



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

Issued by the Chief Inspector

Name of designated centre:	Howth Hill Lodge
Name of provider:	Brymore House Nursing Home Limited
Address of centre:	Thormanby Road, Howth, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 July 2024
Centre ID:	OSV-0000142
Fieldwork ID:	MON-0043409

About the designated centre

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

Howth Hill Lodge is a two storey nursing home located on an elevated site on the outskirts of Howth, Co. Dublin. The designated centre provides care and support to meet the needs of both male and female persons who are generally over 65 years of age. Howth Hill Lodge is registered for 48 beds and provides 24 hour nursing care. Both long-term (continuing care) and short-term (convalescence and respite care) are catered for. A variety of communal facilities for residents use are available and residents' bedroom accommodation consists of 48 single rooms. All bedrooms had single occupants and most bedrooms have en-suite facilities. A variety of outdoor patios and garden areas are available. The philosophy of care is to provide person centred care, promote resident choices, rights and respect them as individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
--	----

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
Monday 15 July 2024	09:10hrs to 16:30hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

his inspection took place in Howth Hill Lodge, Howth, Co.Dublin. During this inspection, the inspector spent time observing and speaking to residents, visitors and staff. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Those residents who could not communicate their needs appeared comfortable and content. Visitors spoken with were very complimentary of the quality of care that their family members received.

On arrival to the centre the inspector was met by one of the senior staff nurses on duty that day. After a brief introductory meeting with the two staff nurses on duty that day, the nurses escorted the inspector on a tour of the premises.

The centre is a purpose built designated centre, based in county Dublin and is closely located to local amenities and serviced by Dublin bus routes and DART services. The centre is a split level building spread out over two floors and is registered for 48 residents. On the day of inspection only the ground floor was occupied.

Many residents were seen up and mobilising around the centre. Residents were well-presented and neatly-dressed. Many residents had personalised their rooms with photographs and personal possessions from their homes. Some of the flooring in residents bedrooms was observed to be heavily stained, however there was ongoing refurbishments going on in the centre. Later on during the day of the inspection the assistant director of nursing, was able to confirm that the provider had a plan in place to replace the flooring in these rooms.

Residents had access to a number of communal day spaces and a dining room. The sitting room was seen to be tastefully decorated and had appropriate seating. Activities were observed taking place here throughout the morning, supervised by the activity staff. Residents were seen to enjoy the choice of activities provided and were actively engaging in them. In the afternoon large groups of residents were observed participating in an art class, in the dining room, facilitated by an artist who attends the centre once a week.

During the walk around the inspector observed a large amount of dust and dirt on the floor of the dining room located next to the kitchen door. The inspector was informed by the staff accompanying them that this was from the refurbishment works going on in the corridor outside the dining room. The dining room floor was also observed to be heavily marked and stained. The inspector was informed repair works including sanding and re-varnishing of the floor was planned in the coming weeks.

The dining room was spacious and well laid out. There was an adjoining smaller area, known as the cosy room, where residents who required assistance or preferred a quieter environment could sit for meal times. Tables were seen to be neatly laid. The inspector observed that mealtimes in the centre's dining room were a relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. There was a choice of hot meals at lunchtime, and a choice of a hot or cold option for the evening meal. The lunch was observed to be well-presented, warm and with ample amounts on the plate. Resident's who chose to eat meals in their rooms were facilitated to do so. The meals were home cooked on-site.

There is an enclosed garden accessible through a number of access points on the ground floor. On the day of inspection this was not available to residents as it was required to facilitate the refurbishment works in the centre. There was however a smaller enclosed courtyard, accessible through the smoking room, and a garden to the back of the centre available to residents. However, the rear garden was not freely accessible to residents and if residents wished to access this garden they had to be accompanied by staff. Staff reported to the inspector that supervision was required as the area was not enclosed.

