



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:	Short Notice Announced
Date of inspection:	24 November 2020
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0030744

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:	53
--	----

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
Tuesday 24 November 2020	09:10hrs to 17:30hrs	Manuela Cristea	Lead
Tuesday 24 November 2020	09:10hrs to 17:30hrs	Noreen Flannelly- Kinsella	Support

What residents told us and what inspectors observed

The inspectors spoke with a large number of residents who all reported high levels of satisfaction with the care they were receiving in the designated centre. They reported that staff were 'wonderful', very kind and attentive and that they went out of their way to ensure they enjoyed a good quality of life.

Residents welcomed inspectors and freely shared their experience of living in the centre. They were unanimous in the praise for the staff and quality of care they were receiving in the centre. Many residents however mentioned that the COVID-19 pandemic had brought on difficult and anxious times for everyone, but acknowledged that staff were working very hard to put their mind at ease and doing their best to keep them safe and informed. One resident who had successfully recovered from COVID-19 said 'I am happy in the centre'. The resident said that they loved the centre as they had lived alone before coming to the centre. They went on to say that the food was very good and the centre was very clean. Their room was homely and tidy. Another resident also commented that the food was good and the centre spotless.

Feedback from residents and relatives who spoke with the inspectors confirmed that they were satisfied with the visiting arrangements in place. Although difficult, they were accepting of the visiting restrictions as a measure to protect their safety, and were appreciative of management's efforts to facilitate window visits or video calls when required. The inspectors met with three different relatives who had pre-arranged 'window visits' and compassionate visits on the day. They all reiterated that they were very happy with the care their loved one received in the centre and felt assured their relative was in a safe place, looked after by very caring staff. Relatives reported that they were satisfied with how the provider communicated with them and kept them informed of any changes or developments in respect of the care of their family member.

Inspectors observed staff interacting with the residents throughout the day. It was evident that staff knew the residents well and were familiar with their needs and individual preferences. Inspectors observed staff gently orientating residents with dementia, and communicating with residents in line with each person's abilities and needs. The atmosphere in the centre was calm and relaxed.

All staff who communicated with inspectors showed genuine empathy and understanding of the impact of visiting restrictions on the residents. They went on to describe the efforts they made to ensure residents did not feel lonely during these difficult times and how they created opportunities for meaningful engagement throughout the day. All staff reported that they were confident in their knowledge and skills to keep themselves and the residents safe during the outbreak. The inspectors observed staff practices and found that all interactions were person-centred, courteous and kind.

Residents told inspectors about various activities they enjoyed. Throughout the day residents were observed engaged in group activities such as poetry, watching a concert on DVD, games and a pampering session. In line with the current restrictions the activities took place in smaller hubs and on a more individual basis. It was evident that the residents were relaxed and were enjoying themselves. Other residents were seen relaxing in their own rooms, reading or knitting and they all confirmed that their choices were respected by staff and that if they did not wish to participate in an activity that this was also respected. Residents described the staff who cared for them as kind, lovely and good fun. Residents said that staff encouraged them to live their lives as independently as possible.

A families' survey of 68% respondents carried out in September 2020 showed overall very high levels of satisfaction with resident's care, quality and choice of food, activities available, the hygiene standards maintained and how the centre had managed the COVID-19 pandemic. In particular, relatives commented on how the level of communication and compassion shown to residents and families had been excellent throughout the pandemic.

The praise given to staff was unanimous. Families commented on 'the amazing team' who were doing 'a super job', that staff were very personable, excellent and kind. While acknowledging the staff's commitment and hard work in keeping the residents safe, some families also commented on the negative impact of the restrictions brought by COVID-19 pandemic on residents' lifestyle choices in relation to visitors and the lack of opportunities available for residents to leave the nursing home for a drive or a family gathering.

Capacity and capability

This was a short-notice announced risk inspection to monitor the centre's preparedness and capability to appropriately respond to a COVID-19 outbreak and to inform the registration renewal. The action plan from the last inspection on 13 February 2019 in respect of premises had been completed. In 2019 the Chief Inspector of Social Services had received unsolicited information on two occasions, and this information was followed up with the provider.

