



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

## Issued by the Chief Inspector

Name of designated centre:	Droimnin Nursing Home
Name of provider:	Droimnin Nursing Home Limited
Address of centre:	Brockley Park, Stradbally, Laois
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0036373

## About the designated centre

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

Droimnin Nursing Home is a designated centre for older people. The centre has two buildings that are purpose built. The centre provides accommodation for a maximum of 101 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence basis. The centre is located at the end of a short avenue in from the road and within walking distance to Stradbally, Co Laois. A variety of communal rooms are provided for residents' use including sitting, dining and recreational facilities. Each resident's dependency needs is assessed to ensure their care needs are met. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, activity, administration, maintenance, housekeeping and catering staff.

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

Number of residents on the date of inspection:	50
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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
Tuesday 1 March 2022	08:30hrs to 15:30hrs	Kathryn Hanly	Lead
Tuesday 1 March 2022	08:30hrs to 15:30hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

Residents were generally positive in their feedback to inspectors and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. One resident said that while they would rather be at home but being in the nursing home was second best and they were happy in the centre.

Inspectors noted staff to be responsive and attentive without any delays in attending to residents' requests and needs. Inspectors saw that staff were respectful and courteous towards residents. 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. A number of residents who were not in isolation were observed engaged in one to one conversation or activities such as knitting or reading newspapers. Residents had unrestricted access to outdoor spaces and doors to the internal garden were unlocked.

Inspectors observed that the atmosphere in the centre was calm and relaxed and that staff knew the residents well. Overall the general environment and residents' bedrooms, communal areas, store rooms, laundry and 'dirty' utility (sluice) rooms inspected appeared clean. The infrastructure and equipment within the laundry supported functional separation of the clean and dirty phases of the laundering process.

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. The décor in some resident's rooms and en-suite bathrooms was showing signs of wear and tear. The provider was working towards improving the existing facilities and physical infrastructure at the centre through upgrading and refurbishment plans which had commenced. Inspectors observed a number of bedrooms being painted. There was a schedule of works in place for the centre. On the day of the inspection 50% of the bedrooms in the home had been fully refurbished with the remaining due for completion by May 2022.

Overall equipment in the units inspected were generally clean with some exceptions. The centre had introduced a tagging system to identify equipment that had been cleaned however this system had not been consistently applied at the time of inspection.

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

Inspectors found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

Droimnin Nursing Home Limited is the registered provider of Droimnin Nursing Home. The centre is part of the Brookhaven Healthcare Group.

A new person in charge had been appointed and had started in the previous two weeks. They had the required qualifications and experience for the role and in their conversations with the inspectors they showed good knowledge and commitment to improving the quality of care and the safety arrangements in the service. The assistant director of nursing was the nominated infection prevention and control lead. Staff in the centre were also receiving external support from an infection prevention and control specialist, who was scheduled to conduct an infection prevention and control audit in quarter three 2022.

The person in charge and the COVID-19 lead in the centre informed the inspectors that an infection prevention and control and antimicrobial stewardship programme was in the process of being established and formalised following the recent changes in management arrangements. The provider had appointed a leader in antimicrobial stewardship activities. An antimicrobial stewardship plan had been developed. Surveillance and oversight of antibiotic use was in place. Pharmacy reported on antibiotic usage each month and a monthly internal in-house audit is also conducted to establish usage. These reports were documented through the established governance structures in the form of key performance indicators (KPI's) each month to the Clinical Director and other Board of Directors.

Infection prevention and control guidelines required updating to ensure they reflected updated national guidelines. For example the hand hygiene policy recommended the use of antimicrobial soap (chlorhexidine). National guidelines advise against the use of this product as it is associated with skin care issues and it is not necessary for use in everyday clinical practice.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Eight staff members had attended additional training in relation to infection prevention and control auditing and risk management. However findings on the day of inspection indicated that additional education and training on the safe use and disposal of sharps, personal protective equipment (PPE) use, waste management and cleaning chemicals was required. Details of issues identified are set out under Regulation 27.

Inspectors observed that there were sufficient cleaning resources to meet the needs of the centre. The provider also had a number of assurance processes in place in

relation to the standard of environmental hygiene in the centre. These included cleaning specifications, checklists and guidance in addition to colour coded flat mops and cleaning cloths. However the cleaning chemicals in use were not in line with Health Protection Surveillance Centre (HPSC) guidelines in the event of an outbreak. The combined detergent/ chlorine-based disinfectant was not used on all surfaces within rooms accommodating residents being cared for with transmission based precautions.

