



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

## Issued by the Chief Inspector

Name of designated centre:	Kilmainhamwood Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kilmainhamwood, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	01 February 2023
Centre ID:	OSV-0000144
Fieldwork ID:	MON-0039217

## About the designated centre

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

Kilmainhamwood Nursing Home is a purpose-built facility which can accommodate a maximum of 43 residents. The designated centre is a mixed gender facility providing 24 hour nursing care to dependent persons aged 18 years and over, who require long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. There are seven multi-occupancy rooms each of which accommodate up to three residents. The remaining 22 beds are made up of eight twin bedrooms and six single rooms. There are three small secured courtyards available to use for the residents. The centre is decorated and furnished to a high standard throughout. Care is provided to all dependency levels. The centre has a team of medical, nursing, direct care and ancillary staff and access to other health professionals to deliver care to the residents. The philosophy of the centre is to enhance residents' quality of life by providing high quality resident-focused nursing care.

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

Number of residents on the date of inspection:	36
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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 1 February 2023	09:10hrs to 17:20hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

Overall feedback from residents and their families was this centre was a nice place to live. Residents said that they were satisfied with the care they received and that staff were very kind to them. Interactions from staff to residents and visitors were seen to be friendly, kind and respectful. Residents who spoke with the inspector said that they were satisfied with the level of cleanliness in the centre and there were "cleaners in the centre every day and they do a good job in my bedroom".

Upon the inspectors' unannounced arrival to the centre, they were greeted by a staff member who guided them through the required infection prevention and control measures. This included hand hygiene and wearing of face masks and checking for signs of respiratory infection before entering the rest of the centre.

Kilmainhamwood Nursing Home is a purpose built independent residential unit consisting of one floor. The communal space available to residents were in the dining room, day room, central foyer, quiet room, smoking room, hairdressers and sun room. Bedroom accommodation available to residents included six single rooms and 15 shared rooms. Bathing facilities were provided in en-suite or in communal bathrooms. These rooms were seen to be clean and well maintained.

While there were hand-wash basins within the centre, the sinks in the clinical room did not comply with recommended specification for clinical hand-wash basins and the tap was damaged. The centre was generally clean with a few exceptions with regard to the laundry and a store room, these were cluttered and unclean. The storage in the laundry was partially addressed during the inspection. Sinks, flooring and shelving in the chemical room were in a poor state of repair, which did not facilitate effective cleaning. There were ample alcohol based hand rub placed at strategic points around the centre. Posters illustrating the correct procedure to perform hand rubbing were clearly displayed above all alcohol gel dispensers.

Residents were free to see visitors either privately in their own bedrooms, or if any resident wished to meet their visitor outside their bedroom, visits were facilitated in communal areas.

The provider had made improvements to the centre that included the provision of new seating in the foyer, which residents and visitors were seen to enjoy using. They installed two new clinical hand-wash basins in the dining room and day room to facilitate good hand hygiene practice. A sluice sink was scheduled for installation in the dirty utility room to facilitate for the safe disposal of fluids such as resident wash water. The inspector was informed of the provider's plan to extend the current building to add additional bedroom accommodation and this was due to start a few months after this inspection.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the *National Standards for infection prevention and control in community services (2018)*. Weaknesses were identified in infection prevention and control training, oversight of cleaning, premises, training and antimicrobial stewardship. This is further detailed in Regulation 27: Infection control.

This unannounced inspection was to monitor the designated centre's compliance with Regulation 27: Infection control. Kilmainhamwood Nursing Home was owned and managed by Mowlam Healthcare Services Unlimited Company. The person in charge was supported in their role by the Healthcare Manager, Director of Care Services and a newly appointed nurse manager. The inspector found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infections in the centre.

The provider had nominated a senior staff nurse as infection control lead. However, the provider did not have formalised access to an infection prevention and control specialist. Various committees were in place to monitor infection prevention and control in the centre such as the monthly infection control and governance meetings. Audits and aspects of standard precautions were discussed. While audits tools used contained action plans, they did not reflect findings during this inspection. These findings are detailed under Regulation 27 Infection Control.

On a weekly basis, the person in charge reported to senior management of any residents with new infections or if residents were on antibiotics. However, the centre's overall antimicrobial use, multi-drug resistant organisms (MDRO) and infection rates were not monitored to progress the quality of antimicrobial stewardship within the centre. For example, antibiotic use and infections were not tracked to inform quality improvement initiatives. All nurses had completed training on AMS, however, the guidance on antimicrobial prescribing in the community was not available in the centre for staff to refer to.

Records reviewed for monthly resident meetings, infection prevention and control was featured in topics discussed. It covered aspects of good hand hygiene, vaccinations, visiting, respiratory etiquette and 'keeping safe from COVID'.

