



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

## Issued by the Chief Inspector

|                            |                                     |
|----------------------------|-------------------------------------|
| Name of designated centre: | Sonas Nursing Home Belmullet        |
| Name of provider:          | Storey Broe Nursing Service Limited |
| Address of centre:         | Tallagh Road, Belmullet, Mayo       |
| Type of inspection:        | Unannounced                         |
| Date of inspection:        | 21 June 2023                        |
| Centre ID:                 | OSV-0005589                         |
| Fieldwork ID:              | MON-0040542                         |

## About the designated centre

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

Sonas Nursing Home Belmullet is registered to provide care to 48 residents over the age of 18 who require long or short term care. Residents with dementia care, physical disability or palliative care needs are accommodated.

The centre is located in a residential area approximately one kilometre outside the town of Belmullet Co. Mayo. It is largely a single-storey bungalow style building with some facilities for storage and staff accommodation on part of the upper floor. Bedroom accommodation for residents consists of twenty four single and twelve twin bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available.

The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 38 |
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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 21<br>June 2023 | 09:00hrs to<br>15:45hrs | Kathryn Hanly | Lead |

## What residents told us and what inspectors observed

There was a welcoming atmosphere in the centre. Care was led by the needs and preferences of the residents who appeared happy and well cared for in the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector spoke with five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

There were no visiting restrictions in place on the day of the inspection. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could socialise and participate in activities such as bingo and singing.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April. Staff and management expressed their delight at improved communication with staff since the masks had been removed. Staff felt the removal of the mask mandate signaled a "return to normal" which in turn lead to improved socialisation for residents.

Equipment viewed was generally clean with some exceptions. For example several urinals were observed to be stained.

Finishes, materials, and fittings in communal areas struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. Overall the general environment and residents' bedrooms, communal areas and toilets inspected appeared appeared visibly clean with few exceptions. For example, heavy dust was observed on the inside of radiators in the majority of resident's bedrooms.

The ancillary facilities also supported effective infection prevention and control. For example the layout of the onsite laundry supported the functional separation of the dirty to clean phases of the laundering process. This area was well-ventilated, clean and tidy.

There was a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a separate sluice room for the reprocessing of bedpans, urinals and commodes. However there was only one housekeeping trolley which was shared between the two housekeeping staff on duty. This may pose challenging during outbreak scenarios. The sluice room was spacious and had sufficient racking for bedpans, urinals and commodes. The bedpan washer had been serviced in February 2023.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and maintenance. An office had been converted into a clinical room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. This room was spacious, clean and tidy with surfaces that facilitated easy cleaning.

New shelving had also installed in an upstairs store room following the last inspection. This room was also observed to be well organised, clean and tidy.

However barriers to effective hand hygiene practice were observed during the course of this inspection. For example there were four dedicated hand wash sinks (in the sluice room, the treatment room and within two store rooms) for clinical staff use. The sinks within the store rooms were not easily accessible to staff and none of the hand hygiene sinks complied with the recommended specifications for clinical hand wash basins.

Alcohol-based hand-rub was available in wall mounted dispensers along corridors. However additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care in the rooms accommodating residents that were colonised with multi drug resistant organisms (MDROs).

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

## Capacity and capability

The provider generally met the requirements of regulation 27 but some action is required to be fully compliant. Improvements were required in infection prevention and control and antimicrobial stewardship and equipment management. Findings in this regard are further discussed under regulation 27.

The registered provider for this designated centre is Storey Broe Nursing Services Limited. There was a clearly defined management structure in place. The management team consisted of the person in charge and a clinical nurse manager (CNM) who oversaw the work of a team of nurses, health care assistants, activity co-ordinators and housekeeping, catering and administrative staff. Additional governance support was provided by the director of quality and governance, who was appointed as a person participating in management (PPIM) to the designated centre by the provider.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had also nominated a staff nurse 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.

Overall, the staffing and skill-mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Additional housekeeping resources had been put in place following the last inspection. Two housekeeping staff were rostered on duty on the day of the inspection and cleaning records confirmed that all areas were cleaned each day.

Progress in relation to actions from the previous inspection was evident on this inspection. For example the inspector found that there were sufficient local assurance mechanisms in place to ensure that the environment and equipment was cleaned in accordance with best practice. Assurance processes in relation to the standard of environmental hygiene included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place and records viewed were consistently signed and dated.

Infection prevention and control audits were undertaken quarterly. Audits covered a range of topics including sharps safety, environment and equipment hygiene and hand hygiene. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits.

