspection, the premises requires further improvements to facilitate effective cleaning.

On arrival to the centre, the inspector was met by a staff member, who after a short introductory meeting accompanied the inspector on a tour of the premises. The inspector observed some residents up and ready for the day, some were mobilising around the nursing home. Others were in their bedrooms.

Millbrae Lodge Nursing Home is a purpose built facility that is registered to accommodate 81 residents in 59 single bedrooms and 11 twin bedrooms, all of which have en suite facilities. On the day of this inspection there were 79 residents living in the centre, with 2 vacancies. It is a two storey building with bedroom accommodation and communal space on both floors. The first floor is accessible by stairs and lift. The ground floor has a designated dementia wing with bedroom capacity for 15 residents.

Residents had easy access to an enclosed garden area. The garden was wheelchair-friendly with wide paths throughout. There was garden furniture for residents to sit and enjoy the surroundings including planters with flowers and vegetables.

The provider had provided décor and furnishings throughout the centre, such as wall mural's, cupboards and ornaments. The areas of the nursing home viewed by the inspector for the most part were visibly clean. However, some areas were found not to be clean and areas of the centre required further maintenance and repairs to ensure that effective cleaning and disinfection could be completed. For example; stained fabric chairs were seen in communal areas, hair clippings were still on the floor in the hairdressing room several days after the hairdresser visit. The legs of the dining room tables and chairs were stained and unclean. Similarly, the stainless steel equipment within the dirty utility (sluice) room was not clean and required de-scaling.

All of the bedrooms viewed by the inspector contained wardrobe and drawer space for residents to store their clothes and personal possessions, except one. One of the double rooms viewed contained one wardrobe. Furthermore, within this bedroom the lockers between the beds were very close together with no space between,

impinging not only on resident's privacy but also presented an infection prevention and control risk. The person in charge informed the inspector that there was currently one resident in this bedroom and was rarely used as a double room. The inspector observed that many residents had personalised their bedroom space with pictures, art and photographs to reflect their life and interests.

There were clinical hand-wash sinks available in the centre which were accessible to bedrooms, and were compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware and pre-plumbed assemblies in healthcare buildings. Even so, there were non compliant hand-wash sinks in the nurses room whereby medication and dressings are prepared. One of these sinks was stained and the surround was water damaged making cleaning difficult. There were wall mounted alcohol gel dispensers situated around the corridors to assist in hand-hygiene requirements.

There was inadequate facilities for the cleaning and disinfection of reusable plastic bedpans between uses in one of the downstairs sluices (sluice room is a room found in healthcare facilities such as hospitals and nursing homes, that is specifically designed for the disposal of human waste products and disinfection of associated items) and one of the sluices upstairs did not contain a hand wash sink for staff to wash their hands after dealing with bodily fluids. Wheelchairs and items of clothing were seen stored in the sluice which is not in line with best practice, due to the risk of contamination from the disposal of body fluids process that takes place in a sluice room.

Staff were observed to be following infection prevention and control guidance such as the wearing of masks and washing hands for the most part, but three members of staff were seen to be wearing gloves inappropriately, which is not in line with standard precautions and could lead to cross contamination and a risk of infection for residents.

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

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall the inspector found that while the registered provider was endeavouring to implement systems and controls to protect residents from the risks associated with infections, improvements were required in relation to the cleanliness, maintenance,

infection prevention and control governance and oversight to comply with Regulation 27: Infection control.

The Inspector also found that while some of the previous non-compliance's were addressed, not all of the changes committed to in the previous compliance plan had been completed even though time-frames for completion had expired. For example:

- The centre was still using the hairdressing room to traverse dirty and clean linen into and out of the laundry processing area, despite a door that could be used directly out of the laundry.
- The flow of dirty to clean linen was not possible due excessive amounts of clean clothes hanging on poles which meant dirty linen trollies were stored and travelled directly underneath clean clothes. This infringes the centres own laundry policy which acknowledges dirty linen can transmit micro-organisms.
- Metal sinks seen in the sluices still had white staining and rust present.
- A janitorial sink has not been installed in the housekeeping room, and staff continue to empty dirty housekeeping waste water down a sink. The person in charge assured the inspector it had been ordered but not arrived as yet.
- Storage of personal items, wheelchairs and mobility aids in inappropriate areas for example, sluice rooms and linen rooms.

The provider of the centre is Millbrae Lodge Nursing Home Limited. The person in charge was supported in the management of the centre by two assistant directors of nursing, a clinical nurse manager, a regional manager and a chief operating officer. Overall accountability for infection prevention and control within the centre rested with the person in charge who was also the designated COVID-19 lead. There were no infection control link nurses currently but the inspector was told they are on the waiting list with the HSE for training in this role.