The centre's staffing levels were in accordance with its statement of purpose and function. From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed

needs of the 36 residents living in the centre, on the day of the inspection.

The centre had experienced two outbreaks (COVID-19 and Respiratory Syncytial Virus) in the weeks prior to this inspection. They affected a small number of residents and staff. They were seen to be well-managed and the provider followed the direction of Public Health to prevent onward transmission of the viruses. There were no positive cases on the day of inspection.

The centre had extensive infection prevention and control policies and guidelines and these were accessible to all staff on the centres computer system and paper copies located at the nurses' station. These policies contained aspects of standard and transmission based precautions and the care and management of residents with infections, such as, MDROs.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Face-to-face infection prevention and control training was scheduled for new staff and existing staff who were due refresher training on 7 February 2023.

The findings of this inspection found that further training and supervision was required on standard infection control precautions, including hand hygiene, appropriate waste management and environment and equipment hygiene practices to prevent healthcare-associated infections.

## Quality and safety

Overall the inspector was assured that the residents living in the centre enjoyed a good quality of life and care was provided to a good standard, through appropriate access to a general practitioner and wider allied health and social care professionals, including such as dietitians, speech and language therapists and tissue viability. While there was evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

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 other respiratory infections and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were accessible. Appropriate use of PPE was observed during the course of the inspection. Staff had the appropriate knowledge with regard to the safe management of blood and bodily fluid spills and needle stick injuries. A range of safety engineered needles were available, however, staff reported they did not always use them when giving injections to residents in line with best practice and legislation. This may result in needle stick injuries and possible blood borne viruses

infections.

There was a well-managed vaccination programme in progress. All of the residents who were eligible had received their COVID-19 booster and influenza vaccines. Staff were also facilitated to access vaccinations through a vaccination programme provided in the centre or by the local pharmacy. The person in charge gave assurances that information with regard to vaccines for pneumonia would be updated on resident records.

Transfer documents were used when residents were being transferred into and upon discharge from the acute hospital setting. These documents contained details of health-care associated infections to support sharing of and access to information within and between services. However, while the pre-admission assessment documentation contained detail with regard to residents' medical history and Methicillin-resistant *Staphylococcus aureus* (MRSA) status, it did not contain information with regard to vaccinations such as influenza or pneumonia or other infections. The provider told the inspector that a new pre-admission assessment form was in progress and would be implemented in the near future.

The centre had an electronic resident care record system. Care plans for residents with MDROs gave good direction to staff to guide care and staff who spoke with the inspector, were knowledgeable with regard to the safe care of these residents. Care plans for residents with indwelling medical devices and wounds did not outline measures to be taken to prevent infection. This was partially addressed on the inspection day.

Bedroom and communal areas were well maintained and ventilated. There was inappropriate equipment storage seen in the laundry and on floors in storage rooms, this could result in cross contamination. There was wear and tear seen in surfaces in the chemical room, linen room and laundry which can impact on effective cleaning.

Cleaning staff were knowledgeable with regard to cleaning processes and colour coding of cleaning equipment to reduce the chance of cross infection. However, they were using chlorine based solutions for general cleaning when it was not required. This may result in damage to surfaces.

Visits were being managed well in line with the regulations and residents were supported to receive their visitors in private or in designated areas.

## Regulation 27: Infection control

The registered provider had not ensured that all effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- The centre's overall antimicrobial use and MDRO's and infection rates were not monitored to progress the quality of antibiotic stewardship within the



centre. For example, antibiotic use and infections were not tracked to inform quality improvement initiatives. Staff were unaware of the community prescribing guidelines and audits of antibiotic use were not undertaken

- There were insufficient local assurance mechanisms in place to ensure that the environment and some equipment was decontaminated and maintained to minimise the risk of transmitting healthcare-associated infections. For example: there were no cleaning schedules for the medication fridge, resident lifting slings and clinical storage boxes. Not all curtains had been cleaned following transmission based precautions.
- The centres pre-admission assessment did not include comprehensive infection prevention and control history or risk assessment which could result in inappropriate measures being put in place to protect residents from infection
- Care plans for residents with indwelling medical devices and wounds did not clearly outline measures to be taken to prevent a healthcare-associated infection.

