



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

Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0037972

About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is purpose-built providing single ensuite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 October 2022	09:00hrs to 15:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector observed residents reading newspapers, watching TV and partaking in activities in the day room. The inspector spoke with five residents and one visitor. The majority were very complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the needs of the centre and the dependency needs of the residents. Staff were responsive and attentive without any delays with attending to residents' requests and needs. All areas and rooms were cleaned each day and the environment appeared visibly clean.

The centre is a one storey building. Through walking around the centre, the inspector observed that it was well maintained and decorated. However the inspector observed that excessive infection prevention and control COVID-19 signage was on display throughout the centre.

There were appropriate handrails and grab-rails available in the en-suite bathrooms and along the corridors to maintain residents' safety. Medications, clean and sterile supplies such as needles, syringes and dressings were stored in the dedicated clean utility room. The kitchen was adequate in size to cater for resident's needs. The majority of residents were complimentary of the food choices and homemade food made on site by the kitchen staff.

Bedrooms comprised 48 single en-suite rooms within four wings. The layout of the building lent itself to effective outbreak management. For example, each wing had a separate entrance and could operate as distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one of the wings.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, there was no dedicated housekeeping room and the location of the sluice room was not ideal from an infection prevention and control perspective. Details of issues identified are set out under Regulation 27.

Alcohol hand gel dispensers were available along corridors for staff use. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were three clinical hand wash sinks (in the sluice room, art room and in the clinical room) dedicated for staff use. These sinks did not

comply with the recommended specifications for clinical hand wash basins. Findings in this regard are presented under regulation 27.

Despite the infrastructural issues the centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

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

Capacity and capability

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

Thomond Care Services Limited is the registered provider for Thomond Lodge Nursing Home. There was a clearly defined management structure, which included the centre's person in charge, the financial administrator and a clinical nurse manager (CNM), all of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff.

The inspector found that there were also clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing who was also the designated COVID-19 lead.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. A review of documentation found that there was regular access and support from infection prevention and control specialists within CHO8. However the provider had not nominated a staff member with the required training and protected hours to the role of infection prevention and control link practitioner.

Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded. This meant that the provider was unable to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance. Findings in this regard are presented under regulation 27.

The environment was audited by the person in charge and reports were prepared. However standardised audit tools were not used to ensure a consistent approach was followed. This also meant that audits were not scored, tracked and trended to monitor progress. This was a lost opportunity for learning and improving outcomes for residents. Findings in this regard are presented under regulation 27.

The centre had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of cleaning records, colour coded flat mops and cleaning cloths to reduce the chance of cross infection. However facilities for the storage of cleaning equipment were inappropriate. Details of issues identified are set out under Regulation 27.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. However the inspector also identified that the majority of infection prevention and control training was provided via e-learning with limited face to face training provided. 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 multi drug resistant organisms (MDROs) including Carbapenemase-Producing *Enterobacterales* (CPE).

There was a suite of infection prevention and control guidelines in place. However guidance relating to the care of residents colonised with CPE for Long-Term Care Facilities for Older People were not available.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. However some visiting restrictions remained in place. Details of issues identified are set out under Regulation 27.

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 COVID-19 and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection with few exceptions. A range of safety engineered sharps devices were available. This reduced the risk of a needle stick injury.

However a review of documentation found that infection prevention and control information was omitted from the majority of acute hospital nursing discharge/transfer letters received by the designated centre when residents were discharged from acute hospitals. This meant that staff were unaware of the results of routine MDRO screening done during the residents hospital admission. As a result appropriate precautions may not have been in place when caring for these

residents.

Staff were transitioning to the use of paper based to electronic care records. The centres transfer documentation contained a section to record details of health-care associated infections and colonisation. This supported sharing of and access to information between and within services. However admission assessment templates did not include a healthcare associated infection (HCAI) and MDRO history or assessment. Details of issues identified are set out under Regulation 27.

