



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	17 August 2023
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0041035

About the designated centre

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

Sonas Nursing Home Moyridge is situated on the River Moy next to the salmon ridge in the town of Ballina. It was opened in 1998. It is situated a short walk from the town and its local shops and amenities. The centre can accommodate 55 residents. Accommodation is organized over two floors. The first floor accommodation is accessed by a passenger lift. Communal areas comprise of two lounges, a dining room a visitors/meeting room and a smoking room. There is an enclosed garden area to the rear of the building and a pleasant front courtyard which overlooks the river Moy and provides parking for visitors. The centre provides long term and respite care for adults with a range of dependencies including physical dependencies, end of life care and cognitive impairment including dementia type conditions. Sonas Nursing Home Moyridge is committed to providing residents with person centred care in a home from home environment. The centre's documentation states that residents will be treated as individuals and will be given every opportunity to be fully involved with their care and encouraged to lead as active a lifestyle as they choose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Thursday 17 August 2023	09:00hrs to 14:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with four residents. All were very complimentary in their feedback and expressed satisfaction about the facilities in the new part of the centre and the standard of care provided.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

The inspector observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection. A family fun day had been held on 12 July.

Residents, visitors and staff expressed their delight at improved communication with staff since the mask mandate had been removed within the centre earlier in the year. Staff felt the recent removal of the mask mandate signaled a return to normal which had in turn lead to improved communication and socialisation for residents.

Residents' bedroom accommodation was arranged over two floors. The ground floor provided accommodation for 38 residents in 13 twin and 12 single bedrooms. The first floor provided accommodation for 17 residents in 15 single and one twin bedroom. All bedrooms had en-suite facilities, the majority with showers. Residents' dining/sitting room accommodation was conveniently located and two spacious communal sitting/dining rooms were available on the ground floor and one sitting/dining room was available on the first floor.

The two enclosed external courtyards were well-maintained and provided a safe space for residents' use. The inspector observed a calm and relaxed atmosphere within the communal spaces of the centre on the day of inspection.

The new extension was opened in 2022 and was fully operational on the day of the inspection. The extension included a new hairdressing salon, communal space and 12 single bedrooms with full en-suite facilities. The extension also had ancillary facilities including two sluice rooms, a laundry, kitchen and a housekeeping room. Finishes, materials, and fittings in the bedrooms and communal areas of the new extension struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. These areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning.

In contrast, the tile flooring within the en-suite bathrooms in the original part of the building was difficult to clean and heavy dust was visible inside the majority of radiators. There was also a persistent malodour on one corridor in this part of the building over the course of the day. However, overall the general environment and

residents' bedrooms and communal areas inspected appeared visibly clean.

The ancillary facilities generally supported effective infection prevention and control. For example the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. This room was observed to be clean and tidy. Cleaning carts were equipped with a locked compartment for storage of chemicals.

There was a treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. However stocks of sterile dressings packs were stored within a sitting room. Several single use wound dressings were open and partially used. This may have impacted the sterility and efficacy of these products.

The layout of the sluice room in the original part of the building was not ideal from an infection prevention and control perspective. For example, the sluice hopper was located beside the hand washing sink. The inspector was informed that the contents of bedpans and urinals were manually decanted into the sluice prior to decontaminating in the bedpan washer. This practice increased the risk of cross contamination of the hand washing sink, particularly in the context of multi-drug resistant organism (MDRO) management and potential gasterenteritis outbreaks. The detergent in the bedpan washer on the first floor had expired. This may impact its efficacy.

Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Additional clinical hand wash sinks had been installed following the last inspection. However, hand hygiene sinks in the treatment room and sluice rooms did not comply with the recommended specifications for clinical hand wash basins. Access to a hand wash sink in one sluice room was obstructed. In addition the inspector observed that soap dispensers were topped up/ refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination.

Equipment viewed was generally clean with some exceptions. For example two commode basins awaiting use were visibly unclean.

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 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Storey Broe Nursing Service Limited is the registered provider of Sonas Nursing Home Moyridge. The person in charge was supported by an quality and governance coordinator and a quality manager who also provide clinical oversight and support to a number of other designated centres operated by the provider. On a day-to-day basis, the person in charge was supported with managing the centre by an assistant person in charge and a clinical nurse manager. Additionally, the company-wide Quality and Governance manager provided clinical and operational support and supervision.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated a staff member with the required link practitioner training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role.

The inspector followed up on the provider's progress with completion of the actions detailed in the regulation 27 compliance plan from the last inspection and found that the provider was endeavouring to improve infection prevention and control practices in the centre. For example additional clinical hand washing sinks had been installed in the original part of the building, carpets had been removed in communal areas and storage rooms were observed to be clutter free and well organised.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded.

The inspector identified some examples of good antimicrobial stewardship. The volume of antibiotic use was also monitored each month. Antibiotic consumption data was used to inform antimicrobial stewardship activities including two antibiotic audits within the centre.

