



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

## Issued by the Chief Inspector

Name of designated centre:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 August 2022
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0037743

## About the designated centre

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

Nenagh Manor nursing home is located a short walking distance of the town of Nenagh. It is set out over three levels and provides 24 hour nursing care. It can accommodate 50 residents over the age of 18 years and includes a dementia specific unit which accommodates 10 residents. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

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

Number of residents on the date of inspection:	46
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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 30 August 2022	08:45hrs to 15:30hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector saw that staff were respectful and courteous towards residents. The inspector spoke with six residents. All residents complimented the food choices and homemade baking. Residents were seen enjoying afternoon tea with homemade cakes on the patio in the afternoon. Four of the residents expressed satisfaction about the standard of care provided. However two residents said they had experienced delays in receiving assistance to get up and dressed on the morning of the inspection.

Visitors were seen coming and going throughout the day of the inspection. Residents said they were glad that visiting had resumed. Resident outings and visits to homes of families and friends were also being encouraged and facilitated. One resident told the inspector they had gone to a family celebration the previous weekend which they enjoyed. The effect of the visiting restrictions during the earlier stages of the COVID-19 pandemic were described by residents and visitors as difficult and isolating.

Throughout the day the inspector observed that a significant number of residents spent their day in their bedrooms. One resident said the pandemic had negatively impacted them and they no longer felt as sociable as they had been.

The centre was a three storey facility, which was originally a large house that was renovated and extended to reach its current capacity of fifty residents. Bedroom accommodation comprised thirty eight single and six twin bedrooms. Ten of the bedrooms on the lower ground floor were designated for residents that have a diagnosis of dementia. Most of the bedrooms were en-suite with toilet, shower and wash hand basin, however, a small number either had en suites with toilet and wash hand basin only or did not have en-suite facilities. Communal shower and toilet facilities were located proximal to these bedrooms.

While the centre provided a homely environment for residents, a number of infrastructural issues impacted effective infection prevention and control. For example, ancillary rooms such as the laundry and sluice facilities did not facilitate effective infection prevention and control measures. Renovations of laundry facilities were scheduled to commence on 12th September 2022. There were two sluice rooms available in the centre. There were no sluice rooms available within the dementia unit or on the top floor which accommodated 10 and 14 residents respectively. Findings in this regard are further discussed under the individual Regulation 27.

There was a dedicated housekeeping room for the preparation of cleaning trolleys and equipment. However there was no dedicated clean utility room. Medications, clean and sterile supplies such as needles, syringes and dressings were stored in the nurses office.

Barriers to effective hand hygiene practice were also observed during the course of this inspection. There were only three clinical hand wash sinks (in the two sluice rooms and in the main dining room) dedicated for staff use. However access to the sink in the dining room and in one sluice room was obstructed due to the size and layout of the room which impeded staff access to complete hand hygiene. These sinks did not comply with the recommended specifications for clinical hand wash basins. Findings in this regard are presented under regulation 27.

There was no outbreak in the centre on the day of the inspection. However clinical waste bins were observed in several communal bathrooms when there was no indication for their use. Excessive infection prevention and control signage was also observed throughout the centre. For example signage in the correct use of personal protective equipment when caring for a resident with COVID-19 was on display in the majority of en-suite bathrooms.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. There was sufficient closet space, display space, and storage for personal items. Residents spoken with were happy with the standard of environmental hygiene. However the flooring in some bedrooms was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance. The exterior of the centre had recently been painted.

Overall the equipment viewed was generally clean. Individual moving and handling slings were available for residents who required them. However portable fans were not on a daily cleaning schedule and the blades of fans in four resident's rooms were visibly dusty. Dust and debris can naturally accumulate on the blades of fans and provide a reservoir for micro organisms if not effectively and regularly cleaned.

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

Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control, governance and environment management. Details of issues identified are set out under Regulation 27.

The registered provider of Nenagh Manor Nursing Home is Foxberry Limited, a

company comprising four directors. The directors were involved in the running of a number of other nursing homes throughout the country. The provider had an overarching management team and resources within the group that included clinical governance, human resources, finance, and estates managers.

The management structure was clear with the management team consisting of a person in charge, an assistant director of nursing and clinical nurse managers. There was evidence of regular management and staff meetings and of actions taken following same.

The inspector found that there were clear lines of accountability and responsibility in relation to the governance and management arrangements for the prevention and control of healthcare-associated infection. The provider had assigned the director of nursing to the role of infection prevention and control lead within the centre.

However there was no infection prevention and control link practitioner within the centre. The inspector was informed that a group infection prevention and control lead had been nominated and was being facilitated in undertaking postgraduate training for the role. In the interim the provider had formalised access to infection prevention and control specialist advice and support on a consultancy basis.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organisms (MDRO) colonisation was undertaken and documented in monthly key performance indicator reports. Antibiotic usage was also monitored. A review of recent reports found that antimicrobial consumption was generally low. However, a review of lab reports and acute hospital discharge documentation found that resident's current MDRO colonisation status and history was not recorded on recent reports for a large number of residents. Details of issues identified are set out under Regulation 27.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection.

There were two housekeeping staff on the day of the inspection. All areas were included on the daily cleaning schedule. Additional staff had been brought into the centre to undertake the deep clean of the centre two weeks prior to the inspection. However the inspector was informed that deep cleans were only undertaken on request. There was no regular deep cleaning schedule in place.