The largest outbreak of COVID-19 to date had occurred early in the pandemic in April 2020. A review of notifications submitted to HIQA found that subsequent smaller outbreaks and isolated cases were generally well managed and contained to limit to spread of infection within the centre. The inspector also noted that the provider had prevented COVID outbreaks within the centre during times of high community transmission within the locality.

Staff had electronic access to relevant laboratory results required to support timely decision-making for optimal use of antibiotics. Surveillance of healthcare associated infection (HCAI) was routinely undertaken and recorded. However a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents colonised with multi drug resistant bacteria. As a result documented plans to guide the care of residents colonised with MDROs were unavailable for these residents. Details of issues identified are set out under regulation 27.

The volume, indication and effectiveness of antibiotic use was monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under regulation 27.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. A range of MDRO information leaflets were also available. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. 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 the majority of staff were up to date with mandatory infection prevention and control training.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection.

The inspector identified some examples of good practice in the prevention and control of infection. For example staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Care was provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Cleaning textiles were laundered separately to residents clothing. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

Documentation reviewed showed that staff had participated in outbreak drills where staff practiced the management of fictional outbreaks to enhance their capacity and capability to gain experience in recognising early signs of an outbreak, implement containment measures promptly and assess the situation to determine appropriate actions. This initiative was a valuable training exercise to promote and maintain outbreak preparedness.

Residents that had been identified as being colonised with MDROs were appropriately cared for with standard infection control precautions.

Resident care plans were accessible on a computer based system. Care plans viewed by the inspector were generally personalised, and sufficiently detailed to direct care with some exceptions. However a review of care plans found that further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status.

A review of documentation and discussions with staff nurses also found that urine was routinely tested as part of three monthly GP reviews. This practice is contrary to best practice guidelines which advise against the routine use of dipstick urinalysis to



assess for evidence of urinary tract infection in the absence of signs and symptoms.

## Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action is required to be fully compliant. For example;

- While antibiotic usage was monitored, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- Surveillance of MDRO colonisation was not comprehensive. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result accurate information was not recorded in resident care plans and appropriate precautions may not have been in place when caring for these residents.

Equipment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection but further action is required to be fully compliant. This was evidenced by;

- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. The inspector was informed that samples were stored within the a medication fridge. This posed a risk of cross-contamination.
- Several urinals in en-suite bathrooms were visibly unclean. The inspector was informed that urinals were emptied after use in en-suite toilets and brought to the bedpan washer for decontamination in the morning time. Inadequate disinfection of urinals increases the risk of environmental contamination and MDRO infection.
- Soap dispensers were topped up/ refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                 | Judgment                |
|----------------------------------|-------------------------|
| <b>Capacity and capability</b>   |                         |
| <b>Quality and safety</b>        |                         |
| Regulation 27: Infection control | Substantially compliant |

# Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0040542

Date of inspection: 21/06/2023

## 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   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Stained urinals have been replaced and all staff have been re-educated on the correct use of the bedpan washer as per the SOP. Complete &amp; ongoing</li> <li>• All radiators have been added to the deep clean schedule and all staff have been re-educated on the SOP. Complete &amp; ongoing</li> <li>• A second cleaning trolley has been purchased 31.07.2023</li> <li>• Sinks not been accessible to staff- Plan approved with the facilities &amp; procurements departments to replace same over the remainder of 2023 to conform to the HBN 00-10. 31.12.2023</li> <li>• Alcohol- based hand rub has been added to the bedrooms of residents with MDRO'S Complete &amp; ongoing</li> <li>• A full review of resident's files has been completed and all MDRO'S have been identified and person-centered care plans have been created. Complete &amp; ongoing</li> <li>• Antimicrobial stewardship review has been added to our quarterly analysis and triangulation document. This will be completed in July and quarterly thereafter. 31.07.2023</li> <li>• Routine Urinalysis will no longer form part of the 3 monthly GP reviews</li> <li>• A dedicated specimen fridge has been ordered 31.07.2023</li> <li>• Soap dispensers' Single cartridges to be used to prevent contamination- Following the inspection we sought guidance from our manufactures and have been advised that- "All liquid soap is used within 1 year of manufacture. As the liquid soap is preserved (a biocide is present) for a period of at least 1 year, refilling the reservoir with soap that contains an active biocidal ingredient, maintains the integrity of the product. Infectious organisms will not survive in such a system and thus do not present a cross contamination risk"</li> </ul> |                         |

## 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. | Substantially Compliant | Yellow             | 31/12/2023                      |