



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

## Issued by the Chief Inspector

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0039685

## About the designated centre

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

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 67 single and one double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

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

Number of residents on the date of inspection:	68
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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 4 April 2023	09:30hrs to 17:00hrs	Kathryn Hanly	Lead
Tuesday 4 April 2023	09:30hrs to 17:00hrs	Lisa Walsh	Support

## What residents told us and what inspectors observed

The centre was a three storey facility, which was originally a large house that was renovated and extended to reach its current capacity of 68 residents. Bedroom accommodation comprised single bedrooms, the majority with en-suite facilities. The only twin room was now being used as a single occupancy bedroom. The layout of the building over three separately staffed floors meant that each area was operating as a distinct area with minimal movement of staff between zones to minimise the spread of infection.

The centre was experiencing an outbreak of Covid-19. Inspectors spoke with five residents living in the centre. The majority were very complimentary in their feedback and expressed satisfaction about the standard of care provided within the centre. Residents also reported satisfaction with the quality and quantity of food they were provided with. However two residents described heightened anxieties and the difficulties brought on by the ongoing COVID-19 outbreak. As the main dining room was located on the lower ground floor where residents were being cared for with transmission based precautions, residents from the other floors were having their meals in their bedrooms.

Inspectors observed staff and residents interactions and found them to be positive with staff demonstrating good insights into the needs of the residents. There was a varied programme of activities that was facilitated by activity co-ordinators, nursing and care staff. A small number of residents were observed within the sitting rooms on each floor. However the majority of residents has chosen to remain in their bedrooms during the ongoing outbreak. Inspectors observed resident activities were mostly individual and self directed for these residents. Some residents were watching TV, listening to the radio or sewing in their rooms.

The centre provided a homely environment for residents. Families and residents were encouraged to personalise their bedrooms with ornaments, pictures and photographs. However the décor in some areas of the centre was showing signs of minor wear and tear. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean with some exceptions. However a review of cleaning chemicals and processes was required to ensure compliance with national guidelines in the event of an outbreak. Findings in this regard are further discussed under Regulation 27.

The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. Designated staff changing rooms were available for changing and storage of everyday clothes. All units had access to dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment and sluice rooms for the reprocessing of bedpans, urinals and commodes. However cleaning equipment was stored within one sluice room. This posed a risk of cross-contamination.

There was no clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies and medications were stored in cupboards at the entrance to each unit.

Conveniently located alcohol-based product dispensers facilitated staff compliance with hand hygiene requirements. However there were a limited number of clinical hand wash sinks available for staff use within easy walking distance of each bedroom. The majority of available clinical hand wash sinks did not comply with the recommended specifications for clinical hand wash basins.

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 did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Inspectors found that management systems and current oversight arrangements were not sufficient to provide a service that is safe, appropriate, consistent and effectively monitored. Details of issues identified are set out under Regulation 27.

The centre is one of eight nursing homes within Beechfield Care Group. The person in charge was responsible for the day to day operations in the centre. She was assisted in her role by an assistant director of nursing, clinical nurse managers, administrators, nurses and care staff, activity persons, catering staff, household and maintenance staff.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing who was also the designated COVID-19 lead. Infection prevention control advice and support was also provided by the Beechfield Care Group Quality and Clinical Practice Lead.

Infection prevention and control audits covered a range of topics including waste management, equipment hygiene and hand hygiene. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. However inspectors found that findings of recent audits did not align with the findings on this inspection. Observational audits of compliance with aseptic hand hygiene practices were also undertaken. Staff undertaking observational hand hygiene audits had not received appropriate training. Details of issues identified are set out under Regulation 27.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However a

review of acute hospital discharge letters and laboratory reports found that staff had failed to identify all residents colonised with MDROs. Findings in this regard are presented under regulation 27.

The volume of antibiotic use was monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, inspectors were informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are generally preferred narrow spectrum agents or "red" which are broad spectrum agents generally best used very selectively. However a review of documentation found there was confusion regarding which antibiotics were classified as belonging to the "green" and "red" lists.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. There was some ambiguity among cleaning staff regarding cleaning products, processes and local guidelines. For example surfaces were not cleaned prior to being disinfected with chlorine. Cleaning equipment including cleaning trolleys and a carpet cleaning machine were unclean. These risks collectively presented a risk particularly in the context of COVID-19 outbreak ongoing at the time of the inspection.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. Inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenemase-Producing *Enterobacterales* (CPE).

## Quality and safety

Overall, inspectors found that residents' care needs were being met. It was evident that staff knew the residents well and were familiar with their needs and their daily routines. Public health guidelines on visiting were being followed on the day of the inspection. Visits from nominated support persons were encouraged and practical precautions were in place to manage any associated risks.

An outbreak of COVID-19 had been declared in the designated centre on 20th March

2023. Discussion with staff and a review of documentation showed that daily management meetings were convened to oversee the management of the outbreak. A total of 16 residents had tested positive for COVID-19 infection to date. This was the second significant outbreak experienced by the designated centre since the beginning of the pandemic. The provider had also effectively managed several smaller outbreaks and isolated cases of COVID-19 during the course of the pandemic. The majority of residents that had tested positive had since fully recovered. On the day of the inspection a small number of residents with confirmed COVID-19 were isolated within their rooms on the lower ground floor (the garden floor).

