



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

## Issued by the Chief Inspector

Name of designated centre:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	10 March 2021
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0032519

## About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. It provides twenty-four hour nursing care. Howth Hill Lodge is registered for 48 beds. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of 48 single rooms. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

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

Number of residents on the date of inspection:	33
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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
Wednesday 10 March 2021	09:00hrs to 17:45hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

The inspector arrived at the centre in the morning and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life and to have meaningful lives within current restrictions due to the COVID-19 pandemic. The inspector observed that the residents and their families played an active role in decision-making and were consulted in the running of the centre.

The inspector met with four residents living in this centre. Conversations between the inspector and the residents took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

The centre was well laid out and decorated with points of interest along corridors, with ample sitting rooms for residents use. There was a breakfast kitchen available should residents choose to use it, however flooring outside this room was cracked and edges were not clean. Repair work was required on the walls behind hand hygiene sinks in two bedrooms. In frequently used areas such as corridors, paintwork was seen to be scuffed and marked. The inspector was informed that there was a delay in addressing these repairs due to the COVID -19 restrictions in place.

There were colourful seated areas located throughout the three enclosed courtyards and the back garden. Two of the bedrooms were undergoing renovation so that residents would have access to their own en-suite bathroom and door leading out to an enclosed courtyard. One resident who spoke with the inspector, whose room was already laid out in this way, said that they loved being able to get out to the courtyard when they wanted and looked forward to the weather getting better and pottering around outside.

Residents said that their bedrooms and personal space met their needs and that they had enough room to store their clothes and belongings. Residents were encouraged to have personal mementos, furniture, souvenirs and photographs in their rooms. Inspectors observed that in many bedrooms, residents had availed of this opportunity. Other residents reported to inspectors that they were happy with their bedrooms and had plenty of space in the centre to receive visitors before restrictions had been imposed.

One resident said they missed going to local restaurants with family and couldn't wait for it to be safe to go out again as they really missed being able to do this. Others said they were looking forward to having walks in the local area and having

ice cream. There were a range of activities on offer to residents such as baking, bingo, group chats, newspaper reading, sing songs and art classes. Staff were seen to assist residents with physical exercise in a companionable way. Exercise classes were provided and residents said they really enjoyed this as it really helped them. Staff were available for one to one activity opportunities for those residents who did not like group activities.

Staff were found to be kind and caring in their work and in conversations heard, showed that staff were familiar with resident likes and preferences, which were respected. The staff and resident interactions were marked by genuine respect and empathy.

Residents were very complimentary about the care and services that were provided to them. Others commented that staff were always good for a chat, and they had plenty of banter with them, they said they felt safe and if they asked for help, it was given quickly.

Residents were very complimentary about the professionalism and dedication of staff during the pandemic. Other residents echoed these words of contentment with the centre and the kind staff who cared for them. It was evident that staff in the centre had strived to facilitate meaningful engagement between residents and their relatives through the use of video calls, window visits and with a private social media group confined to the residents and families.

Inspectors observed that those residents who were not able to communicate appeared relaxed and comfortable with the staff who were providing their care. They were spoken to in a gentle tone and encouraged and supported with meals in a dignified and unobtrusive manner.

Residents said they were kept informed during the outbreak by the staff. They said that they had received information sessions on hand hygiene and how important it was. They said that they liked the food offered which was seen to be well presented. Should they have any complaints or concerns they said they would speak to the person in charge or the staff and that complaints were responded to quickly.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality care was being delivered to the residents. The management team were proactive in response to issues as they arose, and improvements required from the previous inspection had been addressed and rectified. There was a clearly defined

management structure in place, and staff were aware of their roles and responsibilities. However, the inspector found that improvements were required in the notification of incidents and training for staff in the use of fire fighting equipment. These findings are discussed further under regulation 16 and 31 respectively.

