



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

## Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0039420

## About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

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

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 February 2023	09:50hrs to 18:00hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents living in the centre. Residents said they were satisfied with the care they received and the standard of cleanliness in their bedrooms and communal areas. Residents said that they were very satisfied with the care they received and that staff were very kind and "good to them". Care was seen to be given in an unhurried and respectful manner. Call-bells were answered without delay and there were staff available to assist residents if they needed.

On arrival to the centre, the Inspector was greeted by a staff member who guided them through the required infection prevention and control measures. This included checking for signs of respiratory infection, hand hygiene and wearing of face masks before entering the rest of the centre.

There was restricted visiting in place due to an outbreak of Respiratory Syncytial Virus (RSV) in the centre. This was done to prevent onward transmission of droplet or airborne viruses and practical measures were in place to manage associated risks. Residents in these areas could have visits with their nominated visitors and visits were also facilitated for residents who required visits on compassionate grounds.

Beech Park Nursing Home is a purpose built centre. It is a single storied building and is set out over two units. Bedroom accommodation comprised of 33 single bedrooms and 14 multi-occupancy bedrooms. Residents had access to bathing facilities in either en-suite or shared showers or bathrooms. Many resident bedrooms were decorated with personal items such as family photos and other memorabilia important to them. Residents reported finding their rooms comfortable and they could have their personal items around them if they wished. There was a choice of communal spaces and well-kept gardens and an accessible enclosed courtyard for residents to enjoy.

Overall, the general environment and residents' bedrooms and communal areas inspected were clean and well decorated with a few exceptions. Some bedroom furniture, such as bed tables and lockers had damaged surfaces and flooring in some parts of the centre was in poor condition which impacted on effective cleaning.

The provider was endeavouring to improve current facilities to improve the lived experience of residents and physical infrastructure at the centre, through ongoing maintenance and renovations. The provider was in the process of installing two new boilers and parts of the underfloor heating system on the day of inspection. The inspector was informed that damaged flooring would be replaced once the heating system was well controlled, to ensure that excessive heat did not damage the new flooring. The provider had also upgraded one bathroom and converted a toilet and store room to a communal bathroom. These rooms were finished to a high standard. Additionally, two sets of damaged fire doors were scheduled for replacement the day after this inspection. Call bells and the ventilation systems had been serviced

and upgraded where needed.

The layout of the laundry area had been rearranged to ensure there was a dirty to clean flow to prevent cross infection and enclosed linen trollies had been put in place to prevent cross contamination when they were on corridors.

The provider had installed new hand-wash basins for staff to clean their hands, however, three sinks did not comply with current recommended specifications for clinical hand-wash sinks and staff reported that they used resident bathroom sinks as dual purpose. There was no dedicated hand-wash sink in the cleaners room and the laundry room. There was one shared between these two rooms and did not align with the National Standards for Residential Care settings for Older People in Ireland 2016.

There was signage located throughout the centre which informed residents, staff and visitors of protocols to follow to reduce infection, such as hand hygiene, cough etiquette and the wearing of personal protective equipment (PPE). While there was alcohol based hand-rub available at strategic points in the centre, staff did not always use it between episodes of care which could result in a healthcare-associated infection.

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

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. Weaknesses were identified in systems for the oversight of cleaning, premises, training and care plans. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. Findings in this regard are further discussed under Regulation 27.

The centre is owned and operated by Dunmurry West Care Homes Limited. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections (HCAIs) in the centre. The provider had nominated a senior staff nurse as infection prevention and control lead and the person in charge was the nominated lead in the event of an outbreak. The person in charge was supported in their role by a clinical nurse manager and a team of nurses, healthcare assistants, household and catering, maintenance and activity staff. The person in charge reports to the provider and a quality and safety manager provides support and guidance.