This inspection found that this was a well-managed centre, where the residents received a very high standard of quality care. However, improvements were required in respect of staff supervision, premises and infection prevention and control to ensure that residents' safety was maximised and to achieve full regulatory compliance.

The registered provider was Mowlam Healthcare Services Unlimited. There was a stable management team in the centre, who were well-known to residents relatives and staff. The person in charge was knowledgeable, experienced and committed to ensure that residents living in the centre enjoyed a good quality of life. She was supported in her operational role by an assistant director of nursing, a clinical nurse

manager, a senior nurse and the wider care team, including catering, administration, maintenance and housekeeping staff. There were effective arrangements in place to ensure senior management cover was available at all times, including the weekend, in order to monitor care and services and to supervise and support staff in their work.

From a governance perspective the person in charge was also 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 regular basis and discussed at the weekly conference calls. Health and safety was high on the agenda and records of the monthly quality and safety meetings showed robust oversight of the risk register. In addition, there was good oversight at group level with any identified learning shared at the quarterly regional group management meetings.

There had been two successive outbreaks of COVID-19 in September- October 2020 and October – November 2020 where a number of residents and staff tested positive for the virus. They had all recovered at the time of inspection and residents were keen to inform the inspectors of how well they had been looked after during those anxious times. Throughout the outbreaks the department of public health had provided leadership in relation to outbreak management and the person in charge had actively engaged with the inspectorate. At the time of inspection the centre remained in outbreak mode, which was due to be declared over by the Department of Public Health following 28 days without any other confirmed cases as per Health Protection and Surveillance Centre (HPSC) *Interim Public Health Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*.

While some staff tested positive for the virus, the staff levels were maintained from the centre's own staffing complement which enabled good continuity of care by staff who knew residents' needs and wishes. The management team had supported staff and residents and they all worked together to bring everyone through the COVID-19 outbreak in the centre. Staff told inspectors that the communication systems between managers and staff during the recent COVID-19 outbreak were very good. Staff were kept up-to-date at all times with the updated infection prevention and control guidance.

A 'COVID' folder was in place which included relevant and up-to-date guidance and information from public health bodies. The inspectors reviewed the COVID-19 contingency plan and preparedness and found that it was comprehensive, with clearly identified roles and responsibilities and identified public health and community infection control links. Outbreak management details included cohorting and isolation protocols and a robust strategy to communicate with families. An evaluation of the management of the first COVID-19 outbreak had been completed and the identified learning was incorporated in the contingency plan to inform future outbreak management.

Staffing levels were adequate to the size and layout of the centre and the number of

residents accommodated at the time of inspection. Staff had received training regarding infection prevention and control precautions, hand hygiene, respiratory hygiene and cough etiquette. Staff members spoken with had a clear awareness of the early signs and symptoms of COVID-19. Three senior staff had completed training on how to collect a swab sample for testing for COVID-19. Mandatory training was also up to date.

The inspectors found that the centre was appropriately resourced for the effective delivery of care and that in most areas of the service there were good governance and management arrangements in place to ensure the service was consistent and appropriate. However, improvements were required in the delivery and the oversight of housekeeping services to ensure that the service was safe and appropriately monitored for the wellbeing of staff and residents. For example, during a walkabout of the premises, the inspectors observed stains on the undersurface of a bedtable and on a bin in a room that had been signed off as terminally cleaned; equipment such as a floor brush/pan identified as in need of replacement.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to. Feedback from residents and families was seen as an important part of the process to achieve service improvement.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and overall met the requirements of the regulation. She was a registered nurse and had the required management qualifications and experience of nursing older persons.

Throughout the inspection she demonstrated good knowledge of the regulation and commitment to ensure a quality and safe service was provided to the residents.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the holistic needs of the residents living in the centre. There were no vacancies at the time of inspection.

There were no agency staff used in the centre which ensured good continuity of care for the benefit of the residents. The use of agency staff formed part of the contingency preparedness plan in the event of a COVID-19 outbreak in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory staff training was up-to-date including safeguarding vulnerable adults, manual handling and fire safety training. In addition, staff had completed a variety of other relevant courses specific to their role such as medication management and cardiopulmonary resuscitation (CPR) for nurses, food hygiene and control of hazardous substances.

