



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

Issued by the Chief Inspector

Name of designated centre:	Brabazon House
Name of provider:	The Brabazon Trust
Address of centre:	2 Gilford Road, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0000017
Fieldwork ID:	MON-0036937

About the designated centre

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

Brabazon House Nursing Home is a 51-bed centre providing residential and convalescent care services to males and females over the age of 18 years. The service is nurse-led by the person in charge and delivers 24-hour care to residents with a range of low to maximum dependency needs. Admissions are primarily accepted from people living in the sheltered accommodation apartments in Brabazon Court and Strand Road, although direct admissions to the centre are accepted, in exceptional circumstances, subject to bed availability. The building is an original Edwardian House (circa 1902) that has been extended and refurbished while retaining some of its older features. It is located in a quiet road just off the Strand Road close to the strand and Dublin Bay. Local amenities include nearby shopping centres, restaurants, libraries and parks and also the strand. Accommodation for residents is across two floors. The centre contains 40 single bedrooms of which 34 have en-suite facilities. There are also three twin and two three bedded rooms. Communal facilities include assisted shower bathroom and toilets, dining room, two sitting rooms, an activity room, sensory room and a library. There are small rest areas situated on the ground floor at reception and on the first floor outside the hairdressing room which residents and visitors can enjoy.

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 19 May 2022	09:20hrs to 17:50hrs	Deirdre O'Hara	Lead

What residents told us and what inspectors observed

Overall, the inspector observed a relaxed environment in the centre throughout the inspection day. When the inspector arrived at the centre, they were guided through 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.

Brabazon House accommodation was located over two floors, with access between floors by means of lifts or stairs. The centre contains 40 single bedrooms of which 34 have en-suite facilities. There are also three twin and two three bed rooms. Residents had a choice of communal rooms and rest areas throughout the centre. The inspector was informed that all carpets and cloth covered chairs had been steam cleaned the day prior to this inspection. However, the cloth covered chairs located in the waiting area outside the hairdressers room had stains on them.

The inspector visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' rooms, store rooms, laundry and staff areas.

The provider had made the centre homely with furniture and art work. There were well-kept, mature, enclosed gardens with comfortable seating which the residents were seen to enjoy. However, there were many examples of peeling paintwork and damaged walls, such as in the day room, the area where drug trollies were stored, behind the wash-hand basin in male staff toilet and cleaners' room. The flooring in the hoist storage room was damaged and was not clean. There was dust and debris seen on the floor in this room and the hoist was stored there.

Throughout the day of this inspection, the inspector spoke with several residents and some visitors and observed staff interactions with residents. All interactions seen between staff and residents were kind, gentle and supportive. One resident commented that they really liked the way that staff were always very respectful to them and to each other and they said that this was the way management treated staff also.

The residents who spoke with the inspector confirmed they were happy living at the centre. They said they were informed by the staff if there was any changes in how the centre was being run with regard to COVID-19 outbreaks and vaccination availability. They were satisfied with the care, food and service provided. Visits were still being booked and took place in the library, resident bedrooms or out on the grounds of the centre, in line with resident wishes.

Most staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene, however some staff were wearing hand or wrist jewellery. This meant they could not clean their hands effectively. One resident commented that staff cleaned their hands often. While

there were sufficient alcohol hand gel dispensers along corridors, there were none in the library or the sitting room at the front of the building.

In bedrooms viewed, the personal space of residents included their bed, chair and personal storage space and many residents had personalised their area by displaying items personal to them such as family photographs, books and ornaments and other treasured items.

Residents and visitors said they really enjoyed the freedom of getting back out into the community to go for walks or have ice cream in the nearby coastal areas with family. Birthdays were celebrated in the centre. One resident had had a significant birthday prior to this inspection and the resident and family were supported to celebrate this in one of the sitting rooms and the garden area.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

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

This inspection found that the registered provider, The Brabazon trust, had not ensured clear governance arrangements were in place to ensure the delivery of safe and effective infection prevention and control measures. The person in charge was the designated infection prevention and control lead, however, the provider did not have formalised access to an infection prevention and control specialist.

Arrangements for cleaning and disinfection were inadequate. This was evidenced by records not being used for the day-to-day cleaning of the centre, to show that the centre had been cleaned. Cleaning staff did not have up-to-date guidance available to them for cleaning processes.

The centre had previously experienced two significant COVID-19 outbreaks during this pandemic. The most recent outbreak finished in early May 2022. A formal review of the management of this COVID-19 outbreak had not been completed. However, staff meeting records showed discussions that took place with regard to how staff could support good infection control, such as good hand hygiene practice, keeping residents' personal hygiene products separate, serial testing and the vaccination program in efforts to reduce onward transmission of the virus.