Many areas of the centre had already being refurbished and had made a positive impact to the general appearance of the centre. Overall the centre was clean but some areas including the sluice room and the floor and carpet areas mentioned earlier in the report required attention.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the provider aimed to provide a good service and support for residents living in Howth Hill lodge. Residents' care needs were well met. However, this inspection found that improvements were required to ensure the risk associated with refurbishment works were appropriately managed to minimise the impact on residents.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions the provider had committed to take in their compliance plan following the previous

inspection in August 2023 and on the statutory notifications received since the last inspection.

The registered provider of Howth Hill lodge is Brymore House Nursing Home Limited. Both a representative from the provider and the person in charge were unavailable on the day of inspection, due to planned absences. The designated centre's local management structure consists of a person in charge who works full time and is supported by a nominated registered provider representative and an assistant director of nursing. The person in charge is a registered nurse who has the necessary experience and qualifications as required by the regulations.

The registered provider had a contract of insurance in place in the event of injury to residents.

There was a directory of residents made available to the inspector. This had all the required information in relation to residents' admissions as set out under paragraph 3 in Schedule 3 of the regulations. On review of the directory of resident the inspector identified two incidents of residents requiring hospital transfer post falls. The relevant notifications, as set out in Schedule 4 of the regulations, had not been submitted to the chief inspector.

There was evidence of management systems in place such as management meetings and auditing. Key areas such as occupancy, resident clinical data, infection control, complaints management, fire safety, activities, staffing, training, catering and maintenance were discussed at the various meetings. Records of audits showed that any areas identified as needing improvement had been addressed or had plans for completion.

The inspector observed ongoing refurbishment works in the centre, and while this was having an overall positive impact on the centre, the registered provider had failed to risk assess the impact on residents and their safety throughout these ongoing works. For example the noise and dust that was being created by the works had not been adequately mitigated against.

Furthermore the provider had not ensured adequate resources were available for the supervision of residents who remained in areas where works were ongoing and for the extra cleaning works created by the works. An urgent action plan was issued to the registered provider the day following the inspection to address these findings and a satisfactory response was submitted by the provider in which the provider gave assurances that additional staff would be on duty to mitigate against the risks arising from the ongoing refurbishment works.

Regulation 14: Persons in charge

The person in charge had the relevant experience and qualifications as set out in the regulations.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents accommodated in the designated centre and it was made available on the day of inspection. The directory included all the required information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to appropriately assess risks associated with the ongoing building works and as a result they did not have appropriate risk assessments and mitigation plans in place to minimise disruption and protect residents who were impacted by the works. For example the works included the replacement of ceilings in some areas of the centre, replacement of carpets throughout the ground floor of the centre and painting works throughout the centre. A number of bedrooms had also been insulated. The inspector found that there were no infection prevention and control (IPC) or health and safety risk assessments available to identify any risks to residents that may occur and the control measures that were needed to be put in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted to comply with Schedule 4 of the regulations, a review of the directory of residents and the incident log confirmed that not all

incidents where serious injury to a resident which requires immediate medical and/or hospital treatment was sustained, were notified to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 15: Staffing

The inspector was not assured that adequate numbers of cleaning staff with appropriate knowledge were made available to ensure that the centre was effectively cleaned to required standards. For example; from a review of the worked staffing rosters and discussion with staff, the inspector found that there were no cleaning staff available in the designated centre on 3 days since 01 July 2024. This was further impacted by the ongoing building works in the centre, which had commenced in May 2024 and created additional cleaning for the housekeeping team to address.

Furthermore, the provider had failed to ensure there were sufficient resources available to provide appropriate supervision of residents who remained accommodated in the areas where works were ongoing. As a result there was an increased risk of residents, who remained in these areas, wandering into work areas.

Judgment: Not compliant

Quality and safety

The inspector found that overall the residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. However at the time of this inspection the residents were being negatively impacted by the refurbishment works that were ongoing in the centre since May 2024 and were not scheduled to be completed until approximately August 2024.

Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection. However, further improvements were required in relation to infection control practices.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them. A review of the resident's records showed that when a

resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors and they were observed visiting the centre on the day of inspection.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Residents were supported to exercise their civil, political and religious rights. There were minutes of residents meetings reviewed by the inspector, where it was evident residents were consulted with regarding the designated centre. A review of recent minutes found that while residents were informed regarding the works that were happening in the centre, there was no detail in relation to whether they were informed regarding the potential impact and associated risks of these works.

Residents had access to local and national newspapers and radios.

All staff were trained and knowledgeable in relation to the detection and prevention of abuse. The registered provider did not act as a pension agent for any residents. There were appropriate procedures in place to safeguard residents' personal possessions and finances.

There were a number of areas in infection control which required review. This included the risk assessments and dust control measures created by the ongoing works including the additional cleaning requirements associated with the works. Other areas identified under infection control which required action, are discussed under Regulation 27: Infection Control.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including ophthalmology and audiology. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

Regulation 20: Information for residents

There was no Resident's Information Guide available to provide information for residents on the services and arrangements for care provision in the centre.

Judgment: Not compliant

Regulation 27: Infection control

The inspector was not assured that residents and staff were adequately protected from risk of aspergillus infection. Measures to mitigate the risk of aspergillus infection were not known by staff and there was no risk assessment available for Aspergillus, in line with the national policy for preventing Aspergillus infection during construction work.

Infection prevention and control governance procedures did not fully ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- Water bottles and cups, one of which contained used tissues, belonging to staff were placed on surfaces along the corridors.
- Open boxes of face masks along the corridors were contaminated with dust and had items including bottles of hand gels placed in them.
- The floor of the sluice room floor was visibly dirty and there was a large area of mould on the ceiling in this room. In addition cleaning products and cloths were being stored openly on the window sill.
- A number of carpets were visibly stained and required replacement.
- Flooring in one area of the dining room was visibly dusty and required cleaning.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.

Judgment: Compliant

Regulation 8: Protection

There was an appropriate safe-guarding policy in place in the centre. Staff had access to on site training in relation to the detection and prevention of and responses to abuse, provided by an external trainer with the relevant qualifications.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 15: Staffing	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 20: Information for residents	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant
Regulation 11: Visits	Compliant

Compliance Plan for Howth Hill Lodge OSV-0000142

Inspection ID: MON-0043409

Date of inspection: 15/07/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The recent upgrading works were meticulously planned with all parties involved. Any effected residents were informed & relocated within the centre if they so wished & this is reflected in their care plans.</p> <p>Risk assessments had been completed for residents, staff & visitors on the dining room, flooring & replacement of ceilings. Any outstanding risk assessments were updated & communicated to all staff.</p> <p>The risks to residents were minimal due to the intensive pre planning of this project which is now completed.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The two notifications that were not sent related to a ruling out of an injury, there was no serious injury sustained, however we will in future send all notifications where a resident is transferred to hospital for diagnostic or precautionary measures.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>We are actively recruiting for household staff & are supplementing our own cleaner’s hours with contract cleaners. During the recent renovations our cleaner’s hours have</p>	

increased to ensure that the building was cleaned in the evening after the works were completed for the day.

In relation to the supervision of residents, we had extra staff on duty during this time to ensure that no resident wandered into the work area & any area that was being worked on was inaccessible to any resident by the use of closed doors & signage – the only time work doors were open was when the floor was being laid, which was necessary to complete the works.

Regulation 20: Information for residents

Not Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

Our resident's guide was being updated to include the upgrades to building & fire system & was available on 18th July

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

An aspergillus risk assessment was completed in line with national policy & all staff made aware.

All staff have been reminded not to leave any personal belongings around the house, but to leave them in a staff area.

All open boxes of face masks were removed & are now stored in designated areas.

The sluice room has been upgraded as per our upgrading works.

As explained on the day of inspection. all carpets are being replaced on a planned schedule in order to minimize disruption to our residents.

The carpet fiber dust that was present in the outer dining room while the flooring was being replaced was cleaned as soon as the fitters were finished, this was completed before the residents entered the dining room for lunch.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2024
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Not Compliant	Orange	18/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/07/2024

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	30/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	16/07/2024