The designated centre had mandatory induction and training programmes in relation to infection prevention and control for staff. A training matrix reviewed showed that training included infection prevention and control, PPE, hand hygiene, COVID-19 and additional training on Health Information and Quality Authority's (HIQA) digital platform. Infection prevention and control training by an external consultant was due to be provided on site in the coming days which would mean 100% of relevant staff would be up to date.

The supervision arrangements required review. While dedicated supervisory roles had been appropriately identified, inspectors were not assured that the arrangements in place were effective. From an infection prevention and control perspective, this inspection identified the need for enhanced skillset, knowledge and expertise to ensure practices in the centre aligned to *National Standards for Infection Prevention and Control in Community Services, 2018*.

A nominated cleaning supervisor had been appointed who attended the monthly management quality assurance meetings. However, inspectors found that they did not have dedicated time for supervising duties, and in fact they were part of the daily roster of cleaning staff with a full list of cleaning duties to complete.

A sample of induction records seen by the inspectors showed that staff orientation included fire safety and health and safety records.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the centre was well-governed. There was a management structure in place with clear lines of authority and responsibility for all areas of the service. The management team worked well together and had developed and implemented processes to ensure the quality of care provided to residents was closely monitored. The senior management team met on a weekly basis where all areas of management of the centre were discussed and any areas for improvement were

agreed.

Staff were informed about any changes in guidance or practices as required. As a result staff were clear about what was expected of them in their work and the standards that were required.

The leadership and management provided by the person in charge ensured that care and services were person-centred in line with the centre's ethos of care, statement of purpose and stated objectives. As a result, person-centred care was evident in staff practices and attitudes. In order to ensure that care was delivered in a person centred way the management team completed a range of audits of various areas including the use of restrictive practices, falls prevention, medication management practices and health and safety to name a few.

In addition, there was a quality assurance programme in place to monitor and support improvements in relation to infection prevention and control. There was evidence that action plans had been implemented to address deficiencies identified.

However further improvements were needed in the oversight of infection prevention and control in particular around issues such as the practice of multiuse of rubber gloves, lack of hand hygiene sinks, and environmental hygiene issues identified on this inspection. Furthermore a review of training requirements and supervision arrangements in relation to environmental cleaning was required to provide assurances that practices were in line with recommended standards and that they were monitored effectively.

An annual review for 2019 had been completed, it included residents feedback and a quality improvement plan for 2020.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre, which had been reviewed and revised in the past year. This document outlined the facilities and services available, the details about the management and staffing and described how the residents' wellbeing and safety was being maintained.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Appropriate notifications had been

received in respect of the COVID-19 outbreaks in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy in place met the legislative requirements. A copy of the complaints procedure was on display throughout the centre.

Complaints were recorded in line with the requirements set out in the regulations. The number of complaints were low. At the time of inspection there was one open complaint, which was being investigated and responded to in line with local policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were in place and had been reviewed within the last three years. The policies and procedures were accessible to staff in hard copy. The staff were required to sign policies when read and this practice was overseen by the health and safety officer at the centre.

The designated centre had an up to date infection prevention and control policy and guidance documents to support staff in relation to COVID-19. The registered provider had completed a preparedness and contingency plan for COVID-19, which had been recently updated.

While policies were in line with regulatory requirements some improvements in relation to naming of policies were required as it was not explicitly clear as to whom the guidance was meant to apply or what governing committee was responsible for their approval.

Judgment: Compliant

Quality and safety

There was a real person-centred ethos at the heart of the service and the centre was welcoming, homely and well-maintained. Overall, the inspectors were assured that the residents received a high standard of quality care and appropriate evidence-based support from the staff team. However, improvements were required in

respect of premises and infection prevention and control. This was particularly relevant as the non-compliances identified in respect of regulations 17 and 27 were interdependent and contingent on each being adequately addressed in order to ensure full compliance with both regulations. This is further discussed under the individual regulations.

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.

