



**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:	Dargle Valley Nursing Home
Name of provider:	Bluebell Care Limited
Address of centre:	Cookstown Road, Enniskerry, Wicklow
Type of inspection:	Unannounced
Date of inspection:	12 January 2023
Centre ID:	OSV-0000031
Fieldwork ID:	MON-0038936

About the designated centre

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

Dargle Valley Nursing home is a single storey facility situated in Enniskerry, Co. Wicklow and is easily accessed from the main N11 dual carriageway. It is in close proximity to local amenities such as Powerscourt gardens, the towns of Bray, Greystones and the village of Enniskerry. The registered provider is Bluebell Care Ltd. The centre accommodates a maximum of 30 residents and bedroom accommodation consists of 26 single rooms and two twin rooms. All bedrooms have an en-suite with a toilet and a wash hand basin, two en-suites have shower facilities. There are four assisted shower/bathrooms. Communal areas include a day room, dining room and sun lounge which opens on to an enclosed garden. There is parking to the front for approximately 12 cars. The centre caters for male and female residents over the age of 18 and offers long-term and short-term care. Residents with varying dependencies from low to maximum dependency can be catered for. The centre provides care to older persons with dementia, residents with physical, neurological and sensory impairments and end-of-life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 34 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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 12 January 2023	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as shown by residents moving freely and unrestricted throughout the centre. The inspector observed residents reading newspapers, watching TV and partaking in activities in the sitting room. The inspector spoke with six residents and one visitor.

It was clear that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs. One resident said that "staff couldn't do enough for residents" and that the person in charge spoke with them every day.

Dargle Valley Nursing Home is a single-storey building comprising 26 single rooms and two twin rooms. Twenty four of the single rooms contained a toilet and wash-hand basin with the other two containing showering facilities. Shared showering and bath facilities were available for all other residents. The centre had a large sitting room and a separate dining area. In addition, there was a sun lounge which faced out onto the enclosed garden. All rooms had a door that led out to a pathway or to the enclosed garden.

The kitchen provided was adequate in size to cater for residents' needs. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings on each unit. There was also a separate housekeeping room for the storage and preparation of cleaning trolleys and equipment. However the housekeeping room and sluicing facilities did not support effective infection prevention and control. Findings in this regard are further discussed under Regulation 27.

Additional alcohol-based product dispensers had been installed following the previous inspection. However there were a limited number of clinical hand-wash sinks available. The two available clinical hand-wash sinks (in the sluice room and treatment room) did not comply with the recommended specifications for clinical hand-wash basins. Findings in this regard are further discussed under Regulation 27.

Overall the general environment and residents' bedrooms, communal areas and toilets, and bathrooms inspected appeared homely and visibly clean. Families and residents were encouraged to personalise bedrooms with ornaments, pictures and photographs. However the décor in some areas of the centre was showing signs of minor wear and tear. There was limited storage space available within the centre and, as a result, inappropriate storage of trolleys was observed within communal bathrooms.

Equipment viewed was also generally clean and well maintained with some

exceptions. For example, three mattresses were worn and as such could not be effectively cleaned.

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

Capacity and capability

The inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship, hand hygiene facilities, sharps safety, environment and equipment management. Details of issues identified are set out under Regulation 27.

The registered provider is Bluebell Care Limited, which is owned by the registered provider representative. The person in charge had overall responsibility for clinical care and some administrative aspects in the centre, reported to the registered provider representative and was supported in the role by staff nurses, healthcare assistants, kitchen and household staff. The Home Manager, who worked alongside the person in charge, was responsible for all non-clinical administrative aspects in the centre and reported to the registered provider representative.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing (DON) who was also the designated COVID-19 lead. However the provider had not nominated a staff member with the required training and protected hours allocated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The staffing numbers and skill-mix were appropriate to meet the assessed needs of residents in line with the statement of purpose. The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review, and observations throughout the day, the inspector saw that there were sufficient staff to meet the care needs of residents.

The inspector also observed there were sufficient numbers of housekeeping staff to meet the needs of the centre. One of the two housekeeping staff was rostered on duty daily and all areas were cleaned each day. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning checklists and colour-coded cloths to reduce the chance of cross infection. Replacement housekeeping trolleys had been ordered.

