



**Health  
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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:	Belmont House Private Nursing Home
Name of provider:	Belmont Care Limited
Address of centre:	Galloping Green, Stillorgan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0000014
Fieldwork ID:	MON-0036191

## About the designated centre

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

Belmont House is a 161 bed centre providing residential, respite and short stay convalescent care services to male and female residents over the age of 18 years. The centre was originally a Georgian country house and was owned by a religious order. The building has been extended and completely refurbished while retaining some of its older features. It is located on the Stillorgan dual carriageway, close to the village of Stillorgan, with access to local amenities including shopping centres, restaurants, libraries, public parks and coffee shops and good access to public transport. Accommodation for residents is across five floors. There are also areas for residents to socialise and relax, including activity rooms, a coffee dock and quiet areas. The majority of bedrooms are single rooms and there are 36 twin rooms. There is 24 hour nursing care with access to both in-house and specialist healthcare as required.

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

Number of residents on the date of inspection:	133
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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 15 February 2022	09:00hrs to 17:00hrs	Marguerite Kelly	Lead

## What residents told us and what inspectors observed

The Inspector arrived unannounced to the centre. Prior to entering the centre a series of infection, prevention and control measures which included temperature check and a declaration that the inspector was free of symptoms associated with COVID-19.

The centre was coming towards the end of an outbreak of COVID-19 at the time of the inspection with necessary restrictions impacting on the day-to-day lives of residents. Throughout the day of this inspection, the inspector spoke with a small number residents and observed staff interactions with them. All interaction observed between staff and residents were kind and respectful.

Three of the residents spoken to confirm that their call bells were answered promptly however they felt the food could be improved upon; including choice, food temperature and portion size was mentioned. The inspector attended the dining room whilst there and checked the food temperature and for the meals checked they were all hot and there was a reasonable choice of meals. One of the residents informed the inspector they had lost items that had gone to the laundry. The centre informed the inspector they were investigating this for the resident. All three residents were not satisfied with visiting restrictions from their family and friends whereby all three of the residents told the inspector they wished that they could see their relatives more often.

The centre had recently opened up visiting in a more resident specific manner, which included visits to the residents bedrooms, however relatives still had to book a visit which was not in alignment with national visiting guidelines. Also, the inspector saw that residents each had a visiting care plan and visiting risk assessment in their charts.

Following the opening meeting the inspector reviewed the premises and the person in charge and the Regional Director accompanied the inspector whilst doing this. The inspector noted they appeared well known to the residents and staff and were seen to have a good rapport with all spoken to. The three units inspected were Cedar, Oak and Beech. There were a mix of single and twin rooms with and without en suites, plus ancillary rooms such as dirty utilities, store rooms, laundry and staff areas.

Residents' bedrooms were clean and personalised with items for each resident and for the most part there was adequate storage facilities for storage of personal possessions. Two residents were sharing a double wardrobe with very little demarcation for their items. The person in charge was to rectify this after the inspection. Many residents had their own items of furniture from home, chairs, pillows, pictures, framed photographs and ornaments.

There were plenty of supplies of PPE (Personal Protective Equipment) and the

Inspector observed some good practices of wearing PPE but also instances of inappropriate wearing of PPE such as some staff members inappropriately wearing gloves. Staff were also observed wearing rings, watches and necklaces. The overuse of glove wearing and hand jewellery inhibits hand washing and increases the risk of cross contamination during care procedures.

While the centre provided a homely environment for residents, and whilst the bedrooms and en suites were clean the communal areas such as the dirty utilities, laundry, housekeeping rooms, housekeeping equipment were in need of improvement. Some equipment such as mattresses and pillows, carpets, surfaces and finishes were worn, torn and poorly maintained and as such did not facilitate effective cleaning. Many of the store rooms had an inappropriate mix of resident equipment and clean stores such as PPE and supplies. Storage area should be controlled and dedicated for that specific use to reduce the risk of cross contamination.

Barriers to effective hand hygiene practice were also identified during the course of this inspection. Hand hygiene facilities were not provided in line with best practice and national guidelines. There were a limited number of dedicated clinical hand hygiene sinks available and none were compliant with HSE/HPSC guidelines. There was however, alcohol gel dispensers along the corridors and many of the staff were wearing portable gels on their waist bands.

The next two sections of the report will describe the findings of the inspection under Regulation 27 Infection Control. Firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

## Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the National Standards for Infection Control in Community Services 2018 are implemented by staff.