The on-site management structure consisted of a person in charge and general

manager who were responsible for the daily operation of the centre. They were supported by an assistant director of nursing, a property services manager, a clinical nurse manager, nurses, healthcare assistants, administration, activities and catering staff. Housekeeping services were provided by an external contractor, with a services manager to oversee cleaning in the centre.

The committee of The Brabazon Trust met with the management team on a monthly basis, where clinical and non-clinical data was discussed. However, increased oversight and monitoring was required to ensure that there were robust systems in place for the cleaning and disinfection of the centre in line with legislation and best practice.

The inspector was informed that staff had received education and training in infection control, either through e-learning or a combination of face-to-face training and e-learning. From a review of training records, there were gaps seen in 11 staff records to evidence that staff had received mandated infection control training in line with their own policy.

There was a developing antimicrobial stewardship program (AMS) in the centre. Following discussion with the inspector, the person in charge undertook to ensure that all nursing staff would undertake AMS training to enhance their AMS programme.

Arrangements were not in place to support effective hand hygiene practice. This was evidenced by: nine staff who were seen to wear hand jewellery such as stoned rings, bracelets and or watches. One staff member wore nail varnish.

While staff training was provided, staff required additional training on standard precautions. Staff had poor knowledge of the management of blood and body fluid spills. Staff had poor knowledge of cleaning and storing of nebulizers. The policy to guide staff was not aligned with best practice.

The provider was carrying out audits for infection control but the audit tools required further development as findings on the inspection day were not identified on the tools used. These are further discussed in Regulation 27: Infection Control.

The provider was carrying out staff serial testing fortnightly to allow for early identification of COVID-19 infection. While there were sufficient staff to deliver direct care, there was insufficient housekeeping staff rostered at weekends. For example, rosters reviewed showed there was only one cleaning staff rostered on a weekend for five hours each day. This impacted on the staff having sufficient time to complete cleaning tasks in the centre. Evidence was seen where the hoist storage room and cleaners rooms had dust and debris on floors.

Quality and safety

While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE, including respirator masks, on the day of the inspection.

Residents had good access to health care services and their health care needs were being met. A physiotherapist was in the centre on the inspection day to provide treatment for residents. They said that they provided consultations by direct referral from residents or their family or from the general practitioner (GP).

There was a range of posters displayed in the centre to guide practice such as hand hygiene technique, putting on and taking off PPE and respiratory etiquette. There was a successful on-going vaccination programme, with a high update of influenza and COVID-19 vaccines and relevant boosters among residents and staff.

There was evidence of good infection prevention and control practice in the centre, however there was inappropriate storage of cleaning chemicals and resident equipment which could lead to contamination or cross-infection respectively.

Safety engineered sharp management devices were used and sharps bins had the temporary closure mechanism engaged when they were not in use to ensure they were stored safely. However, the clinical waste bins awaiting collection in an external holding area was locked but the area was open to unauthorised access. This could pose an exposure risk of healthcare waste to individuals.

Corridors and some communal rooms and bedrooms were carpeted. The provider had recognised that this was issue with regard to adequate cleaning. Records seen showed that they had made efforts before the pandemic to have these replaced but this had been delayed due to the pandemic and two recent outbreaks of COVID-19 in the centre. There was a programme in place to replace carpets with flooring which could be washed easily. Two bedrooms that had been carpeted had been fully refurbished and washable flooring installed.

Regulation 27: Infection control

The registered provider had not ensured that clear governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. This was evidenced by:

- There were no written procedures available to cleaning staff to guide them on cleaning and decontamination processes.
- Surveillance of antibiotic use, infections and colonisation was not used to inform antimicrobial stewardship measures. For example, when seeking to review a care plan for one resident with a multi-drug resistant organism

(MDRO), it was difficult to locate information to show clearly that this resident was colonised with an MDRO. The care plan did not indicate that a designated commode should be used. Staff were not clear which MDRO the resident had and as a result they may not use the appropriate precautions when delivering direct care to residents.

- Annual environmental hygiene audits were carried out. However, the audit tools required further development to ensure that all practices and the environmental findings met the standards required. For example, deficiencies in the tools used did not identify deficiencies in the following areas: hand hygiene facilities, management of clinical waste, safe storage of cleaning supplies and hoist slings. This meant that infection prevention and control practices could not be tracked and trended to monitor progress.

There was insufficient resources allocated to:

- Cleaning staff to ensure the centre was clean.
- Provide adequate and appropriate storage for cleaning chemicals in cleaner's rooms. They were stored either in or on the edge of janitorial sinks.

There were gaps in the provision of facilities for and access to hand hygiene facilities in the centre:

- There was no dedicated clinical hand hygiene sinks on the first floor. There were no other clinical hand hygiene sinks in the building or dedicated wash-hand basin in cleaners rooms and a male toilet on the first floor. The two hand hygiene sinks in the treatment rooms did not comply with recommended specifications for clinical hand-wash basins. There was no splash-back behind the janitorial sink in a cleaner's room and male changing room and the walls were stained and or damaged.