Inspectors found that residents' medical and social care needs were assessed and comprehensive care plans were put in place which reflected the individuals' preferences for care and support. Residents' support needs were met and there was good access to medical practitioner and other relevant healthcare professionals. Residents identified at risk of fall or developing a pressure ulcer had focused preventative care plans in place which detailed individualised measures to support the residents wellbeing and to prevent potential deterioration in the resident's health or functionality.

The use of restrictive practices was closely monitored and the centre was working towards a restraint-free environment in line with national policy. Residents who spoke with the inspectors all confirmed that they felt safe and their experience of living in the centre was positive. Residents' rights were upheld and the activities programme was varied and interesting.

Residents had access to television, newspapers, radio and social media as required. However, inspectors observed that residents accommodated in the twin rooms only had access to one television set. Due to potential isolation requirements brought on by the pandemic, such arrangements did not ensure that each resident's choice in respect of what they would like to watch could be respected. Residents' rights to choice, privacy and dignity were respected, however inspectors observed that there was no lock to a communal shower facility. This is discussed further under Regulation 17.

The activity coordinator was well-known to the residents who all commented on her dedication to ensure there was something fun to do every day. The inspectors heard of various activities for residents and interesting projects such as a Virtual Tea Dance, weekly outdoor live concerts arranged with the local community, themed parties or monthly relaxation days.

Inspectors were satisfied that there were well-established quality monitoring systems in place which were updated on an ongoing basis to ensure residents received a high standard of care. This was reflected in the high levels of compliance found on this inspection and the positive feedback from residents and their families.

Maintaining communication with residents and families formed part of the designated centres' contingency planning and the records showed effective arrangements were in place. As the pandemic precautions significantly curtailed residents ability to socialise, the provider had set up alternative ways to ensure residents could communicate with their loved ones via video calls and window visits.

The layout of the center facilitated outdoor visits to take place in a safely manner.

The management team and staff kept residents informed about public health measures required to minimize risks associated with COVID-19. Documentation reviewed showed that education in relation to hand washing, coughing and sneezing and understanding of COVID-19 was provided to residents.

The centre had up-to-date policies and procedures relating to health and safety. There were good arrangements in place to manage risks and measures implemented to reduce or minimise the risks identified. All risk assessment relating to individual residents were comprehensive and guided care. There was a risk register, which was regularly reviewed and maintained by both the person in charge and health and safety officer. All high-rated risks were discussed with the healthcare management team at weekly management meetings and escalated to group executive management level. The risk register also featured as an agenda item at monthly quality and safety meetings. However the inspectors found that the electronic system did not facilitate the recording of the nominated action owner for actions required and needed review.

Although defined governance and management arrangements were in place in relation to infection prevention and control further improvements were required. This is further discussed under Regulation 27. The assistant director of nursing was the identified lead and was supported in her role by the director of nursing, a clinical nurse manager and a group healthcare manager. Infection prevention and control committee meetings were held monthly and environmental and equipment hygiene, hand hygiene, PPE and training featured as standing agenda items at meetings. Infection prevention and control also featured on the agenda at senior management meetings held at the centre.

The fire alarm system, fire extinguishers and emergency lighting in place was maintained and serviced regularly, as required. The mandatory training in fire safety was up to date for all staff and in their discussions with the inspectors, staff displayed good knowledge of what to do in the event of fire.

Regulation 11: Visits

Measures were taken in line with the latest Health Protection and Surveillance Centre (HPSC) *COVID-19 Guidance on Visitations to Long Term Residential Care Facilities*, to protect residents and staff during the outbreak and Framework Level 5 restrictions. While visiting by families had been suspended, virtual visiting by telephone or video-link and essential visiting on compassionate grounds was facilitated. The contingency plan showed that weekly contact with residents' relatives or representatives were made by the director of nursing.

A member of staff had responsibility for ensuring infection prevention and control precautions were in place should a visitor and essential service provider enter the building. A COVID-19 related questionnaire was completed along with a temperature

check, hand hygiene, mask-wearing, and social distancing. Information pertaining to COVID-19 precautions, personal protective equipment (PPE) and hand hygiene was displayed at the entrance and throughout the centre. Records showed that a monthly audit of visiting took place.