A review of documentation indicated that infection prevention and control was discussed at governance, staff and resident meetings. Nonetheless, there were lost opportunities to improve the quality and safety of care for residents, by means of addressing deficits noted during auditing and staff meetings. For example, it was documented in a governance meeting in April 2021 that resident toiletries in shared rooms should be labelled to prevent communal use and reduce the risk of cross infection. However, toiletries were seen on the day of inspection in shared bathroom cupboards unlabelled. It was noted in an infection control audit dated July 2022 that resident chairs were stained, dust was on skirting boards and the hairdressing room was not clean. These issues were still evident on the day of inspection..

There were some good practices seen in regard to infection prevention and control for example, the centre outbreak management plan was easy to read and had clear arrangements to be instigated in the event of a further outbreak of COVID-19 infection. An outbreak of COVID-19 was declared over in March 2022. The Provider had provided extra staff during the outbreak and the person in charge told the inspector they were currently recruiting various roles within the nursing home to

enhance their staffing complement.

A formal review of the management of a previous outbreak of COVID-19 to include lessons learned had been completed as recommended in national guidelines.

All HSE/HPSC Infection Control guidance and their own infection prevention and control policies were available and up to date for staff to use. The centre had access to the HSE infection prevention and control specialist team for outbreak support, but did not have access for other specialist infection prevention and control advice and education.

All Staff had received education and training in infection prevention and control. Records reviewed showed all of the training was online, however face to face training was planned for 6th August, 2022. An additional skin and wound management refresher session was arranged for nursing staff due to the large amount of residents requiring wound care. The provider had a wound monitoring system and the records seen by the inspector showed that they were a mix of wounds both acquired within the nursing home and in other facilities. The selection of wound care plans reviewed appeared appropriate and many had been reviewed by a specialist nurse in wound care.

The statement of purpose outlined the staffing numbers employed. For the most part the roster supported the statement of purpose staffing numbers. However, there was a reliance on agency nurses to fulfil some of the nursing shifts required. In addition to the registered general nurse (RGN) numbers the person in charge and/or their deputy, were in place to supervise and monitor all aspects of care during day time hours. The person in charge informed the inspector they were currently recruiting staff and had already one new nurse on induction.

Quality and safety

Overall, while there were some areas of good practice noted with infection prevention and control procedures, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection and to become fully compliant with Regulation 27 : Infection Control

Residents spoken to informed the inspector that they were aware of some of the COVID-19 restrictions but were all happy that life is returning to a more normal state where their visitors could support their lives in a more meaningful way. The provider had copies of resident information leaflets to hand out in the event that a resident had a diagnosis of an infection or colonisation. Residents appeared to have good access to healthcare services based on their assessed needs and choices.

There were plenty of supplies of (personal protective equipment) PPE and the inspector observed staff practices in regard to wearing of masks and gloves were in

line with standard precautions guidelines. However, the inspector did observe three staff members wearing gloves inappropriately, which could lead to cross contamination for residents.

The inspector observed that hoist slings that had no individual resident's name were hanging side by side in several areas of the nursing home. Arrangements to ensure that hoist slings were not shared required strengthening.

Open-but-unused portions of wound dressings were observed in a drawer. The provider must ensure that designated 'single-use only' items are not re-used and are appropriately disposed of directly after use. It should only be used on an individual resident during a single procedure and then discarded. It is not intended to be reprocessed and used again, even on the same resident.

The provider had a system in place to monitor antibiotic use and was using their computerised care plan transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection prevention control precautions needed.

Housekeeping was not effectively planned, organised and supervised to meet the services' hygiene and infection prevention and control needs. The housekeeping roster indicated there were four housekeepers on duty on the day of the inspection, the day before and the day after. However, on those days there was no laundry worker rostered and two housekeepers were working in the laundry on the day of inspection leaving two housekeepers to clean two floors of the nursing home. This was insufficient to maintain the cleanliness of the centre given the size and layout of the centre, and the examples of unclean areas, equipment and furniture seen during the inspection.

There was a lack of oversight and supervision of cleaning processes, the disinfectant process was not understood and the prescribed contact time to ensure effectiveness was not in place. Prepared cleaning chemicals also were not labelled and dated to ensure expected shelf life did not expire. This is a repeat finding from the previous inspection.

The Housekeeping equipment was generally well maintained and clean, however there was a floor washing machine which was not clean and the water tank held unclean water from a previous use.

The housekeeping room did not store chemicals within a dedicated store which is necessary to ensure the safety, stability and longevity of the chemicals. The laundry tagging process needed improving as there were many items of untagged clothing seen stored inappropriately in the laundry, sluice and store rooms. This storage of clean clothes in inappropriate areas increases the risk that these clothes are not returned to the resident whom they belong to but also increases the risk they become contaminated with infectious agents whilst in these inappropriate areas.