Belmont Care Limited is the registered provider of Belmont House Private Nursing home, which is within the Orpea Group. The centre is registered to care for 161 residents, on the day of the inspection there were 133 residents living in the centre with 24 vacancies. Approximately sixty percent of the residents living in the centre had a diagnosis of dementia or cognitive behaviour. Residents' accommodation is arranged over five floors with communal, dining and sitting rooms, and utility on each floor.

The management team consists of a person participating in management (PPM) and

a person in charge. The person in charge (PIC) is responsible for the day-to-day running of the designated centre. They are supported by a team of nurses, carers, kitchen, laundry staff, maintenance and an administration staff. The PIC and the PPM were in attendance on the day of inspection and facilitated the inspection.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge (PIC) who was also the designated COVID-19 lead, with support from two Assistant Director of Nursing.

There was a programme of infection prevention and control audits. These audits covered a range of topics including hand hygiene facilities, infection control audits and a cleaning and maintenance audit. However, no quality improvement plans were seen following these audits. These are important so as to follow through on deficits identified in audits and drive changes required to improve services. Where there were quality improvement plans in place following a maintenance and cleaning audit, these did not state if and when the deficit was resolved.

There were cleaning guidelines for the housekeeping staff but they were more like a checklist rather than cleaning schedule, guidelines or procedures. There was no schedule of deep cleans available for review. The inspector was informed they did occur but they were not scheduled by which day to be completed on. The dirty utilities were also used to store cleaning equipment and prepare cleaning chemicals instead of a standalone housekeepers/cleaners room as per the national standards. The cleaning rooms should be ventilated to the external air, contain a stainless steel sluice sink/janitorial unit, wash-hand basin, and lockable safe storage for cleaning chemicals. The location of a domestic type washing machine for mops and cloths within the dirty utilities was also present and is a risk and needed review. One of the washing machines had a wash insitu of mops and cloths at 30 degrees. Where there is a requirement to launder items potentially soiled with body fluids a washing machine with a sluice cycle and capability of a disinfectant cycle should attain and hold temperatures of 71°C for 3mins or 65°C for 10mins is recommended.

The centre was coming towards the end of an extensive COVID-19 outbreak which had begun on the 14.12.2021 and was due to be declared over on the 09.03.2022. The outbreak had not been confined to one unit but three out of five units had experienced positive cases. The centre had staffed each of the units separately to attempt to reduce cross contamination between staff and residents. An updated COVID-19 contingency plan was also in place highlighting how residents should be co-horted, staff replacement plans and COVID-19 lead replacement plan was also discussed in this report which gave assurance that the centre had a workable plan in the event of another outbreak. The COVID-19 outbreak management folder was clear, concise and easy to navigate. Line listing for both staff and residents was up to date and easy to see when staff were due back to work and residents to finish isolation.

The centre had experienced two previous COVID-19 outbreaks in 2020 and 2021. A review of the management of these COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. There was also an extensive quality and safety of residents report and QIP which

discussed areas that the centre did well and also where improvements were required.

All HSE/HPSC Infection Control guidance was available and up to date for staff to use and the centre had access to the HSE IPC specialist team for outbreak support.

Staffing was as documented in the centre's Statement of purpose. The person in charge and her deputies were not included in the RGN numbers and were able to supervise all aspects of care. Additionally, each unit had a Clinical Nurse Manager to support the management team. There was only one RGN on the night shift per unit and the person in charge informed the Inspector if an outbreak was declared the centre had availability of agency staff. The centre had also recruited extra care staff to help with the additional work that comes during an outbreak and to replace staff on leave. There was one housekeeper on duty per unit seven days per week for 8 hours. There was also a Housekeeping supervisor who supported and supervised the Housekeeping staff.

There was evidence of staff, resident and management meetings seen on the day. The management meeting was last held on 17.01.2022. The resident meeting also took place in January and hand washing and visiting guidelines were discussed. There were also a Staff COVID-19 handbook and a separate resident handbook which were very descriptive and informative regarding COVID-19 preventative measures. There was also monthly IPC meetings the last held 31.01.2022, with an appropriate agenda. Staff were trained in IPC online including standard precautions and hand hygiene. However some of the observations of the inspector such as the overuse of gloves and PPE, ancillary room planning and hand hygiene sink placement, knowledge surrounding needle stick injury indicated that further on site infection prevention and control training and support from a qualified specialist IPC Nurse was required.

The centre had extensive infection prevention and control policies and these were accessible to all staff. However, not all were being followed as described. Three staff were unaware of the process to clean a blood spillage, two gave an incorrect answer to how to manage a needle stick injury and a door was left open to an isolation room. Also two sharps boxes were signed on assembly but all temporary closure mechanisms were open instead of being closed as per the centres own IPC policy.