This was unannounced inspection to monitor compliance with regulations. The management structure in place for this centre consisted of the provider, a limited company with two directors. Brymore House Nursing Home Ltd is the registered provider. One of the directors was involved with the day-to-day oversight of the running of the centre, and staff reported that they were easily accessible outside of this time. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of health care associated infection in the centre.

This centre did not experience an outbreak of COVID-19. Residents said this was due to the hard work of all of the staff who cared for them.

The person in charge, responsible for the day-to-day operations of the designated centre, was supported by an assistant director of nursing and other staff members including nurses, carers, administration, activities coordinators, housekeeping, catering and maintenance staff.

Working roster records reviewed by the inspector documented one cleaner rostered to work on five days each week and two cleaners on the remaining days of the week. In addition one member of staff was rostered twice a week to clean assistive moving equipment such as hoists and wheelchairs. Management had identified that additional cleaning staff was required and evidence was seen that one full time cleaner was to commence induction to the centre the week following inspection.

This centre did not experience an outbreak of COVID-19. Residents said this was due to the hard work of all of the staff who cared for them.

To assess the assurance arrangements in place, the management team provided a number of documents on the morning of inspection. This included, for example, the allocation of staff, staff training records, residents notes, cleaning and infection prevention and control records, the centres risk register and the complaints log. This information was readily available to the inspector.

Inspectors found that the management structure in place, had provided a good service in advance and during the COVID-19 pandemic. The following measures were seen to be in place:

- There were effective arrangements in place to prevent a COVID-19 outbreak. There was a comprehensive COVID-19 outbreak management plan to guide staff.
- Public health and infection control advice and guidance from the HSE were implemented.
- Ability to recognise and respond to issues arising during the course of the pandemic, up to and including on the day of the inspection.

- The provider also had a number of effective assurance processes in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists, colour coding of cleaning equipment to reduce the chance of cross infection and information notices.
- The registered provider had a clear pathway for testing and receiving swab results to detect the presence of a COVID-19 infection.
- The provider was seen to have taken the necessary steps in relation to restricting visiting as part of COVID-19 preventative measures, and in line with public health guidance.
- All staff had received training in hand hygiene and putting on and taking off personal protective equipment (PPE). Staff had 24 hour access to on-line training using a software application on their phones. Monitoring of staff symptoms for signs of COVID-19 infection was completed through this application.

There was a low number of complaints received in records seen and when complaints were made they were dealt with promptly and the views of the complainant were validated and respected.

However, improvements were required in the following areas:

- Incidents which were required to be notified to the Chief Inspector under the regulations, did not include all occasions when a restraint was used. All other notifications were seen to have been appropriately managed and notified.
- While there were a wide selection of training available to staff, there were gaps in staff training with regard to suitable training in the use of fire fighting equipment.

### Regulation 15: Staffing

There was sufficient staff resources to meet the assessed needs of residents and having regard to the size and layout of the centre. There were at least two registered nurse available in the centre at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a staff care software application available on staff phones which provided training videos on the '5 moments of Hand Hygiene' & Donning & Doffing of (Personal Protective Equipment) PPE. Seven staff were trained to take COVID-19 swabs in the centre.

Staff had access to appropriate training, in moving and handling, safeguarding

vulnerable adults and infection prevention and control. While staff had received training in emergency evacuation procedures, and the use of evacuation equipment such as ski sheets, staff did not have access to training in the use of fire fighting equipment.

Additional training such as safe food handling, basic life support, dementia and behaviours that are challenging, health and safety and nutrition was also available to staff. All nurses had attended training on medication management.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were clearly defined roles and responsibilities set out and staff were aware of the line management reporting protocols.

While there were sufficient resources available to ensure effective delivery of care. Staff reported to the inspector that they felt well supported by management and that they were kept up-to-date with any developments in guidelines at handover and through an internet application on their phones.

