



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

## Issued by the Chief Inspector

Name of designated centre:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0038172

## About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24-hour health and social care for up to 123 male and female residents, usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing, physical frailty as well as palliative and dementia care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life. The designated centre is a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 123 single bedrooms, each with its own en-suite facilities and decorated to a high specification standard. There is a wide range of communal areas, including dining rooms, sun rooms and lounges available to residents, as well as an Oratory and a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

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

Number of residents on the date of inspection:	92
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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 11 October 2022	09:15hrs to 17:50hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector arrived unannounced to the centre. On arrival they were met by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and checking for signs of infection and the wearing of face mask were implemented prior to entering the rest of the centre.

Loughshinny Nursing Home was a two storey building. Access between floors was by means of lifts or staircases. Resident bedroom accommodation was provided in 123 single bedrooms and each room had its own en-suite facility. Residents had access to a variety of communal rooms and enclosed courtyards, which were observed to be well maintained.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with a few exceptions. For example, the underside of a sample of shower chairs were unclean and following terminal cleaning of two vacant bedrooms, they had not been thoroughly cleaned. There was evidence of dust and debris seen in drawers or behind beds in these rooms.

The inspector observed that alcohol based hand gel was mostly available at the point of care and at strategic points throughout the centre, however, some were needed in two sun rooms inspected to ensure compliance with good hand hygiene practice. A number of hand gel and soap dispensers seen were unclean and these dispensers were being refilled, which could result in cross contamination. There were posters illustrating the correct procedure to perform hand rubbing, above all alcohol gel dispensers. Information leaflets were available to residents with regard to COVID-19 and influenza, which were displayed in the reception.

While there were sinks available for staff to clean their hands, the available sinks did not comply with current recommended specifications for clinical hand hygiene sinks and a small number of staff were seen to wear hand jewellery which could impact on effective hand hygiene.

The provider was proactive in maintaining and improving current facilities and physical infrastructure at the centre, through ongoing maintenance and renovations. The inspector was informed that building works were on-going on the first floor, to increase the number of bedrooms in the centre. The provider had ensured that measures were in place to protect residents from harmful dust and reduce any disturbance to residents. Residents who spoke with the inspector, said they were not affected by the building works.

Residents said they enjoyed going out on trips with family and arranged activities organised by the provider. On the day of inspection, one resident was seen to enjoy a visit from a family pet and other residents had a visit with children from a local Montessori school. While visits were still being booked, there was no restriction to visits taking place. Visits were seen to be facilitated in bedrooms, seating areas

along corridors, the coffee dock or garden areas in the centre.

Residents said staff were good to them and the inspector saw interactions between residents and staff to be kind, gentle and respectful. Support and assistance was offered to residents in an unhurried and friendly manner. These positive interactions contributed to the calm and relaxed atmosphere in the centre.

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

Overall the inspector found that the registered provider was striving to implement systems and controls to protect residents from the risks associated with infections. However, improvements were required in relation to infection prevention and control governance, oversight and monitoring systems. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. Details of issues identified are set out under Regulation 27: Infection Control.

The registered provider was Bartra Opco No. 1 Limited. The person in charge was infection control lead. They were supported by a senior management team and locally, by a team of experienced nursing, caring, housekeeping, catering, maintenance, activities and administration staff. There were clear lines of accountability, and all staff members were aware of their responsibilities and who they were accountable to.

The infection control program was developing where monitoring of antimicrobial use was evident in the stewardship program. Infection control was regularly monitored at various groups or committees, such as two weekly operations meetings, monthly senior management meetings and staff meetings. Action plans that arose from audits were discussed and regularly monitored to improve the quality and safety of care for residents. While audit tools used did not identify some findings on the day of inspection, with regard to cleaning and sharps management, hand hygiene facilities, the inspector was informed that new tools were under development to enhance the quality and safety of care provided.

The centre had experienced a COVID-19 outbreak in April 2022. The provider took immediate action to cohort residents who became unwell and dedicated staff were allocated to care for them. All residents and staff that had been affected had recovered. A review of the management of this COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks.

During the inspection, there was building works in progress to convert some communal rooms and an office into bedroom facilities. While all measures were in

place to protect residents from dust hazards during the inspection, the risk assessment was not comprehensive and did not detail the required controls in respect of aspergillosis. For example, the dust control measures were not outlined and the monitoring of cleaning to ensure that the construction zone remained sealed and that cleaning was adequate at all times.(Aspergillus, is a type of fungus that causes aspergillosis. For people who have weakened immune systems, breathing in Aspergillus spores can cause an infection in the lungs or sinuses which can spread to other parts of the body. Aspergillosis can be linked to demolition, excavation, construction and refurbishment activities within or adjacent to a healthcare site).

