



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

## Issued by the Chief Inspector

Name of designated centre:	Rush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0041260

## About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

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

Number of residents on the date of inspection:	44
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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 31 August 2023	09:15hrs to 15:15hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents. All were very complimentary in their feedback and expressed satisfaction about the facilities in the new part of the centre and the standard of care provided.

It was evident 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.

Residents, visitors and staff expressed their delight at improved communication with staff since the mask mandate had been removed within the centre. Staff felt the recent removal of the mask mandate had led to improved communication between residents and staff. Staff were observed wearing personal protective equipment (PPE) appropriately over the course of the day.

The designated centre was homely, warm, appropriately decorated and provided adequate space to meet residents needs. It was located within a residential estate in the village of Rush and was integrated into the local community. Residents were accommodated over two floors. The majority of the accommodation provided was in 50 single en-suite bedrooms with three twin bedrooms offered on a shared basis.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with few exceptions. For example the underside of several shower trays were unclean.

The inspector observed that residents' bedrooms were homely and personalised with pictures, photographs and other memorabilia. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. There was sufficient closet space, display space, and storage for personal items.

On the ground floor, residents had access to a range of communal areas including a large foyer, two comfortable sitting rooms and a spacious dining area. There was access to the garden from the reception area and residents could freely enter the garden if they chose to do so.

The ancillary facilities generally supported effective infection prevention and control. For example the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. However, the industrial washing machine was out of order on the day of the inspection. While the majority of laundry was being outsourced to an external laundry service, cleaning textiles and heavily soiled laundry was being washed in a domestic washing machine. Compliance with thermal disinfection standards could not be assured using this type of machine washing cycle. The inspector was informed that the parts required for the repair of the

industrial washing machine were due to arrive in the coming days.

Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room on each floor for the reprocessing of bedpans, urinals and commodes. However the inspector was informed that the contents of bedpans and urinals were manually decanted into the sluice prior to decontaminating in the bedpan washers. This increased the risk of cross contamination, particularly in the context of multi-drug resistant organism (MDRO) management. The detergent in the bedpan washer on the ground floor had expired. This may impact its efficacy.

Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Additional clinical hand wash sinks had been installed on each corridor following the last inspection. These sinks complied with the recommended specifications for clinical hand wash basins. However the hand wash sinks in the sluice rooms and treatment room did not comply with the recommended specifications for clinical hand wash basins.

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 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Mowlam Healthcare Services Unlimited is the registered provider of Rush Nursing home. The centre is part of the Mowlam Healthcare Group. The person in charge was supported by a regional manager, a director of care services and the registered provider representative. The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. There was also good oversight at group level with any identified learning shared at the quarterly regional group management meetings.

The compliance plan following the previous inspection in January 2023 was reviewed by the inspector. Issues such as access to appropriate hand washing sinks and linen bins, appropriate use of PPE, housekeeping staffing levels and oversight of equipment and environmental hygiene had been addressed.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and

control of healthcare-associated infection. The provider had nominated the assistant director of nursing, with the required link practitioner training, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role.

Staff also had access to training and support from infection prevention and control specialists from a local acute hospital.

The inspector also observed there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning. There were no guidelines on the use of this system and staff reported that they had not received any training prior to its implementation. While equipment appeared visibly clean, inconsistencies in the tagging system meant that the inspector was not assured that all equipment had been cleaned after use.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by the link practitioner and covered a range of topics including hand hygiene, care planning, equipment and environment hygiene, laundry and waste management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Staff did not have access to the electronic reports. The inspector was informed that copies of laboratory reports were printed and filed in resident's healthcare records. However in the absence of a log/ record of samples sent to the laboratory this could not be verified by staff.

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 MDROs. 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 and indication 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.

A copy of the National Infection Prevention and Control Clinical Guideline No. 30 was also available for staff. Efforts to integrate these guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that staff were up to date with training. Housekeeping staff had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare. Nursing staff had completed online antimicrobial stewardship training. 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.

## Quality and safety

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. The provider continued to manage the ongoing risk of infection 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 public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

The centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally identified, managed and controlled in a timely and effective manner.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infections and knew how and when to report any concerns regarding a resident. Laundry was observed to be segregated at point of care in line with best practice guidelines. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths.

The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needlestick injury. However the inspector observed that used needles in the sharps bin had not been retracted during use. Findings in this regard are further discussed under Regulation 27.

