



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

Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0036328

About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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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 1 March 2022	08:30hrs to 15:20hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Prior to entering the centre the inspector underwent a temperature check and confirmed that they were free of symptoms associated with COVID-19.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The inspector saw that staff were respectful and courteous towards residents.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Resident outings and visits and friends were being encouraged and facilitated. Indoor visits were facilitated within resident rooms.

Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. Alcohol hand gel dispensers were readily available along corridors for staff use.

Equipment viewed was generally clean with the exception of a small number of portable fans and three cleaning trolleys. Kitchen cleaning equipment was not stored separately to general cleaning equipment which posed a risk of cross contamination.

While the centre provided a homely and dementia friendly environment for residents, further improvements were required in respect of maintenance, infrastructure and environmental hygiene. Some of the surfaces and finishes including wall paintwork, flooring and furniture were worn and as such did not facilitate effective cleaning. The standard of environmental hygiene within the laundry, housekeeping store and nursing office was poor. Storage space was limited and resulted in the inappropriate storage of equipment and supplies throughout the centre. Barriers to effective hand hygiene practice were observed during the course of this inspection. For example there were a limited number of dedicated clinical hand wash sinks available for staff use and many sinks were dual purpose, used by both residents and staff.

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

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with these standards are implemented.

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). Improvements were required in infection prevention and control governance, oversight and monitoring systems. Details of issues identified are set out under Regulation 27.

A review of documentation indicated that infection prevention and control was a standing agenda item at monthly management meetings. Minutes reviewed and observations on the day of inspection indicated that some of the issues identified during the last inspection had been addressed. For example hand hygiene signage had improved, alcohol gel dispensers were no longer topped up, a communal bathroom had been de-cluttered and a damaged sofa had been replaced. The inspector was also informed that plans were in place to install two additional clinical hand wash sinks within the centre.

The centre was owned and operated by Fairfield Nursing Home Limited. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. The company has two directors, one of whom represented the provider and attended the centre on a regular basis. A chief executive officer had been appointed to Fairfield Nursing Home Limited. A new person in charge had recently been employed by the provider. She was supported in her role by three clinical nurse managers, and a team of nursing, caring, housekeeping, catering and maintenance staff. The inspector found the person in charge to be responsive to the findings during the course of the inspection. For example an immediate deep clean of the housekeeping store was undertaken, kitchen cleaning equipment was relocated, communal toiletries were removed from a shared bathroom and the cleaning trolleys were all cleaned.

A Clinical Nurse Manager was the nominated infection prevention and control lead. However the provider did not have formalised access to a specialist with the relevant skills, experience and qualifications in infection prevention and control and antimicrobial stewardship, such as an infection prevention and control nurse, as outlined in the National Standards for infection prevention and control in community services.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. Online infection prevention and control training had been completed by the majority of staff. The inspector was informed that face to face infection prevention and control training had also been scheduled.

The infection prevention and control audit programme was in abeyance. No infection control audits had been undertaken in recent months. Documentation reviewed indicated that infection prevention and control audits had been scheduled for April

and December 2022.

There were insufficient local assurance mechanisms in place to ensure that the environment and resident equipment was cleaned in accordance with best practice guidance. For cleaning to be effective, centres should have a documented cleaning schedule that outlines clear responsibilities of staff and the frequency of cleaning required and the products that should be used to clean specific areas.

There were insufficient numbers of domestic staff to meet the cleaning and housekeeping needs of the centre. The supervision and oversight of cleaning practices also required improvement. There were no domestic staff on duty after 13:00pm daily. While all residents rooms and communal areas were cleaned daily, deep cleans were only undertaken every three to four months which is insufficient.

Additional training was required for the housekeeping team to ensure that cleaning practices and processes are in line with best practice. There was ambiguity among household staff with respect to routine cleaning techniques and the types of cleaning products to be used in the event of an outbreak.

Local infection prevention and control guidelines lacked detail and were not aligned to national guidelines and best practice. Where national policies are subsequently developed, they should be incorporated into local policies. Details of issues identified are set out under Regulation 27.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. A recent outbreak had been effectively contained. However improved leadership and oversight was required to drive improvements in infection prevention and control care planning and standard infection control precautions including sharps safety, environment hygiene and equipment management.