Training records demonstrated that all staff had access to and had attended infection control training. While this was mainly through online modules, the provider had arranged for a nurse manager to attend an infection control link practitioner course. They informed the inspector that they had plans to give this link practitioner dedicated protected time for this role. It would include face-to-face training for staff and infection control audits. The provider also had plans to further develop good infection control practice by putting in place an infection control champion for each shift.

The findings of this inspection found that further training and supervision was required on standard infection control precautions including hand hygiene, PPE, safe sharps and appropriate clinical waste management and environment and equipment hygiene practices and the management of blood and body fluid spillages.

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).

There were four household cleaning staff on duty each day in the centre, including the manager who oversaw cleaning from Monday to Friday each week. A comprehensive cleaning schedule was in place for each of the units, and records were overseen by the manager. However, oversight of terminal cleaning of vacant rooms required more monitoring to ensure that they were adequately cleaned.

## Quality and safety

While there was evidence of good infection prevention and control practice, some practices observed required improvement to comply with Regulation 27: Infection Control. Areas requiring improvement in included management of storage, waste management, cleanliness of equipment, hand hygiene practice and is further detailed under Regulation 27: Infection Control.

The National Transfer Document was used when residents were being transferred to the acute hospital setting. This document contained details of health-care associated infections to support sharing of and access to information within and between

services.

In care plans reviewed, they demonstrated that residents had good access to their GP, tissue viability specialists and dietitians. All recommendations by these specialists were integrated into residents care plans.

Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas. While residents were being regularly monitored for signs of respiratory infection, staff did not confirm with their line manager at the start of each shift that they did not have any symptoms of respiratory illness, to align with best practice and national guidelines. The person in charge gave assurances to the inspector that staff monitoring would commence immediately.

There was a successful vaccination programme in place and was available to residents and staff. There had been a high uptake of the vaccines and boosters among residents and staff. The seasonal influenza vaccination programme was scheduled to commence in the weeks following this inspection. The person in charge kept concise records of residents who had received vaccines in the centre.

Staff assigned to cleaning duties had good knowledge with regard to physical cleaning practices. This included, the use of colour coded mops and cleaning cloths to reduce the risk of cross infection. However, disinfectants were being used on equipment and the environment, when there was no indication for their use.

The physical environment was generally well-maintained and ventilated. Corridors were free of clutter and were bright and clean. However, there were gaps in practice important to good infection prevention and control which required action and are discussed in more detail under Regulation 27: Infection Control.

## Regulation 27: Infection control

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. For example:

- Infection control audit tools used did not identify findings during this inspection. For example shower chairs were not on cleaning schedule and oversight of terminal cleaning of bedrooms needed to be strengthened to ensure rooms that had been vacated, were adequately cleaned to minimise the risk of transmitting a healthcare-associated infection
- The provider had not completed an aspergillosis risk assessment to give them assurances that all measures were in place to prevent Aspergillosis infection during building works.
- Clinical hand wash sinks did not support effective hand hygiene practice to minimise the risk of acquiring or transmitting infection. They contained over



flows and plug holes.

The provider had not ensured that adequate 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 evidenced by:

- A small number of staff were observed to be wearing gloves in communal areas when there was no indication for their use. Two staff did not clean their hands following removal of gloves. Additionally, two care staff were seen to wear wrist jewellery when delivery direct care. These practices impacted on effective hand hygiene
- alcohol based hand rubs and liquid soap were being refilled which increases the risk of cross contamination
- intravenous trays, shower chairs and some cleaning equipment 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 cleaning of small items of equipment. This practice could result in surfaces and equipment not being cleaned appropriately and possible damage to surfaces with prolonged use
- the inspector observed that the detergent in two bedpan washers had expired a number of years previously. Another bedpan washer had no detergent. This impacted the efficacy of decontamination
- staff did not demonstrate an appropriate knowledge of the centres infection control policy with regard to the management of blood and body fluid spills. For example, three staff said would use chlorine on urine spills, or inappropriately dispose of cleaning materials into clinical waste. Two staff said they would clean blood spills with detergent which could result in ineffective decontamination of surfaces.
- some items of cleaning equipment were stored in sluice rooms which impacts on effective infection prevention and control in the centre
- clinical waste bins were being used at the entrance of the centre to dispose of used face masks and on the corridors outside of some bedrooms, when there was no requirement for their use. All sharps bins inspected did not have the temporary closure mechanism engaged when they not in use. This meant that residents and staff could be inadvertently exposed to contaminated clinical waste stored within them
- open in-use containers of personal hygiene products were stored in baskets on linen trollies and were not labelled with resident names or they were stored with other residents' items. This practice could result in cross infection.

