



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	23 January 2024
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0042366

About the designated centre

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

Kerlogue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 67 single and 11 twin bedrooms. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, rehabilitation e.g. post-operative and post stroke. The centre has access to in-house physiotherapist. The centre also cares for residents with conditions associated with advancing age. Residents' medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88
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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
Tuesday 23 January 2024	09:30hrs to 17:30hrs	Kathryn Hanly	Lead
Tuesday 23 January 2024	09:30hrs to 17:30hrs	Aisling Coffey	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. Inspectors spoke with seven residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. All residents spoken with were happy with the standard of environmental hygiene.

It was evident that management and staff knew the residents well and were familiar with each resident's daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Inspectors observed many examples of kind, discreet, and person-centred interventions between staff and residents during the course of the inspection.

There was a varied programme of activities that was facilitated by activity coordinators, the music therapist, care staff and was tailored to suit the expressed preferences of residents. Residents were seen engaging in exercises and a sing song on the day of the inspection in a large day-room. However, inspectors noted that several residents were showing signs of respiratory infection such as coughing. An immediate action to implement transmission based precautions pending the results of viral testing was issued on the day of the inspection. Findings in this regard are further discussed under regulation 27.

Resident accommodation provided in four distinct units. On the ground floor; Coolballow Strand, which comprised 13 single ensuite bedrooms. This unit had access to an enclosed garden, kitchenette and a lounge. Roxborough unit catered for 26 residents in 15 single rooms, four twin rooms, and one triple room. Roxborough contained a large sitting room, direct access to the main dining room and access to a small internal courtyard garden. On the first floor, Ronan's Avenue contained 13 single ensuite rooms and six twin ensembles. Johnstown contained 25 single ensuite bedrooms. The main sitting room and dining rooms were on the ground floor, close to the main reception. These were nicely decorated and had appropriate and comfortable seating for residents' use. All bedrooms had access to en-suite shower and toilet facilities. There was adequate storage in the residents' rooms for their clothes and belongings and a lockable unit was available to all residents who wished to use one. Residents were supported and encouraged to personalise their bedrooms with photographs, ornaments, personal possessions and memorabilia that were important to them.

Improvements had been made to the hand washing facilities on the ground floor of the centre. Three clinical hand wash basins that complied with the recommended specifications for hand hygiene sinks had been installed. Alcohol-based hand-rub was available in wall mounted dispensers along corridors. However, additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care. Available clinical hand wash sinks in

the sluice rooms did not comply with the recommended specifications for clinical hand wash basins.

The décor in some parts of the building was showing signs of minor wear and tear. However, the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting. Flooring on the upstairs corridor had recently been replaced. Four resident bedrooms were carpeted. Management told inspectors that this would be replaced with a wipeable flooring in due course.

Equipment viewed was generally clean with some exceptions. For example the underside of several commode chairs were unclean. Bags used to collect used laundry were not washed daily after use. This posed a risk of cross-contamination.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulation 27: infection control. Inspectors 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, antimicrobial stewardship and the implementation of infection prevention and control standard precautions. Details of issues identified are set out under Regulation 27

The registered provider is Candela Healthcare Limited. There are two company directors, who are involved in the operational management of the centre. The person in charge worked full-time in the centre and was supported in her role by the general manager who also worked full time in the centre.

A clinical nurse manager had taken up 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.

Inspectors observed there were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Local infection prevention and control audits were undertaken quarterly. Audits focused on management of infectious outbreaks, management of Meticillin resistant

Staphylococcus aureus (MRSA) , *Clostridioides difficile* and Norovirus. High levels of compliance were consistently achieved in recent audits. However other elements of standard precautions including waste and laundry management were not routinely audited. In addition, disparities between the finding of local outbreak control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure outbreaks were identified and management in a timely manner. Details of issues identified are set out under Regulation 27.

Records (surveillance) of residents with previously identified multi-drug resistant organism (MDRO) colonization and healthcare associated infection (HCAI) was recorded. This meant that the provider was able to monitor the trends in development of antimicrobial resistance within the centre.

Resident care plans were accessible on a computer based system. However, a review of care plans found that accurate infection prevention and control information was not recorded in a small number of resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Details of issues identified are set out under regulation 27.

The provider had access to diagnostic microbiology laboratory services and 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 laboratory samples awaiting collection. Findings in this regard are presented under regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, inspectors identified through a review of care plans and talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs. The findings of this inspection also identified that further staff training in the early prevention and management of suspected outbreaks was also required. This was evidenced by the failure to immediately isolate and care for residents with signs and symptoms of respiratory infection pending the results of viral testing. Findings in this regard are further discussed under regulation 27.

Quality and safety

The inspectors observed that overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. There were no visiting restrictions in place on the day of the inspection. Visitors said that they could visit at any time and there was no booking system for visiting. However, inspectors observed that visitor access to the communal dayrooms was overly restrictive. Inspectors observed visitors waiting

outside the dayroom while staff assisted the residents out of the dayroom to meet them. Inspectors were informed that this was done in an effort to prevent overcrowding in communal spaces.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. Formal review of the management of previous outbreaks of had been completed.

