



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

Issued by the Chief Inspector

Name of designated centre:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 July 2022
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0037441

About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. Howth Hill Lodge is registered for 48 beds and provides 24 hour nursing care. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of 48 single rooms. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 19 July 2022	08:30hrs to 17:00hrs	Jennifer Smyth	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of activities and communal space available. The residents received good care and were well supported by staff.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included recording of temperatures, completing hand hygiene and the wearing of face masks. There were confirmed resident cases of Covid 19 within the designated centre, whom were being isolated in their bedrooms.

After a short introductory meeting, the inspector completed a tour of the designated centre. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. One resident stated "the staff were wonderful and kind". The inspector spoke with five residents and a number of visitors, over the day of the inspection. From what residents and visitors told the inspector and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days.

Resident's bedrooms were seen to be comfortable spaces, and were well maintained and personalised with pictures and photographs. The centre had a number of safe outdoor spaces and gardens which were maintained to a high standard. The outdoor spaces contained raised flower beds and walkways for residents to use for exercise and fresh air.

From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences, and were respectful in their interactions. Staff were observed to knock on resident's bedroom doors before entering. Residents were seen to receive visitors throughout the day of the inspection. The inspector spoke with visitors who provided positive feedback about the service being provided to their loved ones and reported that they were very happy that they were updated regarding their loved ones care plan reviews.

There was one dedicated activity staff member employed to coordinate and deliver the centre's activity programme Monday to Friday. Residents were seen to enjoy the group exercise programme observed on the day of the inspection. There was plenty of friendly conversation and good humoured fun happening between residents and staff. However, there was no activity schedule for residents who were being isolated in their bedrooms. Staff reported that no staff were assigned to carry out individual activities on the day of inspection.

The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. A daily menu was displayed for residents in one dining room but not the second dining area.

There were no pictorial menus available in either dining room. There was a choice of two hot meals at lunchtime, and a hot meal option for the evening meal. However, one resident stated they didn't know what the lunch menu was. The dinners were delivered to the tables plated up, this impacted on the residents' right to exercise choice in their meals. Another resident stated 'there was not loads of choice'. Meal choice was also raised in feedback from the residents survey, with comments such as, 'more creativity and variety in meals required' and 'meals are all the same'.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that residents living in Howth Hill Lodge nursing home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. However, the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Action was required to strengthen governance and management systems, staffing, training and staff development and contracts for the provision of services.

There was an established governance and management team in Howth Hill Lodge Nursing home which consisted of the Director of Nursing, who also held the role of person in charge. The person in charge worked full-time in the centre and was well supported by an assistant director of nursing (ADON), nursing staff, health care assistants, activities staff, and domestic and maintenance staff. The management team had systems in place to monitor the quality and safety of services and the effectiveness of care given. Managers met regularly to review clinical and non-clinical data gathered. There was a maintenance programme for repair and renewal works. Works carried out included an upgrade of a bedroom to have an ensuite, painting and replacement of flooring and carpets. There were also other plans identified in the annual programme, for example further flooring to be replaced and painting before year end.

There was an audit programme planner which included care plans, infection control, medication, GP review, antibiotic usage and incident and accidents. While most of these audits had a follow up action plan, the findings on the infection control audit did not have an action plan developed with time frames.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead. On the day of inspection there were confirmed cases of Covid 19 within the designated centre. The person in charge had failed to notify the

Chief Inspector, as is required under Regulation 31:Notifications. The person in charge had reviewed the centre's COVID-19 preparedness self-assessment and ensured that it contained up-to-date information to guide staff in the event of an outbreak. However the Covid 19 risk assessment had not been updated to reflect current practice, this was rectified on the day of inspection.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice.

A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, however there was no evidence of consultation with residents and their families.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspector saw that there were sufficient clinical staff on duty to meet the clinical needs of the residents. However, there were deficits in the cleaning rosters. There were days that cover was significantly reduced in the three weeks of rosters reviewed by the inspector. Staff spoken to confirmed that cleaning staff levels were reduced, due to staff shortages. With the confirmed cases of Covid-19 within the designated centre, there was a further demand on the cleaning requirements. The inspector was not assured that the provider could meet these demands with the shortage of cleaning staff.