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to comply with this regulation.

Infection prevention and control and environmental audits undertaken did not guide changes to support the safety and quality of the care provided, as deficits were not always actioned after the audits.

Hand-wash sinks in the nurses treatment rooms did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. Additionally, there was no hand-wash sink in the upstairs sluice room. This practice increases the risk of cross infection.

There was inappropriate storage of clean resident supplies and equipment in the laundry, housekeeping room and sluice. This arrangement increases the risk of environmental contamination and cross infection.

Housekeeping was not effectively managed and supervised to meet the services' infection prevention and control needs. There was two cleaners on duty on the day of the inspection, and several areas, furniture, and equipment were not clean. Improved oversight of cleaning and disinfectant practices was also required. There was insufficient resources allocated to cleaning on the day of inspection.

The cleaners room requires a stainless steel sluice sink, wash-hand basin, and lockable safe storage for cleaning chemicals to enable the safe storage and disposal of cleaning chemicals and waste water.

Arrangements and specifications for linen and laundry management including cleaning, decontamination, collection, transport and storage, were not in line with best practice. The hairdressing salon was a thoroughfare to the laundry room which did not support effective infection prevention and control practices. There was not a dirty to clean journey for the laundry process as the clean clothes had to traverse back through the dirty zone and the hairdressing salon to exit the washing area.

All equipment was not safely and effectively cleaned, decontaminated, maintained and managed in accordance with legislation, the manufacturer's instructions, national medical devices and equipment standards policy, standards and best practice guidance. For example; single use devices marked with a symbol of a '2' in a circle with a line through should only be used during a single procedure then discarded. Fabric chairs were stained and dining room furniture was stained and not clean.

Storage of hoist slings for the movement and handling of residents management required strengthening. Hoist slings were seen with no resident identifiers hanging all together on the wall.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Millbrae Lodge Nursing Home OSV-0000419

Inspection ID: MON-0037470

Date of inspection: 03/08/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The actions taken to achieve compliance with this regulation are as follows:</p> <ul style="list-style-type: none"> • A newly appointed Household Supervisor has joined the local management team and has responsibility for the monitoring of cleaning procedures & practices within the centre. (16/08/2022) • A revised schedule of cleaning has been introduced that incorporates the steam cleaning of fabric seating. All staff have been reminded to alert the Household Supervisor if they observe seating in need of steam cleaning outside the regular schedule. (31.08.2022) • A deep clean of the hairdresser's room was completed following the inspection and is cleaned after every use. (16/08/2022) • An audit of chairs and tables took place following the inspection with replacement furniture sourced where required. (09/09/2022) • A deep clean of all stainless steel equipment in the sluice room took place following the inspection with equipment replaced as required. (09/09/2022) • The furniture in place within all shared rooms has been reviewed and where appropriate updated to ensure full compliance with the relevant regulations (09/09/2022) • Handwashing sinks that fully comply with the required IPC standards have been ordered and will be installed by 30/09/2022. • The arrangements in place for storage within the centre have been revised so that all items including equipment is stored most appropriately. (16/09/2022) • Update training has been provided to staff on IPC compliance and in addition to peer to peer challenge on adherence to best practice, observational audits by the local management team are conducted weekly to ensure compliance (09/09/2022) • Laundry arrangements have been revised with dedicated ingress and egress to ensure enhanced segregation of clean and dirty linen. (16/08/2022) • Replacement janitorial sinks are on order and will be installed by 30/09/2022. • Immediately following the inspection, all toiletries in use within shared rooms were clearly personalised (04/08/2022) 	

- A full review has taken place of all hoist slings in use within the centre. Every resident has been assigned a dedicated sling that is clearly labelled and stored within his/her bedroom. (18/08/2022)
- All nurses have completed the HSE online training in relation to aseptic technique and in response to inspection findings have been reminded on the management of single use dressings. (09/09/2022)
- A full review has taken place of the cleaning schedule and chemicals used within the centre. In response to the review, our Group Housekeeping Manager has updated housekeeping staff on the revised chemicals now used and cleaning schedule. (09/09/2022)
- A revised approach to the management of personal laundry has been adopted. A 'button' tagging system has been introduced for long stay residents whereas short stay residents and their significant others have been guided to label personal clothing using a permanent marker. As part of admission, the labelling of clothing is now audited. (30/09/2022)
- The housekeepers room is secured at all times and staff have been reminded of the risks associated with leaving the room unlocked. At this time, all chemicals are stored on dedicated shelving and lockable storage presses are on order. (30/09/2022)

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2022