During this inspection there was an outbreak a Respiratory Syncytial Virus (RSV) in the centre that effected a small number of residents. Four residents were due out of isolation on the day of inspection While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks for residents. Regular contact and consultation with Public Health was seen in records reviewed. Outbreaks in the centre were promptly identified in order that prevention measures could be put in place to prevent further spread of infection. For example, enhanced cleaning, no crossover of care staff between units and there was adequate supplies of personal protective equipment (PPE) available to staff and visitors. The provider ensured additional face-to-face training on the correct use of PPE for all staff. Regular monitoring of all residents for signs of infection to assist in the early identification of possible infections, so that measures could be put in place to prevent the spread of infection.

Regular audits were carried out to monitor infection prevention and control in the centre. These audits were monitored to track and trend progress and quality improvements and any gaps in practice found. However, audits reviewed did not identify findings on the inspection day. This is further detailed in Regulation 27: Infection control.

More oversight was required with regard to the system of cleaning. For example, there were many gaps in cleaning schedule records examined and the manager had not signed off seven out of eight cleaning records, to show that that rooms had been inspected following cleaning. There were incomplete curtain cleaning records to show if curtains had been cleaned following transmission based precautions or when a resident had vacated the room. The person in charge had identified this as a gap in their oversight and completed the development of a curtain cleaning schedule on the day of inspection.

In rosters reviewed, there were two cleaners rostered to clean the centre each day. However, on the inspection day there was one cleaner present, who had increased their working hours to facilitate cleaning in the centre. There were sufficient care staff on duty in the centre to meet the care needs of the residents. Since the last inspection, the provider had increased nursing staff levels from one to two nurses each night. Additionally, a maintenance staff member had been employed and worked thirty hours each week to attend to maintenance issues.

The provider had a developing antimicrobial stewardship programme where they were actively monitoring healthcare-associated infections (HCAIs) and multi-drug resistant organisms (MDRO) colonisation since December 2022. There was good oversight of antimicrobial use, which was monitored on a monthly basis, to ensure residents received the correct antimicrobial agents and antimicrobial guidelines were available to staff for referral at the nurses station.

There were seven staff attending fire and manual handling training on the day of inspection, as part of their induction. They would also receive training on infection prevention and control before they would commence working in the centre.

Training records demonstrated that all staff had access to and had attended

infection control training. This was delivered through a blended approach, such as, face-to-face and online training. The inspector was informed the provider intended to ensure that all staff would complete the HSE's full suite of antimicrobial resistance and infection control (AMRIC) training, relative to their role, during the course of this year. The findings of this inspection found that further training and supervision was required on standard infection control precautions, including, hand hygiene, the safe use of single use equipment and equipment hygiene practices.

Infection prevention and control guidelines covered all aspects of standard and transmission based precautions and the care and management for residents with multi-drug resistant organisms (MDROs).

## Quality and safety

Overall the inspector was assured that the residents living in the centre enjoyed a good quality of life and care was provided to a good standard, through appropriate access to health and social care professionals. While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

From a review of a sample of records residents had good access to a General Practitioner (GP) and other allied health and social care professionals. Residents and family reported that they had very good access to medical care and that staff kept them up-to-date with any changes in care provided.

The inspector reviewed five resident records and found that when a resident was temporarily discharged from the designated centre all relevant information about the resident was provided to the receiving facility to ensure the safe transition of the resident. This ensures the receiving facility is aware of infection control precautions needed.

The pre-admission records used did not include a comprehensive infection prevention and control history or risk assessment to ensure all infection control measures were in place, if required. The provider assured the inspector that this would be addressed and contacted the computerised care programme provider to add this information into the system.

Seven resident care plans were reviewed by the inspector. Care plans reviewed were for residents with wounds, MDRO's, infections or medical devices such as, enteral feeding tubes and urinary catheters (a flexible tube for draining urine from the bladder). Residents who had wounds, had information in their care plan to guide staff in how to prevent infection. However, the information and guidance on the frequency of changing urine collection bags and enteral feeding tube administration sets was not clearly outlined and may result in inappropriate care been given. Care plans reviewed for residents with multi-drug resistant organisms (MDROs) provided



detail to inform good infection prevention and control practices.