Tubs of 70% alcohol wipes were also inappropriately used throughout the centre for cleaning small items of equipment including hoists. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use

Ample supplies of PPE were available. Staff wore respirator masks when providing care to residents. However several PPE stations remained fully stocked with gowns and goggles in an areas accommodating residents that had not tested positive for COVID-19 infection and there was no indication for their use. Overuse of clinical waste bins was also evident in areas of the centre that were free from infection.

## Quality and safety

Overall, inspectors found that residents' care needs were being met during the ongoing outbreak of COVID-19. A review of documentation indicated that there was sufficient and consistent clinical monitoring and documentation of observations of residents that had tested positive for COVID-19 infection, however the care planning system arrangements were suboptimal. Residents also reported that they were well cared for and understood the requirement for isolation.

COVID-19 care plans had been developed for each resident. However the care plans reviewed were generic and not sufficiently individualised and person-centred to effectively guide care. On the day of inspection there was a hybrid system in place involving both electronic records for care plans and paper-based records for assessments. Care plans were in a narrative format, some 14 pages long, and it was difficult to track when any additional entries, updates, evaluations or care plan reviews took place as there was no time stamp, date or signature and pages were not numbered.

An outbreak of COVID-19 had been declared in the designated centre on 22 February 2022. Public Health were assisting in the management of the outbreak and an outbreak control meeting had taken place. Serial testing was undertaken for both staff and residents and a total of 13 cases of COVID-19 infection had been identified to date. Line listings for confirmed COVID-19 positive residents and staff were maintained.

The early detection of the symptomatic residents on 22 February 2022 ensured prompt action was taken to isolate symptomatic residents and commence

containment measures to limit the spread of infection. Nine residents were being cared for with transmission based precautions on the day of the inspection.

Inspectors identified some examples of good practice in the management of COVID-19. These included but were not limited to:

- Prompt COVID-19 antigen testing of all symptomatic residents.
- Implementation of transmission based precautions for residents with confirmed COVID-19.
- Allocation of dedicated care staff to care for residents with confirmed COVID-19 during their period of infectivity.

Visiting restrictions were in place due to the ongoing outbreak on the advice of public health.

There were sufficient staff available on the day of inspection to deal with infection prevention and control requirements. However a number of practices were identified which had impacted on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the use of personal protective equipment and waste management by staff during the course of the inspection. Findings in this regard are further discussed under Regulation 27.

Inspectors observed a resident who had been confirmed as COVID-19 positive moving freely throughout the unit on three occasions. Inspectors observed that staff, when available, did their best to follow this resident and redirect or provide support with hand hygiene and decontamination. Implementing infection prevention and control practice is challenging with residents who are unable to comply with infection prevention and control measures. However, if necessary, one-to-one care should be provided to minimise the risk of cross infection. There was also ambiguity among cleaning staff with respect to the types of cleaning products to be used. Findings in this regard are further discussed under Regulation 27.

The inspectors observed that the provider was progressing with refurbishment plans to address aspects of the premises such as residents' bedrooms, nurses' treatment rooms and sluice rooms. However they had not been completed at the time of inspection and the planned works were on hold as a result of the outbreak. The premises limitations and deficits also impacted on staff's ability to adhere to appropriate infection prevention and control precautions.

## Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

Infection prevention and control governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and



antimicrobial stewardship. For example;

- Infection prevention and control care plans were not person centered. There was no infection prevention care plan for a resident that was *Clostridioides difficile* (C. diff) toxin positive (asymptomatic /not active infection). A female resident's care plan viewed had a male name in it.
- Infection prevention and control audits as management systems to oversee practices in the centre were not available to view on the day of the inspection.

Standard precautions and transmission-based precautions were not effectively and consistently implemented by staff. For example:

- PPE was not worn in line with 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 V1.3. For example a member of staff was observed donning PPE in the incorrect sequence and double gloving, gloves were worn by a staff member in a corridor when completing documentation.
- Clinical waste was not managed in line with national guidelines. Inspectors observed domestic waste inappropriately disposed of in the clinical waste stream. There was no clinical waste bin available in one 'dirty' utility room.
- Sharps bins were unlabelled, the lids were open and inspectors saw evidence that used hypodermic needles were re-sheathed prior to disposal. This practice increased the risk of sharps injuries.
- There was a limited selection of safety engineered sharps devices available for use. Where it is practicable to do so, provider should substitute traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury.

Hand hygiene facilities were not provided in line with best practice and national guidelines. This was evidenced by:

- Information signage outlining the correct handrub technique was not placed above or beside all the wall mounted alcohol gel and soap dispensers.
- There was a limited number of hand wash sinks dedicated for staff use in the centre. There was no hand hygiene sink in the cleaners room. The hand hygiene sinks in the treatment rooms/ nurses stations and sluice rooms did not comply with recommended specifications for clinical hand wash basins and the worktop surrounding these sinks was worn and discoloured.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The centre had introduced a tagging system to identify that equipment was cleaned after use however this system had not been consistently applied at the time of inspection. For example some items were unlabelled and a blood pressure monitor that was in use on a daily basis was dated as being cleaned

11 days previously.