Prophylactic antibiotic usage was also monitored. There were no residents receiving prophylactic antibiotics on the day of the inspection. In addition the use of dipstick urinalysis was no longer used assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection which is in line with current best practice guidelines. Infection prevention and control audits were undertaken by the person in charge and oversight audits were undertaken by the regional quality manager. Audits covered a range of topics including infection prevention and training, equipment and environment hygiene and hand hygiene facilities. Audits were scored to monitor progress and quality improvement plans were developed to address any issues identified. High levels of compliance were consistently achieved in recent audits. However all elements of standard infection prevention and control

precautions including laundry and waste management and sharps safety were not routinely audited.

The inspector also observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. A deep cleaning schedule had been introduced whereby all resident rooms received a deep clean each month.

Staff working in the centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner. Formal reviews of the management of the outbreaks had been completed.

The centre had a comprehensive local infection prevention and control guideline which covered aspects of standard including hand hygiene, waste management, sharps safety, environmental and equipment hygiene. However management were unaware that the National Clinical Effectiveness Committee (NCEC) guideline for Infection Prevention and Control had recently been published. This document was downloaded on the day of the inspection.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Nursing staff had completed online antimicrobial stewardship training. Carbapenemase-Producing *Enterobacteriales* (CPE), Vancomycin-resistant *Enterococci* (VRE) and Extended Spectrum Beta-Lactamase (ESBL) information leaflets were available in an infection prevention and control resource folder. The inspector identified, through talking with staff, that staff were knowledgeable and competent in the management of residents colonised with multi-drug resistant organisms (MDROs).

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they

were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

The inspector identified some examples of good practice in the prevention and control of infection. Waste and used laundry was segregated in line with best practice guidelines. The removal of mandatory mask wearing gave the provider flexibility to ensure ongoing COVID measures in the centre were proportionate to the risks of infection. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

Staff and management were aware of the infection and MDRO colonisation status of all residents. A review of care plans also found that accurate infection prevention and control information was generally recorded in resident care plans to effectively guide and direct the care residents with a recent history of *Clostridioides difficile* (C. diff) infection. However these care plans did not outline the importance of prudent antibiotic selection and use for residents with a history of C. Diff infection.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Staff had electronic access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. However a dedicated specimen fridge was not available for the storage of samples awaiting collection. If collection is delayed, refrigeration is generally preferable to storage at room temperature.

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action is required to be fully compliant. For example,

- A review of a resident's care plans found that information regarding antimicrobial stewardship was not recorded in resident care plans to effectively guide and direct the care residents with a history of C. Diff infection.
- All elements of standard infection prevention and control precautions including laundry and waste management and sharps safety were not routinely audited.

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by;

- Bedpans and urinals were manually emptied into the sluice prior to placing in the bedpan washer. This practice posed a risk of environmental cross contamination.

- The detergent in the bedpan washer on the first floor had expired. This may impact its efficacy.
- Several single use wound dressings dressings were open and partially used. This may have impacted the sterility and efficacy of these products.
- Soap dispensers were topped up/ refilled from a five litre container. Dispensers should be of a disposable single-cartridge design to prevent contamination.
- Heavy dust was observed in the radiators in bedrooms in the older part of the building.

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	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0041035

Date of inspection: 17/08/2023

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> <p>All residents care plans have been further reviewed and residents with a history of clostridium difficile now have detailed guidance in their care plan.</p> <p>We have further reviewed our audit findings and will specifically ensure all elements of standard infection prevention and control precautions including laundry and waste management and sharps safety are comprehensively audited going forward. Staff have been re-educated on the correct SOP for the bedpan washer. The PIC & home management team monitor this practice daily.</p> <p>The detergent in the bedpan washer on the first floor was ordered on the day of inspection and has now been replaced.</p> <p>The nursing staff have been re-educated in relation to best practice for the use and disposal of dressing materials. The PIC & home management team monitor this daily.</p> <p>A new SOP has been introduced for the soap dispensers. This includes cleaning the dispenser, reservoir, lid, handle and rim of the container containing the chemical with a chlor-clean solution. Our risk assessments demonstrate that using this SOP minimises the risk of cross-contamination.</p> <p>New equipment for specifically cleaning behind radiators has been purchased. Housekeeping staff have been re-educated on the cleaning schedules in place. The Nurse in Charge has the responsibility for reviewing and signing the cleaning schedules daily and this is spot checked by the senior governance team on their walkarounds.</p> <p>A specimen fridge has been ordered and will be delivered 30/09/2023.</p> <p>The tiles in some of the ensuite bathrooms in the original part of the building and the layout of the sluice in the older part of the building will be reviewed as part of the Capex Budget for 2024.</p> <p>A new handwashing sink for the treatment room has been ordered and is expected 31/10/2023.</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.	Substantially Compliant	Yellow	30/06/2024