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 spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident.

A outbreak of COVID-19 was declared in the designated centre in November 2021. This was the first and only outbreak experienced by the centre since the beginning of the pandemic to date. Public Health had assisted in the management of the outbreak and an outbreak control meetings had taken place. A review of the minutes indicated that the outbreak had been successfully identified and contained to limit the spread of infection to a small number of residents. However a formal review of the management of the outbreak to include lessons learned to ensure preparedness for any further outbreak had not been completed.

COVID-19 care plans and individualised visiting care plans were in place for all residents. However care plans reviewed were not person centered and did not reflect the updated HPSC visiting guidance. 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. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded as recommended in the National Standards for infection prevention and control in community services. This would enable the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.
- Infection prevention and control audits were not routinely undertaken.
- Staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There were insufficient cleaning resources provided to ensure that the environment was effectively cleaned.
- Care plans were not person centered and had not been updated to reflect the introduction of the nominated support person. Visiting care plans advised that social distancing be maintained which is contrary to national guidelines.
- Some elements of local infection prevention and control guidelines did not reflect national guideline or best practice. For example,
 - The management of blood spillage guidance did not advise the use of chlorine granules. Hand hygiene guidance recommended the use of antimicrobial soap (chlorhexidine). National guidelines advise against the use of this product as it is associated with skin care issues and it is not necessary for use in everyday clinical practice. Legionella controls detailed did not include controls for the external water fountain or nebuliser chambers.

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

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. For example linen trolley was observed within a residents rooms and residents chairs and mobility aids were stored within ensuite bathrooms.
- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's rooms were dual purpose used by residents and staff. Used wash-water was emptied down residents sinks and basins were rinsed in the residents' sinks which posed a risk of cross contamination. The two available hand hygiene sinks did not comply with recommended specifications for clinical hand wash basins.

- A sweeping brush was used in resident's bedrooms. The use of a vacuum or dust-attracting dry mop is recommended prior to wet moping.
- A chlorine based disinfection product was not readily available for environmental hygiene in the event of an outbreak.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- In the absence of a macerator staff were instructed to manually decant the contents of disposable urinals/ bedpans into toilets and clean prior to disposal in the general waste stream. Manual decanting posed a risk of cross contamination.
- Open-but-unused portions of wound dressings were observed on a dressing trolley. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment including hoists. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- There was a limited availability of safety engineered sharps devices available for staff use. Where it is practicable to do so, provider should substitute traditional unprotected sharps/ needles with a safer sharps devices.
- The inspector observed that needles were recapped before disposal. This practice increased the risk of a needle stick injury. Sharps bins were unlabelled and the temporary closure mechanism was not in place as recommended in the centres infection control guidelines.
- Three cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is contaminated.

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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0036328

Date of inspection: 09/03/2022

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>Since the previous inspection a staff Nurse has been nominated as infection control lead for the nursing home. We have carried out an infection control audit and this has been included in our monthly audit plan.</p> <p>A new system is in place to review the use of antibiotics, infection and colonisation on a regular basis. Our Infection control policy has been updated reflecting on best practices and national guidelines.</p> <p>We have sourced more household staff and increased their daily hours to accommodate a better cleaning regime. This includes a new cleaning schedule and a deep cleaning schedule and appropriate resources are in place to ensure effective cleaning and infection control practices. We have sourced pre labelled products for cleaning.</p> <p>More storage spaces have been made available within each house to store equipment and laundry baskets.</p> <p>We have sourced appropriate hand wash sinks and are in the process of installing them.</p> <p>We are in the process of sourcing and pricing bed pan washer.</p> <p>Open but unused dressings for individual residents are stored securely in separate boxes following risk assessment.</p> <p>All alcohol wipes have been replaced by detergent wipes.</p> <p>A chlorine based disinfectant product is readily available in the building if needed.</p> <p>Sweeping brush has been replaced with dry flat mop.</p> <p>Sharps/needles have been replaced with safer sharp devices.</p>	

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	28/05/2022