The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, infection prevention and control and safeguarding of vulnerable adults. Training matrix records provided to inspector indicated that while the majority of staff were up-to-date with most training, 48% of staff required training in moving and handling.

While contracts of care were in place for each resident and had been appropriately signed, the inspector found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre.

Regulation 15: Staffing

There was insufficient cleaning staff to carry out the daily cleaning of the centre, considering the assessed needs of residents in light of the confirmed cases of Covid-19 within the designated centre. For example there was no replacement for a cleaner who was on leave. Staff also reported they were short one cleaner on the

day of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff had access to appropriate training, for example:

- 48% of staff requires moving and handling training, to ensure safe practice.
- staff last received training in managing residents with challenging behaviour in 2017.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of two contracts between the resident and the registered provider, and found that that they did not clearly set out the terms on which a resident shall reside in the centre. For example, the room number and occupancy level of the residents' bedroom was not recorded.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had failed to notify the Chief Inspector of the confirmed Covid 19 cases within three working days, which is a regulatory requirement in accordance with the Health Act. This notification was submitted on the day of inspection

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had policies and procedures as specified in Schedule 5 of

the regulations in place and these were up to date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured effective governance arrangements were in place, to ensure that the service provided is safe and effectively monitored. For example:

- Infection prevention and control audits carried out had identified issues, but no action plans had been developed to alleviate these risks. These findings were also found on the day of inspection. For example :
 1. Skirting boards, shelves, bench tops and cupboards surfaces were not always smooth, non-porous and water resistant.
 2. Bathrooms and washrooms were not always clean.
 3. Nail polish and watches were seen to be worn by staff.
- There was insufficient oversight of the designated centre's risk register. The risk register did not reflect current practices in relation to the management of COVID 19.
- There was an annual review available for 2021, however there was no evidence of resident or family consultation .

Judgment: Substantially compliant

Quality and safety

Residents were well supported by staff in an environment that made them feel safe. Most residents had access to good quality health care and were able to choose how they spent their day and could receive relatives and friends for visits in the centre. However, the inspector's review of resident's care plans showed that action was required to ensure that all residents were provided with appropriate and consistent care. Action was also required in respect to infection prevention and control practices in the centre.

The inspector reviewed a sample of residents' care plans to ensure that their health, social and personal needs were being met. A comprehensive assessment was seen to be carried out on all residents prior to admission. Three care plans reviewed were not prepared within 48 hours of admission. These care plans were not reviewed at four monthly intervals or as required when changes occurred to residents care needs. Recommendations by allied health professionals were not updated in

resident's care plans. This is further discussed under Regulation 5: Individual assessment and care plan.

Residents had timely access to medical, health and social care professionals. The inspector was told that a general practitioner (GP) visited the centre two days a week or as required. Access to specialised services such as a geriatrician and psychiatry of later life were available when required. Residents had good access to services such as physiotherapy and occupational therapy. Residents' records showed that residents had access to services such as dietitians, speech and language therapy and chiropody. Residents were facilitated to access the services of the national screening programme.

The designated centre had a policy on the use of restraint dated and a restraints register in place. There were a number of restrictive practices observed and reviewed on the day of the inspection. Care records showed that when residents had a restriction in place such as bed rails a risk assessment was completed prior to its use. Residents' consent was obtained or if they were unable to provide consent, discussions were held within the multi-disciplinary team. However, not all restraints were used in accordance with national policy. This is further discussed under regulation 7:Managing behaviour that is challenging.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. However for residents who were isolating in their bedrooms, there was no activity schedule available on the day of inspection.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre and played an active role in the decision making within the centre. This consultation occurred through carrying out resident surveys and residents' meetings.

Visitors who spoke with inspectors were satisfied with the unrestricted visiting arrangements in place. The inspector observed that residents were able to receive visitors in private. Nominated persons had access to visit residents who were in isolation due to Covid 19.