Inspectors identified some examples of good practice in the prevention and control of infection. Waste and used laundry was observed to be segregated in line with best practice guidelines. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE by staff and visitors was observed during the course of the inspection.

However inspectors were not assured that the environment and equipment was managed in line with best practice. For example inspectors were informed that the carpets in resident's bedrooms were not on a routine steam cleaning schedule. The carpet cleaning machine was visibly unclean and inspectors were informed that the water from the machine was disposed of in the in the sluice room. This posed a risk of cross-contamination. Carpets had not been vacuumed due to the ongoing outbreak and several carpets appeared visibly unclean. Improvements were also required in the oversight of equipment hygiene. Findings in this regard are presented under regulation 27.

Residents that had been identified as being colonised with MDROs were appropriately cared for with standard infection control precautions.

Resident care plans were accessible on a computer based system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care with some exceptions. However careplans for these residents that were colonised with MDROs did not detail the specific circumstances when contact precautions may be required in addition to standard precautions. Details of issues identified are set out under Regulation 27.

## 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;

- Disparities between the finding of local hand hygiene audits and the observations on the day of the inspection indicated that there were



insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

- Staff and management were unaware of which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for all of these residents.
- A review of four resident's care plans also found that accurate information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs.

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

- A chlorine-based product was appropriately used for environmental cleaning during the ongoing outbreak. However surfaces were not cleaned prior to being disinfected with chlorine.
- The underside of shower trays within ten en-suite bathrooms were stained.
- Assurances were not provided that carpets in resident bedrooms were cleaned in line with best practice guidance. Several carpets were visibly stained.

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

- Two of the three cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- Tubs of 70% alcohol wipes and chlorine based solution were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Cleaning records showed this was the routine practice prior to the current outbreak.
- Equipment cleaning records did not provide assurances that shared equipment was cleaned between uses. Several items of equipment including clean and used laundry baskets, portable fans, urinals and commode basins were visibly unclean. Inadequate disinfection of increased the risk of cross-infection.
- The covers of several mattresses were worn. These items could not effectively be decontaminated between use, which presented an infection risk.

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 Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0039685

Date of inspection: 04/04/2023

## 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> <ul style="list-style-type: none"> <li>• A review of the local infection control audit was made by the Group Quality and Clinical Practice Lead. There were two audit tools produced to be utilised for monthly and for an annual review. A checklist on the cleaning schedule has been continued after a discussion with the staff on how to properly fill out the checklist.</li> <li>• All resident’s medical history records have been reviewed and MDRO register updated in the care monitor system. This has been communicated to all staff to ensure that they are aware of the precautions needed.</li> <li>• A care plan has been developed for those residents who were identified to have been colonised by MDRO. Care plans are then reviewed every quarter or as the need changes. Staff have been educated on the signs and symptoms to look for should a resident with a dormant infection become active again. All staff received training for Infection prevention and control. Information leaflets were in place for staff’s reference.</li> <li>• All cleaning products in the house have been reviewed and all products that are not in accordance on the safety data sheets have been removed. At the moment, the home is utilising a hypochlorite solution for cleaning during an outbreak. A re-training on cleaning and handling chemicals has been conducted in house.</li> <li>• Shower trays were cleaned on the following day. These are regularly cleaned daily and cleanliness is being supervised by the head of house keeping.</li> <li>• Commercial Carpet cleaner has been rented and a regular cleaning on carpet is ongoing.</li> <li>• Cleaning trolleys have been cleaned immediately and a checklist on trolley cleaning has been already utilised to ensure adherence to cleaning. The housekeeping supervisor will be checking the trolleys and cleaning record daily to validate.</li> <li>• Staff have been reminded on the correct use on alcohol wipes and chlorine based solutions. Reminded house keeping supervisor to inform DON if any changes in the supply. Alcohol wipes are only utilised for hard, non-porous surfaces. Cleaning record has been reviewed: chlorine solution only used during outbreak. All the staff in the home received infection control and prevention training. House keeping staff received chemical training. The Group Quality Lead, DON, ADON and CNMs will continue to audit in order to</li> </ul>	

make sure the infection control measures are in place.

- Unclean urinals and commode basins were disposed off immediately. We have been using individual urinals and commodes for each resident. The urinals and commodes are being cleaned post use as it is individually used and deep cleaning done every week. Equipment cleaning records have been reviewed and are checked by the CNM's in accordance to the guidelines.

- A review on all mattresses were conducted the following day. There were 2 worn mattresses noted and were replaced immediately. There has been ongoing yearly mattress audit and six monthly mattress checks in place in the home and if we find any damaged mattresses have been replaced at the time itself. Now, mattresses are reviewed monthly and any mattress due for changing is reported and replaced.

## 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	20/04/2023