- The use of portable fans in resident rooms during an outbreak had not been risk assessed. The portable fans were not on a daily cleaning schedule and the blades of some fans in two resident's rooms were dusty.
- Nebuliser chambers were not rinsed with sterile water and stored dry after each use. The residual volume should be rinsed out with sterile water after use and reusable nebuliser chambers should be stored clean and dry between uses.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0036373

Date of inspection: 01/03/2022

## 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>Droimnin Nursing Home has in place a comprehensive schedule of works which are ongoing since 2021 and agreed as part of a previous inspection report action plan. Both inspectors were advised of this on the day of inspection and progress was obvious and noted by both. Droimnin Nursing Home has undergone extensive works throughout the Nursing Home which were acknowledged and recognised at previous inspection in June 2021.</p> <p>The Schedule of Works around all bathrooms has been completed post inspection and all sink drains, and shower outlets have been attended to.</p> <p>Staff have received refresher training on donning and doffing and the appropriate use of PPE. This has been ongoing throughout Covid-19 and continues as part of our training schedule every 6 months and refreshers are continually organised with staff in the event of positive results within the centre.</p> <p>The inspectors were advised that the Brookhaven Healthcare Group had a Nurse within the Group that had completed Masters Training in Infection Prevention and Control and was available to the Centre if needed. The PiC also informed the inspectors that communication had taken place between the group and an external IPC specialist. Due to the ongoing commitments of this individual and the significant increase on the demands for her expertise we have been unable to secure an audit with her until September 2022.</p> <p>As advised on the day of inspection we had commenced an Infection Control and Antimicrobial Stewardship Programme. The centre had already been capturing most of this information through monthly antibiotic usage and infections audits, however additional information had been identified as required to ensure appropriate oversight and management hence the reason the Programme had been established and was introduced. Post inspection this programme continues.</p>	

All care plans are currently being reviewed by the Management Team in the centre to include the Covid-19 care plans. Due to the constant changes with Covid-19 and the need for more regular updating it had been determined it was a more efficient use of Nursing time to have an electronic Covid-19 care plan to ensure that changes were easily documented and tracked. The centre remains paper based, and it is the intention of the Brookhaven Group to implement an electronic system in the centre.

The Visiting Policy was updated and reflects current National Guidelines. However, it is important to note that in the event of positive cases the centre engages continuously with Public Health and will always consider any instructions given by them to ensure the safety of the residents and staff in the centre. We continue to communicate with all families as we have done throughout Covid-19 in respect of any decisions to reduce/restrict visiting to the centre during periods of hyper vigilance, increased community Covid-19 numbers and/or outbreak. As we were in outbreak in the centre at the time of the inspection there was some restrictions imposed on visiting as per the guidance from Public Health. Compassionate visits have never been restricted during any outbreak.

Senior Management Team has had a meeting on 06.04.2022 with the supplier for the cleaning chemicals to ensure that all products in use in the centre comply with the Health Protection Surveillance Centre (HSPC) guidelines.

An audit has taken place to ensure that the bins used throughout the centre are required. It is important to note that the centre had all residents and staff swabbed the previous day and the additional PPE stations noted in the non-positive area of the home were prepared in advance of receiving results to ensure that in the event of positive results returned the stations were ready to place in required areas. The PPE stations were subsequently not required and returned to storage.

A review of the sharps bins has taken place. All staff nurses have been requested to attend refresher training on the Management of Sharps and the Policy has been shared again with all staff.

The installation of staff handwashing sinks throughout the centre is indicated on the schedule of works and was committed too as part of the upgrading of the centre in the previous inspection. Inspectors were aware of these works and the delays to same due to the ongoing situation with Covid-19. Floors and surfaces throughout the centre are being replaced during ongoing works. Again, this was committed to as part of a previous action plan and works remain ongoing in the centre to achieve this.

The PiC has provided additional hand gel dispensers throughout the centre and an audit has been completed and actioned in respect of appropriate handwashing signage. However, it needs to be noted that all residents' bedrooms had alcohol gel provided within them on the day of inspection to ensure same available for staff at point of contact of care.

Staff debriefing has taken place in respect for cleaning of equipment and logging of same. An appropriate cleaning regime is now evident for all residents using a nebulizer.

Fans have been removed from residents' bedrooms. In the event that they are required again they will be risk assessed and a cleaning schedule will be put in place.

Partially used toiletries have been removed from the storeroom post inspection and staff have been reminded of the centre policy in respect of 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/06/2022