The registered provider had made personal protective equipment (PPE) available, to staff who were seen to use the PPE as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. There were a number of areas in infection control which required review. For example, there were soft furnishings in the centre, these furnishings did not lend themselves to effective cleaning between each use. It was noted that soft furnishing in the visitors' room were due for replacement on the annual maintenance schedule. Other areas identified under infection control which required action, are discussed under Regulation 27: Infection Control below

Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate residents meeting with family and friends in the centre. There were also arrangements in place to ensure the ongoing safety of residents against the risk of exposure to COVID-19 from visitors.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- The signage on resident doors did not alert staff, residents or visitors if the resident was in isolation. This was rectified on the day of inspection.
- Clinical waste for disposal was stored incorrectly, two yellow bags were placed on the floor of the sluice, this posed a cross contamination risk.
- A used antigen test was left discarded in the sluice which could lead to cross contamination.
- While there was wall mounted alcohol gel available to staff, there were no clinical hand wash sinks available in the centre.
- Unused incontinence wear was observed to be stored out of its packaging which could lead to cross infection.
- Vacant bedroom ensuite taps were flushed once a month, this posed a risk of legionella disease.
- There were no closed clinical bins for staff outside the bedrooms for residents who were in isolation, staff reported that they took off their masks in the bedroom or alternatively walked down the corridor to dispose of masks in the sluice. One room did have a bin outside, however it was an open bin. These practices posed a risk of cross contamination.
- PPE was seen to be left open. For example aprons were not in holders instead they were left over handrails which increased the risk of cross infection.
- A toileting sling with no name tag was stored on a hoist, which posed a risk of cross infection.
- Staff were observed to wearing wrist watches which did not lend itself to effective hand washing techniques.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The Inspector was not assured that all individual assessments and care plans reflected the current status of each resident, for example:

- One care plan was not reviewed four monthly, the resident was identified as a high risk of falls, however their care plan was reviewed last in November 2021.
- Two care plans did not reflect the current nutritional status of each resident. While, both these residents had been reviewed in March 2022 by the dietitian, the recommendations were not updated in the residents' care plans.
- A resident who had a falls calendar in place to record their falls, did not have their most recent fall recorded, which had been in June 2022, the last recording for a fall was recorded in March 2022.
- The Waterlow skin integrity assessment was being used to assess each resident's risk of pressure ulcers, however the assessments being carried out did not show how the score was obtained, only the score was shown.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical, health and social care professionals. Residents had good access to specialists such as a geriatrician and psychiatry of later life when required. Residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that not all restraints were used in accordance with national policy. For example,

While residents who had chair and floor sensor alarms had care plans in place, there were no risk assessments carried out by the multi-disciplinary team prior to introducing these restrictive measures.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0037441

Date of inspection: 19/07/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The number of cleaning staff has been increased & available on a daily basis	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Our training matrix has been reviewed & dates have been arranged for staff to update their competency assessments in moving & handling & managing behaviors that challenge.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Resident’s contracts of care have been reviewed now include room number & occupancy	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The chief inspector will be notified of incidents within the specified timeframe.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An action plan has been added to the one IPC audit with shortcomings, all other IPC audits contained action plans.</p> <p>Our risk register has been reviewed & is updated to reflect current best practice in the management of Covid 19.</p> <p>Resident / Relative surveys are completed annually & will be included in our annual report.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Clinical waste to be put directly into the clinical waste collection bin</p> <p>We will investigate locations for clinical hand wash sinks; however, we have numerous hand washing facilities located around the building within easy reach of all locations including hand air dryers as per IPC recommendations.</p> <p>Contenance wear will be stored in its original packaging.</p> <p>Flushing of taps & showers in vacant rooms has been increased to weekly.</p> <p>Closed clinical waste bins will be placed outside of resident's rooms if in isolation when appropriate.</p>	

All slings are marked with room numbers.

Staff have been reminded to remove their wrist watches while working.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All care plans have been reviewed to ensure they are reflective of the residents needs within the 4month timeframe.

All care plans have been reviewed to reflect the current nutritional status of each resident.

Individual Waterlow assessments have been re-designed to show how the score has been obtained.

The falls calendar for all residents has been reviewed.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Our risk assessment has been updated to include all sensor alarms by our multi-disciplinary safety team.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	23/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/08/2022
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	31/08/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	20/08/2022
Regulation 5(3)	The person in	Substantially	Yellow	20/08/2022

	charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Compliant		
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	20/08/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	20/08/2022