Infection prevention and control audits were carried out by the person in charge. Infection prevention and control audits also covered a range of topics including waste management, equipment hygiene and hand hygiene. High levels of compliance were consistently achieved in recent audits. However the inspector found that findings of recent audits of hand hygiene facilities did not align with the findings on this inspection. Details of issues identified are set out under Regulation 27.

The volume of antibiotic use was also monitored each month. However the overall antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress. Findings in this regard are further discussed under the individual Regulation 27.

The centre's admission assessment included a comprehensive healthcare infection and multidrug resistant organism (MDROs are bacteria that are resistant to one or more classes of antibiotics) colonisation assessment. Surveillance of healthcare-associated infections and multidrug resistant bacteria colonisation was routinely undertaken and recorded. A review of acute hospital discharge letters and laboratory reports found that staff had identified a small number of residents colonised with multidrug resistant bacteria. Appropriate control measures were found to be in place for the care of these residents.

The centre's outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

The centre had infection prevention and control guidelines. However these guidelines required review to ensure they aligned with national infection control guidelines. Guidelines on antimicrobial stewardship were not available. Findings in this regard are further discussed under Regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. The Home Manager had completed a specialised hygiene training programme for support staff working in healthcare. However the inspector identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE). Findings in this regard are further discussed under the individual Regulation 27.

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a varied programme of activities that was facilitated by activity coordinators, nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. The inspector saw that staff were respectful and courteous towards residents. Positive interactions between staff and residents observed by the inspector throughout the day.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

The inspector identified some examples of good practice in the prevention and control of infection. Staff were knowledgeable of the signs and symptoms of respiratory infections and appropriate controls were in place for any resident showing symptoms of respiratory infection. A wall-mounted dispenser for aprons, masks and gloves was available along the corridor. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

There were high rates of both COVID-19 and influenza vaccine uptake among residents and staff. The centre had received an award for the highest national influenza vaccine uptake among staff in the 2021/2022 flu season in a designated centre accommodating under 100 residents.

The centre had managed one significant outbreak of COVID-19 to date. The largest outbreak to date had occurred in early 2022. All residents that had tested positive had since recovered. However, a formal review of the management of the outbreak of COVID-19 had not been completed.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example:

- The provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.
- There was no evidence of targeted antimicrobial stewardship quality improvement initiatives, training or guidelines.
- The inspector identified through speaking with staff that they did not know which infection prevention and control measures were required to be used if

caring for a resident that was colonised with CPE. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the bacteria if caring for these residents in the future.

- Disparities between the finding of local hand hygiene audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Sluicing facilities were small and were not self-contained. There was an external door and a stairs leading to an upstairs storage area. The layout of this area increased the risk of cross infection particularly during outbreaks.
- The housekeeping room did not support effective infection prevention and control. The hand hygiene sink was used to fill mop buckets. This increased the risk of cross contamination.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available and hand hygiene technique signage was not displayed over the majority of alcohol hand gel dispensers throughout the centre. This may impact the effectiveness of hand hygiene
- Open and partially used wound dressings were observed in the treatment room. This impacted the sterility and efficacy of these products.
- Safety engineered needles were available but the inspector observed that they had not been used correctly. The inspector also saw evidence that needles were recapped after use on residents. This increased the risk of a needle stick injury.

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 Dargle Valley Nursing Home OSV-0000031

Inspection ID: MON-0038936

Date of inspection: 12/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Due to a very recent resignation of our Infection Prevention and Control nurse with IPC Level 5 qualification the position had been vacant for two day. Currently we have appointed a replacement waiting to complete an infection prevention and control link practitioner course • The person in Charge and all nurses attended a webinar on Antimicrobial Stewardship for Nursing Homes on Wednesday 18th January 2023. And have increased staff awareness on precaution prevention and treatment of colonised infections. • Audit on hand hygiene mechanisms completed and dispensers ordered and to be installed to ensure compliance with the National Standards for infection prevention and control in community services. • The housekeeping room and sluicing facilities did not support effective infection prevention and control. We are consulting our architect regarding these facilities and will be on our long term plans. • All Nurses have been reminded of the proper storage and disposal of wound dressings and Sharps. 	

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	31/03/2023