## Quality and safety

Infection control and standard precautions appeared in the main to be a routine part of life in Belmont House Private Nursing Home. These were monitored through the auditing system in place. Notwithstanding the positive findings, further improvements were required to comply with regulation 27 Infection Control.

Residents spoken to were aware of COVID-19 restrictions and felt the staff tried their hardest to support them during the restrictions. It was also documented in resident's charts if they had any multi-drug resistant organisms (MDRO) which is needed with staff communication and when deciding what IPC precautions are required for the safe care of the resident. Staff spoken to were aware of residents who were colonised with antibiotic resistant bacteria, and the centre was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. IPC care plans were seen for residents colonised with antibiotic resistant bacteria, and all residents had a visiting care plan insitu describing their wishes.

There was not full adherence to standard precautions at all time, nursing staff were re-using single use dressings. A device or dressing designated as 'single-use' must not be reused. It should only be used on an individual resident during a single procedure and then discarded. Wound dressings equipment were transported using a basket instead of a dressing trolley. Trolley's used for aseptic technique must not be used for any other purpose and they should be cleared and not used for storage of dressing equipment to reduce the risk of cross contamination. There were several sterile items out of date and a bottle of sterile water had been opened. These opened bottles should be discarded, as Sterile Water for Irrigation contains no antimicrobial preservative.

There were a few clinical hand wash sinks available in the centre but most were positioned in and around the nurse's office area. These sinks were not fully compliant with hand wash sinks as outlined in HBN 00-10 Part C Sanitary Assemblies. Resident's sinks should not be used for staff hand hygiene or for the disposal of resident wash water to prevent cross contamination.

Oversight of cleaning processes and procedures required improvement; practices were not in line with correct cleaning and disinfectant processes, which is to clean before disinfection with chlorine bleach. Or use one step with combined detergent and disinfectant product. The centre did not have dedicated rooms for the storage and preparation of cleaning chemicals and equipment, which needed addressing. Mops were also used in several rooms before being changed, instead of being changed after use in each room. There were no housekeeper trolleys available to staff, a housekeeper trolley needs to accommodate waste disposal, sufficient flat mops, cloths and PPE to allow new ones to be used in each room and to ensure that cleaning and disinfectant solutions are kept secured and locked in the carts.

Storage areas needed further review in regard to cleaning and the separation of resident equipment, linen and clean supplies such as PPE and dressings.

The laundry did have a dirty to clean flow of linen to ensure contamination does not occur and an area to sort clothes adequately. The laundry also stored dirty linen trolleys in the dirty utility of a residential unit which was adjacent to the laundry which is not acceptable due to the risk of cross contamination. This room was in need of a clean and as the floor was sticky and the bed pan washer in this room

was not clean.

There was a maintenance and refurbishment programme in place and it was seen on the day of inspection where walk-round meetings were taking place, items were being upgraded and planned for. However, there were still items, fixtures and fittings that need upgrading, as they were worn, torn and chipped.

There was evidence that outbreak management was discussed and had contingency plans drawn up. Staff and residents were monitored for signs of infection. Residents had good access to health care, physiotherapy, dietitian review and occupational therapy.

## Regulation 27: Infection control

Improvements to Infection prevention and control practices in the centre was required to become fully compliant with the National Standards for infection prevention and control in community services 2018 and other national guidance.

The inspector identified inconsistencies in applying standard and transmission-based precautions as per "HIQA National Standards for infection prevention and control in community services" For example;

- A review and declutter of storage areas that should be single item only is required. Either resident equipment or stores they should not hold both due to the risk of contamination. Items stored on the floor required removal.
- The replacement plans for worn and torn carpets, chairs, mattresses and pillows should be progressed. Repair or replace chipped wood surfaces such as furniture, skirting boards, doors and bed frames to ensure easier cleaning was required.
- The laundry facilities needs to be decluttered and immediate cessation to using the dirty utility of neighbouring unit for storage of laundry trolleys.
- The provision of a housekeepers/cleaners room is required. Removal of cleaners chemicals and equipment from laundry and dirty utilities to dedicated housekeepers/cleaners room can then be addressed.
- Review dirty utility rooms to ensure all equipment within room is working, cleanable and specific for the function of the room.
- Review the allocation and installation of compliant clinical hand wash sinks.
- Full service of bed pan washers to ensure working correctly.
- Removal of communal toiletries from public bathrooms and showers as using communal toiletries is not seen as promoting an individuals dignity, and can spread infection.
- Removal of domestic washing machines currently located in dirty utilities.

