



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

Issued by the Chief Inspector

| | |
|----------------------------|-----------------------------|
| Name of designated centre: | Corpus Christi Nursing Home |
| Name of provider: | Shannore Limited |
| Address of centre: | Mitchelstown, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 July 2023 |
| Centre ID: | OSV-0000216 |
| Fieldwork ID: | MON-0040724 |

About the designated centre

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

Corpus Christi Nursing Home is a 42-bedded nursing home located close to the town of Mitchelstown in Co. Cork. It is a two-storey premises, however, all resident accommodation is located on the ground floor, with offices and staff facilities on the first floor. It is located on mature grounds with ample parking for visitors. Bedroom accommodation comprises twenty eight single bedrooms and seven twin bedrooms, Twenty one of the single bedrooms and one of the twin bedrooms are en suite with shower, toilet and wash hand basin and the remaining bedrooms have a wash hand basin in the bedroom. The centre provides 24-hour nursing care to both male and female residents that are predominantly over the age of 65 years of age.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 36 |
|--|----|

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 19 July 2023 | 09:00hrs to 15:30hrs | Kathryn Hanly | Lead |
| Wednesday 19 July 2023 | 09:00hrs to 15:30hrs | Robert Hennessy | Support |

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. Residents could choose where and how they spent their day and there was sufficient staff available to ensure they could socialise and participate in activities such as bingo. Inspectors spoke with four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene.

It was evident that the registered provider, nursing management and staff working in the centre knew the residents well. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

The designated centre is a two-storey premises. Resident accommodation was located on the ground floor and offices and staff facilities were located on the first floor. Bedroom accommodation comprised twenty eight single bedrooms and seven twin bedrooms. Twenty one single bedrooms had en suite shower and toilets with the remaining seven rooms with hand wash basin only. Following recent renovations, six of the seven twin rooms had en suite shower and toilet facilities with the remaining twin room having a shower and bathroom adjacent to it for residents' use.

Inspectors observed that residents' bedrooms were homely and personalised with pictures, photographs and other memorabilia. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. There was sufficient closet space, display space, and storage for personal items. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean with some exceptions. For example inspectors were not assured that vacant bedrooms had been effectively deep cleaned. Findings in this regard are presented under regulation 27.

While the centre provided a homely environment for residents, further improvements were required in ancillary rooms including the housekeeping and laundry rooms. The dedicated housekeeping room was cluttered and poorly maintained and access to the hand washing sink was obstructed. Tubs of chlorine tablets stored in this room had expired. This may effect the efficacy of these products.

The majority of linen and laundry was sent to an off-site laundry for washing. Inspectors were informed that cleaning textiles and occasionally items of resident clothing was washed in the on-site laundry. However the infrastructure of the on-site laundry did not support the functional separation of the clean and dirty phases of the laundering process. For example clean linen was stored on open trolleys on a corridor used to bring dirty laundry out to the external skips.

These sluice room was observed to be visibly clean. However the bedpan washer was out of order on the day of the inspection and contingency arrangements for cleaning bedpans and urinals had not been clearly communicated to staff. Findings in this regard are further discussed under the individual Regulation 27.

Barriers to effective hand hygiene were also observed during the course of this inspection. There were only two dedicated hand wash sinks (in the sluice room and treatment room) for clinical staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins. Inspectors were informed that a clinical hand wash sink meeting the required specification had been ordered.

Dispensers containing non-alcohol based hand sanitisers were available for staff use along the corridor. However additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care.

Equipment viewed was generally clean with some exceptions. For example, the portable fans were not on a daily cleaning schedule and the blades of three fans observed in communal areas were dusty. Fifteen single use medication cups were inappropriately washed after use and were observed to be drying on top of an unclean radiator prior to being reused.

A small number of fabric upholstered chairs were observed in one sitting room. Inspectors were informed that these belonged to individual residents and were on a regular cleaning schedule.

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 and antimicrobial stewardship governance, environmental and equipment management.

Corpus Christi Nursing home is a designated centre, registered to accommodate 42 residents, that is owned by Shannore Limited who is the registered provider. The company, Shannore Limited had two directors, one of whom was involved in the operational management of the centre and facilitated this inspection.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider told inspectors that they planned to nominate a clinical nurse manager to the role of

infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the 36 residents living in the centre. One member of housekeeping staff was rostered on duty on the day of the inspection and all areas were cleaned each day.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included weekly hygiene audits, cleaning specifications and checklists, flat mops and colour-coded cloths to reduce the chance of cross infection. A deep cleaning schedule was also in place. However observations on the day of the inspection did not provide assurances that deep cleans were effectively undertaken. Findings in this regard are further discussed under Regulation 27.

The volume of antibiotic use was monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. As a result staff were unaware of the MDRO colonisation status of residents. Findings in this regard are further discussed under Regulation 27.