A review of care plans found that further work was also required to ensure that all resident files contained resident's current health-care associated infection status and history. Accurate information was not recorded in resident care plans to effectively



guide and direct the care of a small number of residents colonised with MDROs.

A review transfer documentation found that when the residents return from hospital the person in charge had not ensured that all relevant information regarding the resident's infection and colonisation and MDRO screening status was obtained.

## 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 was required to be fully compliant. For example;

- Surveillance of MDRO colonisation was not undertaken. 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 infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- While antibiotic usage was monitored, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- A review of transfer documentation found that nursing transfer documentation did not consistently contain necessary information about resident's MDRO screening results on transfer back from the local acute hospital. This meant that appropriate infection prevention and control 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, however further action was required to be fully compliant. This was evidenced by;

- The contents of bedpans and urinals were manually decanted into the sluice prior to decontaminating in the bedpan washer. This practice may lead to cross infection and environmental contamination. The detergent in one bedpan washer had expired. This may impact its efficacy.
- A dedicated specimen fridge for the storage of samples awaiting collection was located within the treatment room. This increased the risk of environmental contamination and cross infection.
- The system to identify that shared equipment had been cleaned after use had not been consistently implemented at the time of inspection.
- Safety engineered needles were available but the inspector observed that used needles had not been used correctly. This increased the risk of a needle stick injury.

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 Rush Nursing Home OSV-0000155

Inspection ID: MON-0041260

Date of inspection: 31/08/2023

## 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>• The PIC and Assistant Director of Nursing (ADON/IPC Lead) oversee and monitor Infection Prevention &amp; Control practices in the nursing home.</li> <li>• The National Clinical Guidelines No. 30 on Infection Prevention and Control (IPC) are accessible to staff in the centre.</li> <li>• The current HPSC guidelines are in place and accessible to all staff; these guidelines are updated whenever newer versions are issued.</li> <li>• Staff have completed tutor-led IPC training and on-line training updates i.e., HSEland, AMRIC training.</li> <li>• The IPC lead (ADON) has completed the Infection Prevention &amp; Control Link Practitioner Programme and will deliver enhanced training and development within the home.</li> <li>• Hygiene and Infection Control audits will continue to be undertaken, and quality improvement plans (QIP) with SMART action plans will be developed and implemented to address any areas identified as not compliant.</li> <li>• Antimicrobial stewardship: The PIC will start a database on the electronic medication management system to monitor and review use of antimicrobials.</li> <li>• We will ensure that an alert system is implemented on the medication management system so that prescribers and nurses will immediately see details of residents with known drug resistance or allergy.</li> <li>• Antimicrobial stewardship will be on the agenda of all future monthly IPC committee meetings. The ADON will provide education on MDROs, and staff will complete an online antimicrobial stewardship program on HSEland. This will enhance staff awareness and knowledge of MDROs and antimicrobial stewardship.</li> <li>• The PIC will hold clinical supervision meetings with all nurses in relation to the safe use and management of sharps, single use equipment and dressings. The IPC Lead will monitor compliance with the home’s policies on safe management of sharps and single use items.</li> <li>• Bedpan washer – a log has been introduced to ensure that detergent and temperatures are checked at a minimum weekly. As per the Housekeeping Manual, an engineer will be</li> </ul>	

contracted to check the machine annually and a logbook will be kept of the service record. The PIC will ensure that all healthcare and housekeeping staff are aware of these requirements and will monitor compliance.

- All staff have received instructions on the correct procedures for the emptying and management of bedpans and urinals in the bedpan washing machine.
- The detergent in the bedpan washing machine has been replaced, and the date of expiration monitored as part of the weekly audit checks.
- The industrial washing machine in the laundry room has been repaired and is functioning well.
- The domestic washing machine in the laundry room will be removed and a second industrial washing machine will be installed.
- A plan of works will be developed for the installation of clinical hand hygiene sinks that comply with current recommended specifications, in the sluice room and the treatment room.
- All staff will be re-trained in the correct use of the clean tagging system for shared equipment.
- The dedicated specimen fridge will be removed from the treatment room to the sluice room.
- A log of samples sent to the laboratory has been introduced to track specimens and results reports, to guide the care of residents colonized with MDROs.
- A check list to be followed on receiving residents from hospital regarding to resident's infection status, colonization and MDRO screening status, this includes residents transferred and returned to the Centre post admission.

## 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