There were gaps seen in some practices to ensure effective infection prevention and control is part of the routine delivery of care to protect people from preventable health care-associated infections. This was evidenced by:

- There was outdated guidance in the infection control policy to guide care staff in how to clean and store respiratory equipment, such as nebulizer masks and chambers. The policy stated that tubing should be changed every 3-4 months. The inspector was informed that nebulizer delivery sets were used multiple times and changed every three days and they were washed using tap water and allowed to air dry. This practice was not in line with best practice and could result in the risk of infection to residents.
- Hoist slings were seen to be stored on top of one another, draped over hoists. This increased the risk of cross-contamination.
- Uncovered linen trollies, containing clean towels, gloves, clothes and continence wear were seen to be stored in the laundry room passage way or on corridors where residents or staff were walking past. This posed a cross-infection risk.
- In one sluice room, aprons were seen in a box on top of a bin beside the

hand hygiene sink. This may result in contamination of PPE.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Hand hygiene product dispensers were not clean. They were dirty and or had evidence of product build-up on the inside surfaces of the dispensers.
- Finishes such as flooring and paintwork were damaged in areas around the centre which would not facilitate effective cleaning. Some floors seen had a build-up of grime, dust or debris. The walls in the cleaners room were not clean and the drains were dirty.
- While there was an equipment cleaning schedule in place, there were gaps in records seen to show items had been cleaned. This was evidenced by three hoists that were scheduled to be cleaned the night before this inspection were dusty or wheels were dirty.
- The external yard, where general and clinical waste, was awaiting collection was not secure from public access.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Brabazon House OSV-0000017

Inspection ID: MON-0036937

Date of inspection: 19/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Due to the nature of some actions requiring external contractors input, painting and maintenance we will make every effort to achieve full compliance by 30th September 2022.</p> <p>The report has been circulated and reviewed by all concerned and in conjunction with the external Service Manager for the Contract cleaning company employed by the Brabazon Trust. COMPLETED.</p> <p>All elements of governance and responsibility have been defined and monthly feedback to be provided at Committee meetings will include ongoing progress reports relating to our outlined proposals for full compliance with Regulation 27. COMPLETED</p> <p>The Home’s external Cleaning Contractors have been formally requested to provide written policies to their staff to guide them on the cleaning and decontamination processes required at Brabazon. Records for day-to-day cleaning to be completed and available for inspection. COMPLETED.</p> <p>Improvements have been put in place and further components will be implemented to ensure all staff are aware of the level of precautions to be taken in the prevention of transmissible infection in the Home. Compliance to be achieved by 30th September 2022.</p> <p>The Home has engaged with professional services and now have formal access to an Infection Prevention and Control Specialist who will offer mentoring and surveillance for all areas of Infection control in line with Best Practice Guidelines for 2022/ The Infection Prevention and Control Policy has been reviewed and appropriate systems are now in place to ensure the regular cleaning and decontamination of communal equipment between use. Additional staff have been allocated by the Contract Company to accommodate additional</p>	

hours rostered over the weekend for Housekeeping. COMPLETED.

Surveillance of antibiotic use has been addressed with the engagement of a Specialist Nurse together with input from the Home's Pharmacy to give advice and training in liaison with the GP. Care plans have been reviewed and clearly indicated where appropriate MDRO information is required. Full Compliance by 30th September 2022.

A review of tools used and annual environmental hygiene audits has been scheduled to ensure best practice procedures. Staff have been rostered for refresher Infection Prevention and Control training, Hand Hygiene and Waste Management Training. Compliance will be achieved by 30th September 2022.

Resources for Cleaning staff and storage has been reviewed and alternative and adequate space for chemical cleaning agents has been assigned. COMPLETED.

A review of procedures and practice is ongoing to ensure effective infection prevention and control have been addressed as recommended by the inspector. Nebulizer units are stored and cleaned using best practice guidelines and the policy for infection control has been updated and circulated. New Linen trollies have been purchased with covers. Hoist Slings are stored individually and now have protective coverings. Sluice rooms are cleaned daily or as required. ONGOING MONITORING TAKING PLACE. COMPLETED.

All areas of risk of transmission of infection have been reviewed, hand hygiene dispensers have been refilled and cleaned using best practice guidelines. An audit has been provided by the Homes Maintenance team and a prioritization list for necessary improvements for areas outlined by the inspector in relation to upkeep of scuffing to wall surfaces floor coverings and the installation of 3 new hand hygiene sinks, splash backs. Assessment of drains for appropriate cleaning procedures and monitoring has been carried out, and cleaning records are available. Gel dispensers have been provided to Library and Sitting room. The relocation of cleaning chemicals to a cleaning store has been completed. A gate and fencing will be fitted as a safety measure in the location of the clinical waste bins awaiting collection. COMPLETED.

The above measures are included in the schedule of works for completion by 30th September 2022.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2022