Infection prevention and control audits were carried using an electronic audit tool. Audits covered a range of topics including hand hygiene, equipment and environment hygiene, waste and sharps safety. Audits were scored, tracked and trended to monitor progress and high levels of compliance were consistently achieved in recent audits. However inspectors found that some of the findings of recent audits did not align with the findings on this inspection. For example local audits found that there was a dedicated equipment cleaning sink in the sluice room and clinical room and that clinical hand wash sinks complied with recommended specifications.

A review of training records indicated that the majority of staff were up to date with infection prevention and control training. However, there was an over reliance on online training resources and no practical face to face infection prevention and control training was delivered on-site. Inspectors also identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including carbapenem-resistant *Enterobacterales* (CRE).

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a varied programme of activities that was facilitated by nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. Positive interactions between staff and residents were observed during the inspection. During the morning, residents watched mass on the day room's TV and inspectors observed residents enjoying a game of bingo in the afternoon.

Inspectors 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.

The centre had remained COVID free throughout 2020 and 2021. The centre had effectively managed several small outbreaks and isolated cases of COVID-19 since the January 2022. A review of notifications submitted to the chief inspector found small outbreaks and isolated cases were generally well managed and contained to limit to spread of infection within the designated centre.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April. Residents and staff expressed their delight at improved communication since the masks had been removed. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

While the removal of mask mandates brought several benefits, the provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

Management had purchased a mobile hand washing unit. This unit did not connect to the main sewer system which placed staff at risk of handling contaminated waste water when emptying the removable waste water receptacle. On receipt of the unit management had identified that it did not meet infection prevention and control requirements and had made a decision not to use the unit.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However a dedicated specimen fridge was not available for the storage of samples awaiting collection.

Waste was observed to be segregated in line with best practice guidelines. However laundry was not handled and segregated in line with best practice prior to collection. For example clean and used linen was transported on the same trolleys. This could lead to cross contamination.

A review of transfer documentation found that when residents were discharged from the local acute hospital all relevant infection prevention and control information about the resident was not routinely obtained from the hospital.

Resident care plans were accessible on a computer based system. A review of care plans found that further work was required to ensure that all assessments and care plans contained resident's current MDRO colonisation status. A wound care plan viewed by inspectors was not sufficiently detailed to direct care. Nursing notes had detailed the advice given by the tissue viability nurse but this information had not been recorded in the care plan and the wound had not been photographed since April.

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 prevention and 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.
- While antibiotic usage was monitored, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives, audit, guidelines or training.
- Surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- A review of care plans found that further work was also required to ensure that all resident files contained resident's current health-care associated infection status and history. Three care plans reviewed did not contain effectively guide and direct the management of MDROs. Information was not recorded in one residents care plan to effectively guide and direct the management of a wound and the current status of the wound was unclear.

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

- Vacant bedrooms had not been effectively deep cleaned. For example stocks of incontinence wear were observed in one vacant room, residents clothing was observed in a drawer of another vacant room and an unclean commode was observed within a third vacant room.
- Hand hygiene facilities were not in line with best practice. For example there were a limited number of hand hygiene sinks available. Evidence was not

available to ensure that non-alcohol based hand sanitisers had a comparable effect to alcohol based hand rubs in achieving decontamination of the skin. This may impact the effectiveness of hand hygiene.

- The bedpan washer was out of order on the day of inspection. There were no instructions or cleaning chemicals available in the sluice room for staff to wash equipment in the interim of a new bedpan washer being delivered.
- The housekeeping room did not support effective infection prevention and control practices. The room was cluttered and poorly maintained. Two floor cleaning machine were unclean and access to the hand washing sink was obstructed.
- The on-site laundry did not support the separation of clean and dirty activities. Clean and dirty workflow was not clearly defined in order to reduce the risk of cross contamination.
- Cleaning trolleys observed did not have a physical partition between clean and soiled items. Cleaning carts were not equipped with a locked compartment for storage of chemicals. This increased the risk of cross contamination and ingestion of hazardous cleaning products.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Inspectors were informed that samples were occasionally stored within the a medication fridge. This posed a risk of cross-contamination.

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 Corpus Christi Nursing Home OSV-0000216

Inspection ID: MON-0040724

Date of inspection: 19/07/2023

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">• CNM is attending a Link Practitioner Programme which will enhance the Auditing process.• Antimicrobial Stewardship guidelines audits are in place. Training has been completed on same.• All nurses have had refresher training on MDRO colonisation and Care Plans have been updated to reflect same.• CNM will oversee the deep cleaning of unoccupied rooms.• Clinical Sinks have been ordered and will be installed once available.• We have reviewed the MSDS regarding the effectiveness of the non-alcohol based hand sanitiser and are satisfied that this is as effective.• New bed pan washer is now installed• Housekeeping room has been decluttered and appropriately maintained.• Systems are now in place to monitor the clean/dirty flow in the laundry.• Cleaning trolley have been ordered and will be soon in place.• Specimen fridge is now in place. | |

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 | 30/10/2023 |