The centre was generally well maintained, ventilated and bright. There were a number of bed tables and bedside lockers with damaged surfaces, which impacted on effective cleaning. The centre had a number of assurance processes in place in relation to the standard of hygiene in the centre. These processes included the use of colour coded cloths, mops and cleaning trolleys to reduce the chance of cross infection and the household staff member who spoke with the inspector was knowledgeable with regard to cleaning processes. Clean and dirty laundry was seen to be managed safely in line with national guidance. Staff were familiar with regard to the management of spills and needle stick injuries, however staff did not have access to safety engineered needles to reduce the risk of needle stick injuries.

There was a well-managed vaccination programme in place. All of the residents who were eligible had received their COVID-19 boosters and influenza vaccines. Staff were also facilitated to access vaccinations through a vaccination programme provided on-site, by the HSE or local pharmacy.

## Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, the following areas for improvement which are fundamental to good infection control practice were identified:

- The system to monitor the oversight of cleaning needed to be strengthened. For example, there were large gaps in cleaning schedule records for the environment. They were not up to date and monitored to ensure that all areas of the centre had been cleaned
- care plans for residents with medical devices, such as, urinary catheters and enteral feeding tubes, did not give clear guidance for the safe management of this equipment. For example, the frequency of changing urinary catheter bags and giving sets for enteral feeding was not outlined. This may result in a HCAI to residents
- there were no dedicated hand-wash basin in the laundry and the sluice, as required by best practice and national guidelines. Two staff wore wrist jewellery and on three occasions staff was observed to not clean their hands between episodes of care and could result in onward transmission of a HCAI to residents and staff. Hand-wash basins within residents' bathrooms were used as dual purpose by both residents and staff. This practice increased the risk of cross infection
- the inspector was informed by five staff members that the contents of commodes and bedpans were manually decanted into residents' toilets prior to being placed in the bedpan washer for decontamination. This practice could result in an increase in environmental contamination
- safety engineered needles were not available to staff as required by legislation and not all clinical waste bins were hands free and could result in

cross infection

- open sterile dressings and bottles of normal saline were not used in accordance with single use instructions. They had been opened and partially used and stored with un-opened supplies and could result in them being re-used
- there was damage to surfaces of some bedside lockers, bed tables and flooring. This did not support effective cleaning and infection prevention and control 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0039420

Date of inspection: 22/02/2023

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• All areas in the building are regularly cleaned by the housekeeping department. Records of cleaning are kept in their housekeeping folder which is being completed by assigned housekeeper of the day and is reviewed daily by the operations manager. Every Tuesday, the operations manager scans the sheets and uploads in a shared file in the computer.</li> <li>• Care plans of residents with urinary catheter and peg feed are updated and are reviewed every four months or as needed. Care plans include the frequency and step by step instruction for changing devices.</li> <li>• Designated Hand washing sinks will be provided in the laundry and Sluice room by 31.05.23. All other handwash basins are hand free.</li> <li>• Retraining of the staff on hand hygiene and uniform policy by 24.03.23.</li> <li>• To address proper decantation of commode contents, a slop hopper is planned to be installed by 31.05.23.</li> <li>• Safety needles have been acquired and are ready for use. Nurses have been trained in the correct use of the needles.</li> <li>• All open dressings have been discarded and staff are informed of the procedure for single use dressings. Use of dressings are monitored weekly and a monthly wound audit is being done to ensure compliance to correct use of dressings.</li> <li>• Maintenance log includes a snag list on bedside locker, bed tables and floorings. Damaged bed tables are repaired and replaced as needed. This is reviewed on a weekly basis.</li> </ul>	



## 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.	Substantially Compliant	Yellow	31/05/2023