Judgment: Compliant

Regulation 17: Premises

The designated centre was largely clean, bright and well-maintained throughout. It was appropriately decorated and the soft furnishings and fixtures created a homely and comfortable environment for the benefit of the residents.

Residential accommodation was provided in 50 single bedrooms and three twin bedrooms, each with its own shower en-suite facility. Inspectors observed that the bedrooms were spacious and personalised with residents' belongings, photographs and personal memorabilia. Residents who communicated with the inspectors confirmed that they were happy with their living arrangements and that staff treated their personal belongings with respect. However, some of the residents accommodated in the twin rooms shared one television set, which did not ensure they could always exercise choice in respect of their tv preferences.

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. The dementia focused unit was located on the first floor and accommodated 18 residents. The unit was colourful and appropriately decorated with murals and contrasting colours to support way-finding, while also providing opportunities for stimulation and engagement. A large communal area which included a kitchenette and dining space was available for these residents.

Residents had access to two enclosed courtyards, which provided a safe space to enjoy outdoor activities. Access to the outdoor space was unrestricted.

However, while the layout and design of the premises met residents' needs, this inspection identified further areas of improvement required to ensure residents' safety was maximised from an infection prevention and control perspective, and as enumerated below:

- The sluice facilities on each floor and the housekeeping room required review to ensure they were in alignment with *National Standards for Residential Care Settings for Older People in Ireland, 2016*.
- There was an insufficient number of clinical hand wash sinks in the designated centre to support staff implementation and adherence to best infection prevention and control practices
- The door to one assisted shower facility on the top floor did not have a lock, to ensure residents' privacy and dignity could be respected at all times.

- While there appeared to be sufficient storage facilities available in the designated centre, they were not appropriately used and required further review as detailed under Regulation 27
- A review of the ventilation systems in some parts of the designated centre including the smoking room, the dirty utility room, housekeeping room and residential bedrooms was required.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up to date risk management policy in place which reflected the requirements of the regulations. For example specific risks as outlined in the regulation such as aggression and abuse and associated measures and actions to control these risks were included.

The registered provider maintained a risk register which was an electronic database of the current risks pertinent to the centre, including clinical and environmental risks. The centre had associated risk assessments completed for all risks identified. The risk register had been updated to reflect COVID-19 pandemic, which featured as a high-rated risk on the risk register. The risk register included hazards and control measures to mitigate risks identified.

The registered provider had arrangements in place for the identification, recording and learning from serious incidents or adverse events involving residents. Incidents were recorded electronically and also reviewed at monthly quality and safety meetings. Hard copy records reviewed showed that incidents had been risk rated, a root cause analysis undertaken and recommendations made. An algorithm for incident reporting outlined a step-by-step approach as a guide for staff.

Overall it was evident from minutes of monthly quality and safety meetings reviewed that there was good oversight and regular review of incidents and risk. A risk management approach underpinned the agenda in that agenda items were risk rated, actions put in place to reduce or militate against risk, and a responsible person and target date recorded.

The centre had an up to date safety statement, health and safety policy and associated risk assessments for example in relation to chemicals, hazardous substances, falls and accidental injuries. There was regular servicing of equipment; this included scheduled testing, and servicing arrangements for the bedpan washer disinfectant and the laundry equipment.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control processes and procedures were in place and overall the centre was clean. However, while it was evident that the provider had taken many steps to ensure compliance with infection prevention and control, this inspection identified the need for further improvement as detailed below.

The designated provider had access to specialist staff with expertise in infection prevention and control if required. The service was measuring and assessing practices by undertaking hygiene and infection control audits on a monthly basis. Audits included environmental and equipment hygiene, hand hygiene and sharps management. In addition weekly spot checks of infection prevention and control procedures were undertaken. This included the World Health Organisation (WHO) 5 moments of hand hygiene, PPE, social distancing and equipment cleaning.

There were twice daily temperature checks for residents and staff in line with current guidance. However, the inspectors found that procedures in relation to a staff 'clocking-in system' which required staff to place a finger on a scanner required review to ensure cross contamination was avoided. The staff uptake of the influenza vaccine was well-below the recommended national targets for the 2019-2020 season. The centre had experienced an outbreak of influenza virus infection at the beginning of 2020.