There was an annual review in progress to review of the quality and safety of care delivered to residents in the designated centre during 2020. The centre had commenced the consultation process with residents and families receiving surveys. Inspectors reviewed analysis of the completed surveys and could see that residents reported high satisfaction levels. The person in charge informed inspectors that feedback received would be incorporated into the centre's annual review.

Judgment: Compliant

### Regulation 31: Notification of incidents

While notifications to the Chief Inspector were submitted in accordance with time frames specified in the regulations, they did not include all occasions when a restraint was used. For example the front door being locked, occasions when prn medicines (medicines to be taken when required) were given and the use of bed and chair alarms.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a policy in place to manage complaints. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process in accordance with the regulatory requirements. Inspectors reviewed a sample complaints and found that complaints were recorded and each complaint was investigated. Improvements were implemented when it was identified that improvements were required.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The findings of this inspection showed that the management and staff strived to provide a good quality of life to the residents living in the designated centre. However, the inspector found that improvements were required in care plans, infection prevention and control and risk management. These findings are discussed further under regulation 5, 26 and 27 respectively.

The provider had a plan in place to respond to major incidents likely to cause disruption of services or serious damage to property. There was a separate COVID-19 emergency plan available to guide staff, which was regularly updated. While there was a risk management policy in place it required review to include the measures and actions to protect residents from abuse.

The inspector acknowledged that staff and management worked hard, having the interest and safety of residents at the forefront of the care and support being delivered in the centre. There was evidence of good consultation with residents, and their needs were being met through appropriate access to healthcare services and opportunities for social engagement. It was evident that residents had been consulted about the public health measures and minutes of residents' meetings confirmed this. Residents spoken with were found to be informed about the virus and the measures to keep them safe.

Through conversations with residents and staff and records reviewed there was evidence that the provider had engaged with residents, involved them in decision making and communicated clearly with each resident and relevant others regarding the visiting policy, including restrictions. Residents were encouraged to maintain contact with their friends and families through window visits, and video or phone calls. Many residents and staff report they were delighted at receiving the COVID-19 vaccine and looked forward to visiting restrictions easing in the coming weeks. There was an ongoing arrangement in place with an independent advocacy service which was advertised in the centre, and provided support to residents.

Supportive communication was observed between staff and residents. When residents displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), staff were seen to redirect residents in a supportive manner and residents responded well to this.

Records showed that where medical and allied health practitioners made recommendations for care, these were implemented. In a selection of five care plans reviewed, two residents care plans were not reviewed within the required four month time frame and two behaviour care plans did not provide sufficient information to guide staff in the care required to support these residents.

Overall, the centre appeared clean and well maintained with few exceptions to upgrades of paintwork and flooring and splash backs behind three sinks seen. The provider had planned to address these issues once restrictions were lifted and specialist contractors could come into the centre.

While staff were up-to-date in their knowledge of infection prevention and control guidance and demonstrated good practice in the use of appropriate personal protective equipment, improvement was required in effective hand hygiene, as five staff were seen to wear watches during the inspection day. A good standard of cleaning was consistently observed on the day of inspection.

#### Regulation 26: Risk management

A detailed COVID-19 contingency plan was informed by a comprehensive risk assessment. The risk register was updated with additional controls put in place to mitigate the risk of COVID-19 infection to residents and staff working in the centre. They were subject to ongoing monitoring to ensure their effectiveness. Staff who spoke with inspectors demonstrated that they were familiar with the emergency plan. In addition, there was a plan in place to respond to major incidents likely to cause disruption of services or serious damage to property.

While there was a comprehensive risk management policy in place, and it did not contain all the risks required by the regulation. For example the measures and actions to control the risk of abuse were not documented.

