



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Elmhurst Nursing Home
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Hampstead Avenue, Ballymun Road, Glasnevin, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0000134
Fieldwork ID:	MON-0036452

About the designated centre

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

Elmhurst Nursing Home is located in Glasnevin, Dublin 9. The centre can accommodate 48 residents, both male and female over the age of 18. The centre provides long-term care to older persons, some of whom have a cognitive impairment. Elmhurst Nursing Home is a single-storey building comprising of two units. There are a range of communal areas available to residents, including an activities room, two dining rooms and an oratory. Elmhurst Nursing Home provides long-term care to older persons, and is committed to providing the highest standard of care and support to all residents. Elmhurst Nursing Home cares for residents in an environment appropriate to their needs, where the priority is to preserve their dignity and promote their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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 31 March 2022	09:10hrs to 15:20hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector met and spoke with five residents. Feedback from residents living in this centre was very positive. Residents said that they were satisfied with the care provided and the standard of environmental hygiene. The inspector saw that staff were respectful and courteous towards residents.

The inspector observed some examples of good practice in the prevention and control of infection. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed. Staff wore respirator masks when providing direct care to residents. The inspector observed the person in charge respectfully reminding a staff member to remove their wrist watch to comply with the centre's 'bare below the elbow' policy.

The building was single-storey with the premises divided into two areas referred to as Elmhurst and Desmond. Residents' accommodation comprised mainly single rooms with one remaining twin bedroom. All bedrooms within the centre had en-suite facilities.

Through walking around the centre, the inspector observed that some residents had personalised their rooms with photographs and pictures. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the en-suite bathrooms and along the corridors to maintain residents' safety.

Overall, the centre was homely and well decorated. However some décor including paintwork and wood finishes was showing signs of wear and tear. Several chairs with burn marks in the smoking room required replacement.

The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and renovations. The inspector was shown plans for a kitchenette renovation. Two new clinical hand wash sinks had been installed which complied with recommended specifications for clinical hand wash basins. The inspector was informed of plans to install a further two clinical hand wash sinks. This would ensure staff had access to dedicated clinical hand washing facilities within easy walking distance of residents rooms. However posters illustrating the correct procedure to perform hand rubbing and hand washing were not clearly displayed above all sinks and alcohol gel dispensers.

Despite the maintenance issues identified the environmental and resident equipment viewed on the day of inspection was visibly clean. Cleaning equipment was also generally clean. However environmental cleaning techniques and chemicals used were not in line with the centre's own cleaning guidelines.

A range of safety engineered sharps devices available for staff use. However sharps trays were not stored clean and empty and the temporary closure mechanism was

not in place on two sharps bins viewed. Findings in this regard are further discussed under the individual Regulation 27.

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.

J&M Eustace T/A Highfield Healthcare Partnership is the registered provider for Elmhurst Nursing Home. The registered provider had a clear management structure in place with a group of senior managers including a Chief Executive Officer, a Chief Operating Officer, a Head of Quality and Patient Safety and the person in charge.

The provider had formalised governance arrangements for the prevention and control of healthcare-associated infection. A clinical nurse manager had taken up the role of an infection control nurse to support infection prevention and control in the two designated centres within the provider group on a part time basis. The provider was supporting this staff member to undertake the requisite post-graduate training.

The infection prevention and control programme was overseen by an Infection Prevention and Control Committee. The formation of this Committee and the appointment of a part time infection prevention and control nurse demonstrated progression towards a coordinated approach to infection prevention and control within Highfield Healthcare Partnership.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard precautions including hand hygiene, waste management, sharps safety, environmental and equipment hygiene and aseptic non-touch technique. This guideline was due for review.

Surveillance of infections was routinely undertaken and recorded as recommended in the National Standards for infection prevention and control in community services. This enabled the provider to monitor changes in infectious agents and trends in development of antimicrobial resistance. Antimicrobial use was also documented.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Reviews of the management of the COVID-19 during national waves and local outbreaks was undertaken and included challenges, reflections, learning and recommendations on COVID

management to ensure preparedness for any further surges or local outbreaks.

The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre.

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

Regular environmental hygiene audits were carried out by the contract cleaning supervisor and the centre's infection prevention and control nurse. Audit tools were comprehensive and quality improvement plans were developed in response to audit findings.

In addition audits of hand hygiene facilities and technique were also undertaken. Recent hand hygiene audits found that improvements were required in hand hygiene technique. In response, additional hand hygiene training was provided using a hand inspection cabinet to enable the implementation of good hand-washing techniques. The ultraviolet hand inspection cabinet is a training aid that when ultraviolet gel is used in hand hygiene, visually shows where handwashing techniques need to be improved to be effective. It helps to demonstrate that handwashing requires technique and friction and reinforces the importance of hands being washed often and well.

Staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Onsite infection prevention and control training was delivered by an external infection prevention and control specialist in the early stages of the pandemic. Housekeeping staff had completed additional training in cleaning practices and processes. However improvements were required in routine dust control methods used and the chemicals used when cleaning rooms accommodating residents being cared for with transmission based precautions. Findings in this regard are further discussed under the individual Regulation 27.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans and infection control care plans were in place for all residents. Training in hand hygiene, cough etiquette and COVID-19 had been provided to residents.

Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed. Visiting careplans identified the residents nominated support person.

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 Elmhurst Nursing home in January 2022. This was the second significant outbreak experienced by the centre since the beginning of the pandemic. While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. A total 21 residents had tested positive between the two units. There was limited transmission to staff with only six staff testing positive. A review of the notifications submitted to HIQA indicated that once the outbreak was identified, it was quickly contained to limit the spread of infection.

Regulation 27: Infection control

While many good infection prevention and control practices were found, the oversight of cleaning practices and management of equipment was not robust This was evidenced by:

- There was no bedpan washer in the sluice room. Assurances were not provided at the time of the inspection that the decontamination of urinals was being managed in line with best practice. Manual cleaning and disinfection of utensils must be avoided due to the high risk of contamination.
- Alcohol hand gel was not available at point of care. National hand hygiene guidelines recommend that alcohol based hand rub should be available at each point of care (where the care procedure takes place), either located in wall dispensers/ bottles and/or carried by staff in pocket bottles.
- The inspector observed domestic waste inappropriately disposed of in the clinical waste stream at the main entrance. The clinical waste bin in the sluice room was not enclosed.
- Dust control methods were not in line with best practice. 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 disinfectant was available. However a room accommodating a resident being cared for with transmission based precautions was not cleaned with a neutral detergent prior to being disinfected with the chlorine solution.
- Clean and sterile supplies were inappropriately stored within the clean linen room.

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 Elmhurst Nursing Home OSV-0000134

Inspection ID: MON-0036452

Date of inspection: 31/03/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none">1. Bedpan washer to be reinstated by 30th June 20222. Review of point of care based alcohol hand gels completed by IPC Nurse, and additional hand gel dispensers will be installed by 30th June 20223. Clinical waste bin at main entrance has been removed, and replaced with a general domestic bin. Frame only/sack holder bins have been replaced with enclosed healthcare bins.4. New dust attracting mop introduced and process of utilisation of dust mop prior to using wet mop has been implemented.5. Refresher training being given to all cleaning staff to ensure awareness and adherence to process of using a chlorine disinfectant at all time where indicated. Actichlor Plus has been purchased and in use.6. Storage of clean & sterile supplies has been moved out of the room where clean linen is stored. Clean & sterile supplies now stored in a separate storage room.	

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	30/06/2022