Face protection masks were worn by all healthcare workers on the day of inspection. Staff adherence to 'Bare below Elbow' initiatives and social distancing was evident. While some wall-mounted automatic alcohol hand rub were evident not all were readily accessible at point of care and use. In some areas staff wore personal wearable alcohol gel dispensers so as to minimize the risk of accidental use by residents. Overall inspectors found that hand wash sinks for staff were not easily accessible and not compliant with recommended best practice standards for clinical hand wash sinks for staff. Throughout the day, the inspectors observed members of staff having to enter a sluice facility and housekeeping room in order to wash their hands.

Overall the general environment, corridors and communal areas appeared clean and clutter free. The inspectors observed that fabric coverings on armchairs in communal areas facilitated cleaning. Residents' bedrooms appeared clean and tidy. There were comprehensive records of daily cleaning checklists which confirmed residents rooms were regularly attended to. In addition, checklists for regular sanitizing of frequently touched surfaces were in place. A flat mop system was and the use of colour-coded cloths supported housekeeping staff to implement good hygiene standards.

While, the cleaning hours had been increased by two hours each day since the beginning of pandemic, further action was required to ensure that the supervisory positions had the appropriate knowledge and skill to manage key areas of infection prevention and control and dedicated and protected time for appropriate oversight

promotion of good practices. This is being addressed under Regulation 16.

The inspectors were told that reusable equipment was cleaned after use and a tag system was in place for stored cleaned equipment. Although the majority of equipment inspected appeared clean on observation, the inspectors found that a review of the periodic cleaning schedules was required as some items such as an intravenous drip stand, and a raised toilet seat were noted to be stained.

The laundry facility had natural ventilation, an equipment and hand wash sink and PPE. The staff maintained a unidirectional work flow from dirty to clean functions within the confines of the facility. While linen was reprocessed in an industrial-type washing machine, the inspector found that some items such as residents' clothing protectors and linen bags were reprocessed in a domestic-type washing machine. This practice required review to ensure compliance with best practice guidance for the safe management of linen.

Color-coded linen skips and alginate (dissolvable) bags for contaminated linen were available. While some controls were in place in relation to water-borne infections including weekly flushing and scheduled testing of water by an external company, a formalized *Legionella* risk assessment was also required.

This inspection identified additional opportunities for improvement in relation to infection prevention and control as follows:

- The use of multiuse rubber gloves in housekeeping and laundry department required review.
- There was no defined procedure for management and reprocessing of reusable spray bottles used for cleaning products.
- The undersurfaces of some wall mounted automatic alcohol gel dispensers were unclean; sensors needed review as delays were observed.
- Floors were unclean in some ancillary facilities such as the housekeeping room and sluice facility
- The sluice did not have a sink hopper and some malodours were present; there was no PPE available in the sluice facility and access to a bin was obstructed by disused wall-mounted dispensers
- Storage of supplies and equipment required full review to ensure appropriate segregation practices and reduce the risk of cross contamination; in addition inspectors also observed inappropriate storage of staff items in the laundry facility
- A review of the location and labelling of healthcare and non-healthcare risk waste bins was required to ensure correct segregation at point of source

Inspectors observed evidence of wear and tear on surfaces and finishes in some areas, which did not allow for appropriate cleaning practices. A refurbishment programme was in place, however it had been rescheduled for 2021 due to the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire-fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free from obstruction. The building was subdivided into smaller compartments which ensured staff could safely and timely evacuate each resident to an area of safety in the event of fire. Each residents' individual evacuation needs were recorded. Staff displayed good knowledge of evacuation procedures and the training records confirmed that all staff had attended the mandatory training. The records confirmed that simulated night and daytime fire drills had taken place.

Daily and weekly fire equipment checking procedures were completed. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor and records to evidence that were available.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were viewed. Records showed that pre-admission assessments took place prior to residents moving to live in the nursing home. A variety of validated assessment tools were used to assess resident's needs, including MUST, FRASE, Braden, Abbey pain scale and Cohen-Mansfield Agitation Inventory.