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 Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0038172

Date of inspection: 11/10/2022

## 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> <p>Good infection prevention and control in Loughshinny is essential to control and prevent the spread of infection. It requires strong governance and leadership at all levels. It is essential that everyone governing and working in Loughshinny understands their infection prevention and control responsibilities. We in Loughshinny strive to ensure that we meet and exceed our responsibilities in relation to Infection Prevention Control, ensuring a safe place of residence for our residents and work for our employees. Following on from the inspection on the 11/10/22 please find below our smart response to ensure that we can further improve our responsibilities under regulation 27.</p> <ul style="list-style-type: none"> <li>• On the 12/10/22, the current cleaning schedule was revised to include the cleaning of shower chairs in all rooms and this was sent to the inspector.</li> <li>• On the 12/10/22, the PIC met with the Housekeeping Supervisor and revised the supervision of the domestic staff, to ensure that all rooms once deep cleaned are signed off by the manager. All vacant rooms once deep cleaned and ready for new admissions will have a sign placed outside of the room.</li> <li>• The aspergillosis risk assessment was completed on the 11/10/22 and sent to the inspector on the 12/10/22 to give assurance that all measures are in place to prevent Aspergilloses infection during building works.</li> <li>• A discussion took place with the inspector on the day and while there were sinks designated for hand washing, they did not meet the specific standard required. In the interim, a sign was erected on the 12/10/22 at all designated sinks to ensure that staff use a paper towel when turning off the taps. A picture of this sign was sent to the inspector on the 12/10/22. A full review of the current sinks is underway and the installation of the required spec of sink will be installed by the 31/06/23.</li> <li>• We will continue with our IPC huddles discussing PPE, hand hygiene management of blood and body fluid spillages, and its importance with all staff. The CNM on duty is responsible for ensuring all staff strictly adhere to IPC guidance (PPE and handwashing) and all continence wear and linen is kept in plastic covering through regular spot checks. All open in-use containers of personal hygiene products were removed from baskets on</li> </ul>	

all linen trollies on the 12/10/22.

- The clinical waste bin used at the entrance of the centre to dispose of used face masks and on the corridors outside of some bedrooms were removed. A review of all sharp's bins took place on the 13/10/22 to ensure that the temporary closure mechanism is engaged when they not in use, regular checks will be completed to ensure compliance.
- IPC training from HSE land has been added to the mandatory staff training section in our Learning Platform on the 13/10/22 and they will be reviewed by the PIC and Senior admin to ensure that all staff have completed same.
- All CNM/RN's have been informed of the requirements to keep IV trays empty, and ensure they are cleaned and disinfected immediately prior to and after use. All Tubs of 70% alcohol wipes that were inappropriately used throughout the centre for cleaning of small items of equipment were removed on the 12/10/22 and replaced with an appropriate product.
- The House Keeping Supervisor conducted an audit of all the alcohol-based hand rubs in the home and will replace all refillable dispensers. An order was placed on the 13/10/22 with an external company and they will be replaced when they arrive. All current refillable soap dispensers have been decommissioned and replaced with individual hand pump soap in the residents ensuites. All current refillable soap dispensers in communal areas will be decommissioned on the 02/12/22 and replaced with wall mounted soap dispensers using a pouch system.
- On the 12/10/22, a review of all bedpan washers was conducted by the Housekeeping Supervisor. The maintenance checklist was reviewed and now includes a weekly Bedpan washer's checklist. This was sent to the inspector on the 12/10/22. On the 13/10/22 an order to replace the detergents placed with our external supplier, these products arrived on the 24/10/22 and were installed.
- All the cleaning equipment identified was removed on the day of inspection from all sluices rooms, this will be closing monitored and staff will continue to be informed of the importance of not storing cleaning equipment in the sluice rooms..

## 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.	Substantially Compliant	Yellow	30/06/2023