An outbreak of COVID-19 was declared in the centre in October 2021. This was the second significant outbreak experienced by the centre since the beginning of the pandemic. All residents that had tested positive had since fully recovered. A formal review of the management of the outbreak of COVID-19 had been completed. The review identified that the early identification and careful management of this outbreak had contained the outbreak within one wing and limited the spread of infection to 14 residents and five staff members.

Regulation 27: Infection control

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

- Disparities between the finding of local infection control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported to comply with the regulation 27. For example antimicrobial consumption was not monitored and there was no evidence of targeted antimicrobial stewardship quality improvement initiatives.
- There was some ambiguity among staff and management regarding which residents were colonised with MDROs. Accurate information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- Infection prevention and control guidelines were not comprehensive. For example there were no guidelines on the care of residents with colonised with CPE. As a result staff lacked an awareness of how to prevent and control the spread of CPE.
- Some visiting restrictions remained in place. Visits continued to be scheduled in advance to manage footfall. Plans were not in place to progress toward full normal (pre-pandemic) access.

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

- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment used to clean residents ensuite bedrooms and communal areas throughout the centre. Cleaning chemicals and equipment was stored within the sluice room and laundry. This posed a risk of cross-contamination.
- The sluice room was located within the main laundry. This meant that used bedpans and urinals were brought into the laundry en route to the sluice for decontamination which posed a risk of environmental contamination. Some laundry equipment was observed within the sluice room. This posed a risk of cross contamination.
- Storage space was limited. Several wheel chairs and other pieces of equipment were stored within the hairdressing room.
- There were a limited number of clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The covers of several foam mattresses were worn. This meant that they could not be effectively cleaned.
- The underside of several shower chairs and commodes were unclean. This indicated that they had not been effectively decontaminated after use

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0037972

Date of inspection: 07/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. A dedicated housekeeping room for storage of cleaning trolleys and chemicals will be provided. 2. A new entrance to the sluice room is being constructed, entrance will no longer be via the laundry room and will have its own separate entrance from the main corridor the old entrance will be closed off to the laundry area to avoid the risk of cross contamination and maintain a clean flow. 3. Handwash sinks in the sluice room, art room and clinical room will be changed to comply with recommended specifications for clinical handwash basins. 4. Handwash sinks for staff will be put in place in all four suites to avoid staff having the need to wash their hands in resident sinks. 5. Excess signage has been removed from communal areas and is only now located in appropriate areas such as handwash sinks in staff room, bathrooms etc. 6. We have now nominated a staff nurse to commence the required training and dedicated protected hours for the role of teaching and observing the IPC practices currently in place shall be rostered. This will enable and assist in identifying any areas requiring improvement. 7. Surveillance and auditing of infections and colonization has now been added to our quarterly audit schedule. Best practice has been reiterated to all staff around the use of and overuse of antibiotics. They have also been advised where possible to await receipt of a result before commencing antibiotics and that these should be used for the shortest time frame possible. All information gathered will be used to monitor antimicrobial use and changes in infectious agents and to identify trends. 	

8. Standardised audit tools will be used going forward to audit the environment, which will provide information that can be used as an opportunity for learning and improving outcomes for residents.

9. More in-house, face to face training will be provided for staff, which will incorporate the use of scenarios and role plays in how infections spread and the best prevention tools. This will be used to identify, isolate and manage the spread of infections.

10. Going forward a more stringent approach will be used for the admission of new residents, especially those coming from the hospital setting. Whilst we cannot control paperwork coming from this setting, we will ensure that the PIC/CNM ascertain this vital information on pre-admission assessment and that this is handed over to all nursing staff. This information shall also be recorded on the admission assessment template in Epicare to ensure a clear record which will also be used for the compilation of the care plan. This will give all staff awareness of those who have MDRO's including CPE and guidance around the management and precautions to be adhered to when caring for those residents. Admission assessment templates have been amended to include HCAI and MDRO history.

11. All visiting restrictions have now been removed.

12. A new storage room was created which has ample room for the storage of all equipment.

13. Mattress audits have been added to our audit schedule twice yearly and all worn mattresses have now been replaced.

14. Shower chairs and commodes have been added to the cleaning schedule for recording. These will form part of the environmental audit going forward.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2022