Comprehensive care plans were developed following assessment of resident's needs. Care plans were up to date and reviewed as residents' needs changed. They provided relevant and person-centred information to guide care staff in their delivery of care. There was evidence to show residents' involvement and appropriate communication with families regarding residents' care planning arrangements.

Judgment: Compliant

Regulation 6: Health care

Residents received a high standard of evidence-based nursing care with the support of medical and allied health staff. Evidence from residents' records showed that they received regular assessment and interventions from their general practitioner (GP).

The GP visited the centre three times a week and there was medical oversight cover

available over 24 hours period. Residents were referred for external medical reviews when needed, for example, gerontology, Psychiatry of Old Age or Palliative services as required.

One physiotherapist visited the centre on a weekly basis and residents had access to occupational therapy, dietetics, speech and language therapist, optician and chiropody services as required. All residents who communicated with the inspectors confirmed that they were satisfied with how their healthcare needs were met.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff working in the centre had received training in dementia care and the management of responsive behaviour. Staff spoken with had a good knowledge and displayed skills appropriate to their role to respond to and manage behaviours that were responsive. These were also reflected in the residents' detailed plan of care. The inspectors observed staff using positive behaviour supports successfully in their engagement with residents who may display anxiety.

Trending of notifications received in respect of the use of restrictive practices in the centre showed that the provider was proactively working towards ensuring residents were provided with a restraint-free environment. There was a low use of restrictive equipment with one bedrail in use at the request of the resident. The decision was based on a risk assessment and informed consent and it was reviewed on a regular basis in line with best practice. A wide range of alternatives were available and trialled to ensure the least restrictive option was in place. The inspectors observed that residents were relaxed, well-dressed and had freedom of movement.

Judgment: Compliant

Regulation 8: Protection

Staff were trained and knowledgeable in safeguarding vulnerable adults policy and all residents reported that they felt safe and that they could talk to a member of staff if they had any concerns.

Any allegations of abuse were notified to the Chief Inspector in line with the regulations and local policy. Access to independent advocacy was available and widely displayed around the centre.

The centre did not act as a pension-agent for any of the residents at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to communicate and exercise choice over their lives and had opportunities to participate in the organisation of the centre. There were regular residents' meetings and records showed they were well-attended. Due to COVID-19 pandemic the resident's meetings were now organised in smaller groups, with each group having a dedicated chairperson. Issues brought up at these meetings were appropriately followed up. In addition, there were weekly meetings held by the activity staff where the residents planned and organised the activities for the week ahead.

During the COVID-19 outbreak residents were assisted to communicate with their families through telephone, WhatsApp and other social media. The person in charge also communicated with families on a regular basis and ensured they were maintained informed of the results of COVID-19 swab testing.

There was a rich programme of varied and interesting activities which included a recent outdoor concert by an Garda Siochana band, themed parties, baking, prayers and daily exercises etc. There were twice weekly sessions of physical exercises to promote independence and maintain residents' functionality and physical strength.

Daily activities were displayed on large activity boards in the communal areas. In addition, each resident was provided with a weekly activity calendar containing colourful images of the activities to enhance accessibility and ensure each resident was well-informed of the programme. Residents were encouraged to participate in activities, while adhering to social distancing and their participation, engagement or refusal was documented.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents were assisted to get up in the morning at a time of their choosing. All residents spoken with were complimentary of staff, and of the care they provided.

Residents had access to the television, internet, newspapers and radios to keep them up to date with local and national news and affairs. Information sessions on infection prevention and control were also facilitated for the residents to ensure they knew what to do to keep themselves and others safe.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0030744