Judgment: Substantially compliant

#### Regulation 27: Infection control

Infection prevention and control strategies had been implemented to effectively manage and control a potential outbreak in the centre. These included but were not

limited to:

- Implementation of transmission based precautions for residents where required.
- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of the centre.
- A seasonal influenza and COVID-19 vaccination program had taken with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection prevention and control practice in the centre the following areas for improvement which are important to good infection control practice were identified:

- Clean linen was stored on uncovered trolleys on the corridor where residents were seen to be walking which could lead to cross contamination.
- Staff hand hygiene practices required review as five staff were seen to wear watches, which meant that they could not effectively clean their hands:

While the premises was of sound construction improvements were required in the following areas which impacted on cleanliness and the safety of residents:

- Repair work was required on damaged/marked walls behind hand hygiene sinks in two bedrooms and one toilet.
- Paintwork on rails along corridors and doors was seen to be scuffed and marked.
- The flooring outside the breakfast kitchen was cracked and edges were not clean.
- One arm chair was seen to be heavily stained.

The provider informed the inspector that that upgrades to décor and flooring had been identified to improve the environment for residents, however the delay in addressing this was due to the COVID-19 restrictions in place.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Records viewed showed that care plans were prepared within 48 hours of a resident's admission. These care plans were based on the pre-assessment completed prior to resident admission to the centre, which showed resident's individual preferences and wishes regarding their care

Staff used a variety of accredited assessment tools to support the identification of each resident's needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, pressure related skin damage, and the

supports they needed regarding their mobility and social activities.

Residents were closely monitored for any deterioration in their health or any indication of infection. Care plans were developed to inform the care supports and assistance each resident needed. However, the information in the sample of residents' care plans reviewed by the inspector required improvement. For example, the inspector was informed about two residents, who exhibited behaviour that was challenging. This was not adequately monitored or detailed in the care plans seen. It was not clear from the care plan what, if any, distraction techniques were effective or when it was appropriate to use prn (a medicine only taken as required).

The requirement of the four monthly formal review of care plans was not seen to have taken place in two of the five residents care plans viewed, and another mobility care plan did not specify that a resident uses a walking frame when mobilising. This could lead to inappropriate care and support being delivered.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents in the centre were facilitated with good access to medical care. A local GP visited the centre twice a week and was available when required outside of this time. Residents said they could see a doctor when they needed and that staff were responsive to any change in their medical condition.

Recommendations made by allied health professionals were incorporated into the care provided to residents residents and reflected in care plans seen. National health screening was available to residents that were eligible.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider, person in charge and other members of staff, including the activity coordinator, kept residents informed in relation to COVID-19 infection prevention and control measures and visiting arrangements in the centre. Contact with families and friends were maintained by the use of window visits, phone calls and social media platforms.

The centre had designated staff members with responsibility for facilitating residents' activities. These staff were not available over weekends, however activities were facilitated by health care assistants who were given protected time to assist with resident led activities. Mass was shown on television each day at

10.30am.

Staff in the centre made efforts to ensure each resident's privacy and dignity needs were met by knocking on their bedroom door and awaiting a reply before entering. Staff were respectful and discreet when attending to the personal needs of residents ensuring their bedroom and toilet doors were closed when assisting residents with their personal care. Residents had access to an independent advocacy service which was advertised in the centre. Local and national newspapers were made available for residents.

Judgment: 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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0032519

Date of inspection: 10/03/2021

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training in the use of firefighting equipment has been sourced & will commence once allowed under the current restrictions.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notifications will now include all occasions where restrictive measures are used including chair / bed alarms & key coded front door.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Our policy on safe-guarding vulnerable people at risk is updated & reviewed regularly. We have now incorporated this into our safety & risk management policy.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff hand hygiene refresher course completed</p> <p>All linen is now stored in designated cupboards</p> <p>Our repair &amp; renew programme has recommenced &amp; the ground floor has already been re-decorated, new flooring ordered for outside breakfast kitchen &amp; splash-backs fitted to behind sinks.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have been updated &amp; our auditing system on all care plans has been increased.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	12/03/2021
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	15/04/2021
Regulation 31(3)	The person in	Substantially	Yellow	07/04/2021

	charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Compliant		
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	26/04/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	26/04/2021