Infection prevention and control audits covered a range of topics including waste and linen management and environmental and equipment hygiene. However, disparities between the findings in local infection control audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

Local infection prevention and control guidelines were in place. However the content of these did not reflect national guideline or best practice. Details of issues identified

are set out under Regulation 27.

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. However the inspector identified, through speaking with staff and findings on the day of inspection, that additional education was required on the management of MDROs. Findings in this regard are further discussed under the individual Regulation 27.

## Quality and safety

Overall the provider was ensuring the right of residents to meaningful contact with friends and relatives was respected in line with regulatory obligations. All visiting restrictions had been removed and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

Care plans ensured that information about residents health-care associated infection status was accessible. However, several resident files did not contain details of resident's current MDRO colonisation status. As a result the appropriate infection prevention and control measures were not in place. Details of issues identified are set out under Regulation 27.

The inspector identified some examples of good practice in the prevention and control of COVID-19 infection. 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. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff continued to avail of serial COVID-19 testing fortnightly. Polymerase chain reaction (PCR) testing had identified some isolated cases of COVID-19 among staff and appropriate controls were put in place to prevent a large outbreaks. The centre had experienced a small number of outbreaks and some isolated cases of COVID-19 to date. A review of notifications submitted to HIQA found these outbreaks were well managed and quickly contained to limit to spread of infection within the designated centre. All residents that had tested positive had since fully recovered.

Staff were seen to adhere to some standard infection control precautions. For example ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. A range of safety engineered needles were available. In addition color coded laundry trolleys and staff were observed to appropriately segregate used laundry at point of care. Housekeeping staff were found to be knowledgeable in cleaning practices and processes.



## Regulation 27: Infection control

The registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Surveillance of MDRO colonisation was not comprehensive. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result appropriate infection prevention and control precautions were not in place when caring for these residents. For example used waste water was emptied down sinks in residents rooms. This posed a risk of environmental contamination. In addition commodes used by residents colonised with a gram negative bacteria were not routinely disinfected after cleaning.
- Transfer documentation did not include comprehensive healthcare associated infection and colonisation information. This meant that appropriate precautions may not have been in place when the residents were admitted to the acute hospital setting.
- Infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection. There were no guidelines on the care of residents with colonised with Carbapenemase-Producing *Enterobacteriales* (CPE).
- Local infection prevention and control audits failed to identify issues identified on the day of the inspection.

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

- The design and layout of the two sluice rooms did not support effective infection prevention and control practices. For example both rooms were very small. There was no racking for storage of bedpans and urinals, several commode basins were stacked on the sluice hopper in one sluice and on top of the bedpan washer in the second. There was no equipment cleaning sink in either sluice, and general or clinical waste bins were not available in one sluice room.
- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- Electric hand driers were available in a small number of toilets used by residents. Electric air hand driers have the potential to spread bacteria by blowing the pathogens back onto hands after washing.
- Soap dispensers were topped up/ refilled. This practice increased the risk of contamination.
- Alcohol hand gel was not available at "point of care". For example, there was

only one wall mounted dispenser on a corridor accommodating seven residents.

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 Nenagh Manor Nursing Home OSV-0000422

Inspection ID: MON-0037743

Date of inspection: 30/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the registered provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• To ensure a comprehensive surveillance of MDRO colonisation the PIC has the following in place – a weekly review of each residents with a confirmed infection and MDRO takes place. A monthly antimicrobial consumption assessment process review has commenced. We will endeavor to review this with the residents GP’s. Each resident has a dedicated care plan re the management of the MDRO infection. This has been reviewed with the Local Public Health Infection Control Nurse. All clinical staff will complete Antibiotic Stewardship Management course and C. Diff Infection Management.</li> <li>• The PIC in consultation with our local Public Health Infection Control nurse has implemented the Inter-Facility Infection Prevention and Control Transfer form. This now accompanies all residents on transfer to hospital.</li> <li>• An Infection Control review group has been established and this group will agree and disseminate the policy on the Management of CPE.</li> <li>• A detailed IPC Audit as per the HSE Large Residential Healthcare Facilities Infection Control Audit Tool has been repeated, revived and action plan agreed. Will be repeated 3 monthly.</li> <li>• The Group Facilities Manager and PIC have completed a full review of the nursing home and have identified areas that can be converted to accommodate a compliant sluice rooms. The provider will submit a request to vary condition 1.</li> <li>• The dining room sink will be changed to a compliant hand washing sink that all staff can access. Additional Hand gel /foam units will be place in public areas and at “point of care” locations.</li> <li>• The electric hand dryers have been removed.</li> <li>• All soap dispensers have been changed to pouch type dispensers.</li> <li>• The construction of our new laundry is underway. This will better facilitate IPC controls.</li> <li>• A dedicated cleaning room as been identified and the Provider will submit a request to vary condition 1.</li> </ul>	

- Clinical waste bin use is reviewed as per infection rates in the home and used accordingly.
- Home review re flooring changes completed and Group Facilities Manager arranging repairs and replacement as required.
- When a fan is in use it will be added to the daily cleaning list.
- Our External Cleaning Company has been requested to complete a Deep clean on a regular basis for the home.

## 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	31/01/2023