However, on the day of the inspection six residents with symptoms of respiratory infection were observed within a communal day room accommodating 16 residents. Inspectors were informed that symptomatic residents had not been proactively cared for with transmission based precautions and tested for both COVID-19 and Influenza as recommended in Public Health & Infection Prevention & Control Guidelines on Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities. An immediate action was issued to address this finding during the inspection. In response symptomatic residents were immediately moved to their bedrooms and tested for COVID-19 and influenza. Findings in this regard are further discussed under regulation 27.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to have good hygiene practices. Waste, used laundry and linen was segregated in line with local guidelines at point of care. Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. However, there was no dedicated housekeeping room available for the preparation and storage of cleaning trolleys. Findings in this regard are presented under regulation 27.

Proactive infection prevention measures had been taken to reduce the risk of catheter associated urinary tract infections and other complications. For example, no residents in the centre had a urinary catheter or indwelling device. Inspectors were told that residents were assessed to ensure indwelling catheters are removed promptly when no longer required.

The provider had implemented a number of antimicrobial stewardship measures. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Prophylactic antibiotic prescriptions were audited and there was evidence that prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them. This had resulted in a low level of prophylactic prescribing within the centre which is good practice.

However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was an over reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection (UTI). Staff told inspectors that dipstick urinalysis was

performed routinely as part of the assessment to following an episode of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This practice has been found to lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Regulation 27: Infection control

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- A potential outbreak of infection was not identified, managed, controlled and documented in a timely and effective manner. Six residents with symptoms of respiratory infection were not immediately isolated and cared for with transmission-based precautions pending results of testing for viral infection. As a result prevention, early detection and control the spread of viral infection may not have been facilitated within the centre.
- A review of care plans also found that information was not recorded in several resident care plans to effectively guide and direct the care residents colonised with MDROs.
- A locally developed resident transfer form did not contain a dedicated section to document details HCAs and MDRO colonisation. This may result in omissions of this information during inter-facility transfers which may mean infection control measure may not be in place when caring for these residents.
- All elements of standard infection prevention and control precautions including laundry and waste management and sharps safety were not routinely audited. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

The environment and equipment 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. Cleaning trolleys were stored and prepared within the laundry. This posed a risk of cross contamination.
- The layout of the sluice rooms did not support effective infection prevention and control practices. For example the rooms were small, two sluice rooms did not have an general-purpose sink (for washing equipment) and a hose was attached to a tap within each sluice room. Use of the hose increased the risk of environmental contamination and cross infection.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Inspectors were informed that samples were

stored within the a medication fridges. This posed a risk of cross-contamination.

- Barriers to effective hand hygiene practice were observed during the course of this inspection. For example alcohol hand gels were not readily available at point of care in all single bedrooms and the liquid soap in the soap several soap dispensers had expired.
- Improvements were required in the standard of equipment hygiene and oversight of same. For example, four commodes were visibly unclean and the covers of several mattresses were worn. Reusable laundry bags were not routinely washed after each 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 Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0042366

Date of inspection: 23/01/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

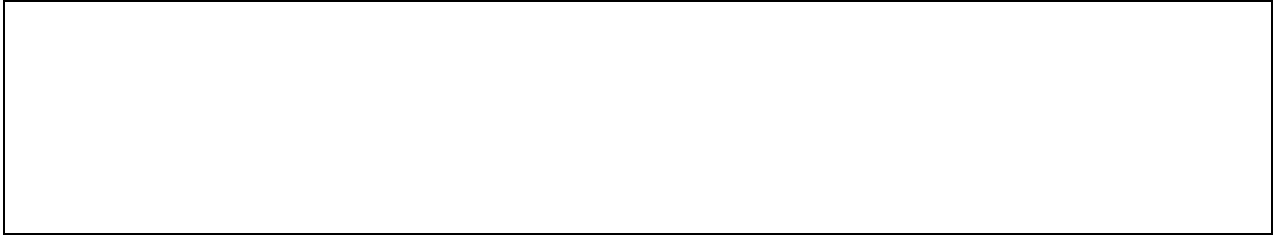
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant**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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Assisted bathroom has been identified as a janitorial room for domestic staff trolleys moving forward. Floor plans have been changed by architect and forwarded to HIQA 25/02/2024. We await confirmation for variation form to be submitted.</p> <p>Sluice rooms: New sinks have been ordered and await delivery EDD 30/04/2024</p> <p>Care plans of two residents with colonized infections and MDROS that required further details on them have been updated 15/02/2024</p> <p>Audit of sharps, waste management and laundry completed 25/02/2024</p> <p>National transfer document has been implemented for transfer of residents to other centers 17/02/2024</p> <p>IPC outbreak training completed and full training in early detection, swabbing and management of same completed 28/02/2024</p> <p>Specimen fridge has been installed in the dressing clinic and allocated for specimens only 14/02/2024</p> <p>Hand gels have been installed in all individual bedrooms at access points for entry and leaving bedrooms 27/02/2024</p> <p>Checklists for day and night staff have been implemented for cleaning of bedroom and bathroom equipment. Meeting held with all staff and checklist are being completed daily. 26/02/2024</p> <p>Visitor access to Day rooms was discussed at the resident's committee meeting and resident's have guided management as to their preference in relation to visiting in communal spaces to ensure that their rights are respected. 26/01/2024</p>	



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	27/02/2024