Date of inspection: 24/11/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All mandatory staff training is up to date. All staff are required to complete 3 training programmes in relation to Infection Prevention & Control (IPC), including a generic Infection Prevention & Control training programme as part of their induction to the nursing home. They are also required to complete a training module based on the HIQA standards for IPC in residential care settings, and more recently there is now also an IPC training module in place based on IPC and Covid-19 provided by the HSE. • Additional specific training for Household staff and supervisor has taken place in January 2021 to enhance skillset and expertise in relation to hygiene and infection prevention and control. The designated IPC Lead was also included in this training. Other role-specific training is undertaken as required. • The supervision arrangements for housekeeping staff have been enhanced. The Housekeeping roster has been revised to ensure that there are adequate arrangements in place to facilitate supervision of other household staff and auditing of hygiene standards. The PIC will assess the impact of the revised roster arrangements to ensure that effective supervision and quality improvements can be implemented. <p>Following a review of the supervision arrangements the PIC has scheduled regular (at least fortnightly) clinical supervision and personal development meetings with the nursing staff. The emphasis of these structured meetings is to enhance the supervision of nursing staff in relation to their clinical practice, including the effective management of resident care and infection prevention and control. These meetings will be an opportunity for the PIC and CNM to identify and address any practice development issues, to hear any concerns that the nurses may have, allow opportunities to problem solve and give/receive support and further develop their skill set as required</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • We have revised and enhanced the training and supervisory arrangements for clinical and household staff as outlined above and we will monitor the effectiveness of these arrangements to ensure that the overall quality of hygiene and infection control practices improves in line with regulatory requirements. • We have reviewed the practice of multiuse of rubber gloves and additional training for household staff (including the Housekeeping supervisor and ICP Lead) has been provided in January 2021 by validated external IPC training facilitators. • The Housekeeping Supervisor is now facilitated to supervise the standards of hygiene in the nursing home and to audit the overall standards and identify areas where quality improvements are required, ensuring that recommended actions are implemented. • A review of the hand hygiene sinks has been undertaken and there is a planned a programme of works scheduled for the installation of additional sinks and the upgrading of existing sinks to meet IPC standards. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A review of the sluice rooms and household rooms has been undertaken. There is a planned refurbishment programme to be undertaken which will ensure alignment with National Standards for Residential Care Settings for Older People in Ireland, 2016. • An audit of the availability and suitability of hand hygiene sinks has taken place and additional sinks and retro fitting of taps is planned to take place. • Following a review of all bathroom doors, appropriate bathroom locks have been installed to support and promote resident's dignity and privacy. • A refit of storage rooms which comply with infection prevention control standards will be undertaken as part of an overall programme of planned works. 	

- A planned review of ventilation in the home will take place, including the smoking room, the dirty utility room, housekeeping room and bedrooms.

Regulation 27: Infection control

Substantially Compliant

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

- The staff clock-in system has been reviewed in conjunction with the HSE IPC Lead and procedures have been introduced to reduce the risk of cross-contamination.
- The flu vaccination programme has been completed since inspection and final numbers of staff vaccinated are within recommended national targets.
- A formalized Legionella risk assessment has been put in place since inspection which will be reviewed quarterly. There is an enhanced water monitoring programme implemented in the home in compliance with HPSC water monitoring guidelines.
- We have implemented enhanced IPC training and supervision arrangements as previously described.
- A review of the cleaning and decontamination of equipment in the home has been completed and there is an enhanced cleaning programme now in place. The PIC will monitor the effectiveness of this programme.
- The IPC Lead will undertake a monthly infection prevention and control audit and daily spot checks will also be conducted to ensure compliance and promote the IPC standards in the home.
- A review of hand hygiene sinks has been undertaken and works to upgrade to meet hygiene standards will be commenced as soon as it is safe to allow contractors into the home.
- A review of the laundry facilities was completed and practices have been reviewed in line with National IPC Standards and compliance with best practice guidelines for the safe management of linen.
- The procedure for management and reprocessing of reusable spray bottles used for cleaning products has been reviewed and suitable processes and equipment will be put in place to ensure safe cleaning procedures and practices in the management of reusable spray bottles used for cleaning products.
- The sluice rooms and household rooms have been reviewed with the facilities

department following this inspection and, as part of the planned works programme, will be refitted to comply with IPC national standards. We are unable to commence these works at present due to national restrictions associated with the global pandemic situation but works will commence as soon as it is deemed safe to do so.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/01/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021
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	30/06/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/06/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
--	---	--	--	--