There was not adequate management arrangements in place to ensure the delivery

of safe and effective IPC within the service. For example;

- There is a need for formalised access to qualified specialist IPC practitioner, to support, advise and educate on infection prevention and control. Education and training to include training on infection control procedures such as needle stick injury and blood and body fluid spills was required.
- A more robust auditing process was required to ensure infection control audits were followed up with quality improvement plans to ensure deficits are devolved to those with responsibility for that area.
- Ensure all housekeeping staff undergo a cleaning training program to ensure full awareness of correct cleaning methods, use of cleaning chemicals and management of cleaning equipment.
- Review housekeepers hours to ensure all areas of the centre and equipment is cleaned regularly and introduce a deep cleaning schedule.

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 Belmont House Private Nursing Home OSV-0000014

Inspection ID: MON-0036191

Date of inspection: 15/02/2022

## 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> <ul style="list-style-type: none"> <li>• All items stored on floors have been removed and this is checked daily by the CNM and nurse on duty. Completed.</li> <li>• A weekly audit takes place by the CNM of each unit to ensure that all sharps boxes are placed off the floor. Completed.</li> <li>• A monthly audit has always taken place of mattresses and any damaged mattresses are removed and new one is put in place. All pillows are replaced if damaged. Completed.</li> <li>• Two full time maintenance people work in the facility daily and painting and repair of skirting boards, door frames and walls are continuously fixed and replaced. A weekly walkabout audit takes place to identify areas that require maintenance and repair. Completed.</li> <li>• Carpets and chairs that are damaged and cannot be cleaned effectively have been removed and replaced. Completed.</li> <li>• The bedpan washer and sluice will be made into one room. This will be completed by 31st October 2022.</li> <li>• Dirty linen is now stored in a separate room. Complete</li> <li>• A dedicated cleaners room has been identified and all cleaning materials will be securely stored in this room. This will be completed by 31st October 2022.</li> <li>• All chemicals and cleaning materials have been removed from the laundry. Completed.</li> <li>• A housekeeping trolley has been ordered for each floor that will accommodate waste disposal, sufficient flat mops, cloths and PPE to allow new ones to be used in each room and to ensure that cleaning and disinfectant solutions are kept secured and locked in the carts. This will be completed by 31st October 2022.</li> <li>• Only equipment that is required and working is stored in utility rooms. Completed.</li> <li>• All bed pan washers were re-serviced on the 28th February 2022 and all are in full working order. They had previously been serviced on the 6th January 2022. Completed.</li> <li>• We are currently reviewing the appropriate placement of clinical handwash sinks and are working with our facilities team to put these in place. This will be completed by 31st October 2022.</li> <li>• All residents' individual toiletries are labelled and stored in their individual spaces in</li> </ul>	

the bathroom. Completed.

- The domestic washing machines have been removed from utility rooms. Completed.
- Additional IPC training has been booked for May and June for all staff that will include sharps injuries, body fluid spillages and the wearing of jewellery and inappropriate use of gloves. Daily spot checks are carried out by the senior management team to ensure no jewellery is worn by staff. To be complete by 30th June 2022.
- Staff training on IPC and wearing of jewellery and inappropriate use of gloves is taking place with staff. This commenced on 5th April 2022 and will be complete by 31st May 2022.
- We are working with the quality team to enhance our auditing systems and have recently started using an electronic system which has a specific IPC audit. All audits will be closed out once complete. This will be complete 31st May 2022.
- The housekeeping supervisor has always been supernumerary to supervise the housekeeping staff. Complete
- Revision training has been arranged for all housekeeping staff on cleaning methods, chemicals and equipment. To be complete by 15th April 2022.
- A deep cleaning schedule has been introduced and there are sufficient staff and hours to carry out this schedule. Complete.
- All single use dressings are discarded once opened. Complete.
- Dressing trolleys are only being used for dressings and the staff IPC handbook has been updated to remind staff about correct aseptic technique. Complete.
- The centre will now have a dedicated room for the storage and preparation of cleaning chemicals and equipment. This will be completed by 31st October 2022.
- Resident's meals and mealtimes continue to be audited and residents continue to have their monthly advocacy meetings where food can be discussed and addressed. Completed.
- The management of resident's laundry is monitored and items are returned to residents as soon as possible after going to be laundered. Completed and ongoing.
- Visiting is now unrestricted and all residents continue to have visits with family and friends as they wish. Completed.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/10/2022