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

- Sterile dressings and bottles of normal saline were not used in accordance with single use instructions, they were stored with un-opened products and could result in them being re-used
- A chlorine disinfectant was used as part of routine cleaning when there was no indication for its use. Prolonged use can result in damage to surfaces
- Surfaces in the chemical room where cleaning equipment was stored and cleaning chemicals made up, were damaged or were not easily cleaned. For example; the janitorial sink, shelving and flooring was heavily stained and surfaces damaged. Chemicals for cleaning were stored in the janitorial sink which could result in contamination of the cleaning solutions within them
- Sinks within residents bathrooms were used as dual by both residents and staff. This practice increased the risk of cross infection.
- Continence wear was stored in open packets and boxes in communal bathrooms and linen trollies and could result in cross contamination
- There were inadequate arrangements in place for waste management of healthcare risk waste in line with waste management guidelines and legislation. For example: two out of four clinical waste bins stored external to the centre were unlocked and a could result in unauthorised access.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Kilmainhamwood Nursing Home OSV-0000144

Inspection ID: MON-0039217

Date of inspection: 01/02/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) and Clinical Nurse Manager (CNM), along with the Senior Staff Nurse (IPC Lead), will continue to provide oversight and regularly monitor IPC, cleaning and hygiene standards and practices in the centre. We will ensure that the Senior Staff Nurse – IPC Lead- receives enhanced education on Infection Prevention &amp; Control to facilitate best practice in her IPC Lead Nurse role.</li> <li>• The National Standards for the Prevention and Control of Healthcare Associated Infections are accessible to staff in the centre and we will ensure that all staff are aware of how to access this resource material. The PIC will ensure that IPC issues are discussed at handovers, safety pauses and as part of the monthly management team meetings to heighten staff awareness and vigilance.</li> <li>• The current HPSC guidelines are in place in the home, accessible to all staff and we will ensure that these are updated when new guidelines are issued.</li> <li>• New staff have completed tutor-led IPC training, and staff refresher training is also completed for all other staff with the assistance of instructor-led training or online training modules such as HSEland, AMRIC training. Training completed has included hand hygiene, appropriate waste management and environment and equipment cleaning practices .</li> <li>• To date, three members of the housekeeping staff have commenced the Clean Pass training course. This training will be provided to all members of the housekeeping team.</li> <li>• The IPC Lead will conduct Hygiene and Infection Control audits and will implement a SMART action plan for any areas identified as non-compliant.</li> <li>• Antimicrobial stewardship – antibiotic prescriptions and overall usage has been reviewed, and a monthly database has been created. A section has been added to the IPC folder to monitor antibiotic usage.</li> <li>• Guidance on antimicrobial prescribing in the community is available in the centre for staff reference.</li> <li>• We will include antimicrobial stewardship on the agenda of all future monthly IPC Committee meetings.</li> <li>• As part of the pre-admission assessment, we will include all required/relevant</li> </ul>	

information in relation to the resident's infection history, including multi-drug resistant organisms (MDROs), which will be treated in accordance with HPSC recommendations.

- Nursing staff have had an awareness update and are competent in the use of safety engineered needles that are available for giving injections to residents, in line with best practice and legislation.
- Residents' vaccine records will be updated with information (when it is available) in relation to their vaccination history for the pneumococcal vaccine.
- The care plans for residents with indwelling medical devices and wounds have been updated to include measures to be taken to prevent infection.
- A plan of works is in place for the installation of a clinical hand hygiene sink that complies with current recommended specifications in the clinical room. The damaged tap has been repaired.
- We have undertaken a review of equipment storage and all equipment is now stored appropriately. The PIC will monitor ongoing compliance with appropriate equipment storage.
- The worn or damaged surfaces in the chemical room, linen room and laundry will be repaired or replaced with wipe-clean surfaces.
- Since the inspection, the laundry room and a storeroom have been decluttered and a deep clean has been completed in these areas.
- A cleaning schedule has been implemented for the medication fridge, resident lifting slings and clinical storage boxes.
- There is a schedule in place for curtains to be steam cleaned when required, to minimise the risk of infectious transmission.
- Single use items such as wound dressings are disposed of appropriately and will not be re-used. The PIC has addressed the issue of safe use and management of single use items with staff at regular clinical supervision meetings.
- Staff will complete training in the effective use of chemicals for disinfection and the appropriate chemicals to use in each circumstance.
- A review will be completed by the Facilities Manager and PIC to determine the need for repair or replacement of the heavily stained janitorial sink, shelving and flooring. Chemicals for cleaning are no longer stored in the janitorial sink and the PIC will monitor ongoing compliance with appropriate storage of chemicals.
- The PIC and IPC Lead will conduct regular staff awareness sessions at handover and safety pauses to remind staff of safe hand hygiene procedures.
- The PIC has reviewed the storage arrangements for continence wear to ensure that storage complies with IPC requirements.
- The external clinical waste bins are maintained and remain locked when not in use.

## 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	30/05/2023