



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

Issued by the Chief Inspector

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	24 August 2023
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0041190

About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing 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 centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Thursday 24 August 2023	08:45hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

An outbreak of COVID-19 had been declared in the designated centre on 22 August 2023. The provider continued to manage the risk of infection during the ongoing outbreak while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visits and social outings continued to be facilitated with practical precautions to manage associated risks during the ongoing outbreak.

The inspector spoke with two visitors and four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided within the centre. Residents also reported satisfaction with the quality and quantity of food they were provided with. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents had a choice to socialise and participate in activities.

The centre was purpose built with 40 single and 10 twin en-suite bedrooms over two floors. Spacious sitting and dining areas were available on each floor. On the day of the inspection the inspector was informed that the centre was operating as two distinct floors due to the ongoing outbreak of COVID-19. This arrangement had proved effective at containing the outbreak to date. COVID-19 information and reminders were displayed at the entrance and throughout the centre.

Through walking around the centre, the inspector observed that some residents had personalised their bedspace and had their photographs and personal items displayed. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Conveniently located alcohol hand gel dispensers and clinical hand washing sinks were available along the corridors in the centre. However the available clinical hand wash sinks in office/ treatment rooms and sluice room did not comply with the recommended specifications for clinical hand wash basins.

The mask mandate had been reintroduced in the centre due to an ongoing outbreak of COVID-19. Staff were observed to wear masks appropriately. However the inspector observed inconsistencies in the use of gloves during the course of the inspection. Findings in this regard are further discussed under Regulation 27.

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. The décor in some parts of the building was showing signs of wear and tear. For example, bedrooms on the first floor had scuffed and damaged walls, door frames and radiators. Several bedrooms on this floor were visibly unclean. There was also a lack of storage space in the centre which resulted in the inappropriate storage of clean linen in communal bathrooms. The covers of several mattresses were worn meaning that they could not be

effectively cleaned.

Medications, clean and sterile supplies such as needles, syringes and dressings were stored in the nursing office on each floor. However the specimen fridge was stored within this room. This increased the risk of environmental contamination and cross infection.

Residents' personal clothing and bed linen were laundered in a laundry in the centre. While the infrastructure of the centre's laundry facility was in line with best practice in infection prevention and control, the inspector observed that work flow did not follow a dirty to clean system. For example, a trolley storing clean linen was obstructing the entrance into the 'dirty' side of the laundry.

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

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, antimicrobial stewardship and the implementation of infection prevention and control standard precautions. Details of issues identified are set out under Regulation 27.

This was an unannounced inspection completed following receipt of two pieces of unsolicited information by the Health Information and Quality Authority (HIQA) in relation to the standard of environmental hygiene in the centre. The inspector found that the information received was substantiated on this inspection. Details of issues identified are set out under Regulation 27.

The compliance plan following the previous inspection in May 2023 was also reviewed by the inspector. While some of the actions were ongoing such as the addition of a sluice room on the ground, other issues such as equipment and environmental hygiene and oversight had not been addressed in a timely manner.

The centre is operated by Mowlam Healthcare Services Unlimited Company who are the registered provider of Waterford Nursing Home. There are three company directors, who are engaged in the executive management of a number of designated centres. There is a clearly defined overarching management structure in place. The executive management team are supported at centre level by a senior management and operational team which includes human resources, estates

management and a finance team.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had also nominated an assistant director of nursing member 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.

The inspector found that significant improvements were required in the overall governance and management of the centre to ensure there was effective oversight of infection prevention and control practices. For example, the provider did not have effective assurance processes in place in relation to the standard of environmental and equipment hygiene. There was a lack of oversight and supervision of cleaning processes and staff. This resulted in ambiguity regarding effective equipment and environmental cleaning practices. The inspector was informed that a cleaning supervisor had been appointed in recent months. However on the day of the inspection the supervisor was allocated to laundry duties. Details of issues identified are set out under regulation 27.

A new housekeeping manual had been introduced within Mowlam Healthcare to promote high standards of environmental across the group. However there was no record of deep cleaning of resident bedrooms and several bedrooms were visibly unclean on the day of the inspection. The inspector was informed that a deep cleaning record had been developed and was due to be implemented on 01 September.

Following the last inspection the provider had introduced a tagging system to identify equipment and areas that had been cleaned. However this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning and the tag was not removed after using some equipment. There were no guidelines in the use of this system and staff reported that they had not received any training prior to its implementation.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by the director of nursing and covered a range of topics including hand hygiene, equipment and environment hygiene and care planning. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. However the findings of recent audits were not reflected in observations on the day of the inspection. Details of issues identified are set out under regulation 27.

The volume of antibiotic use was monitored each week and reported to group level. However the overall antimicrobial stewardship programme, to improve the quality of antibiotic use, needed to be further developed, strengthened and supported in order to progress. Findings in this regard are further discussed under Regulation 27.

Surveillance of multi-drug resistant organism (MDRO) colonisation was recorded. However the information recorded was not comprehensive. Findings in this regard

are presented under regulation 27.

The most recent Health Protection and Surveillance (HPSC) COVID -19 guidance were available to staff working in the centre. A copy of the National Infection Prevention and Control Clinical Guideline No. 30 was also available for staff.

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 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 MDROs including Carbapenemase-Producing *Enterobacterales* (CPE). Refresher training in the use of personal protective equipment (PPE) was also required.

Quality and safety

Overall, the inspector was 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.

While it may be impossible to prevent all outbreaks, careful early identification and effective management had so far contained the outbreak and limited the impact on the delivery of care. A total of two confirmed cases had been identified (one resident and one staff member) to date. This resident was being cared for with transmission based precautions in line with Public Health guidance. A dedicated carer had been allocated to provide care to this resident to reduce the risk of ongoing transmission.

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 infection and knew how and when to report any concerns regarding a resident. Laundry was observed to be segregated at point of care in line with best practice guidelines.

Tubs of alcohol wipes were inappropriately used for routine cleaning of shared equipment. Several items of equipment observed during the inspection were visibly unclean. In the absence of a dirty utility room on the ground floor, there was some ambiguity among staff regarding the decontamination of urinals which should be emptied and decontaminated immediately after every use in the bedpan washer. One staff member said they empty urinals and wash in resident's en-suites. A second staff member said utensils are emptied and brought upstairs to be contaminated at the end of their day/ night shift. The non-compliances observed during the inspection showed that all equipment, was not being cleaned in line with national guidelines. Findings in this regard are further discussed under Regulation

27.

Waste was not consistently managed in line with national guidelines. For example clinical waste bins were inappropriately placed in treatment rooms, PPE used while caring for a resident with transmission based precautions was disposed of in a general waste bin and the hands free mechanism of two bins at clinical hand washing sinks was broken.

Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. There was adequate access to PPE however staff did not consistently wear PPE in line with national guidelines. Findings in this regard are further discussed under Regulation 27.

The inspector saw that resident's pre- admission assessments contained residents infection and MDRO colonisation status. However a review transfer documentation found that when the residents return from hospital the management team had not ensured that all relevant information regarding the resident's infection and colonisation and MDRO screening status was obtained. Furthermore there was no evidence that a small number of residents who had been flagged as close contacts of patients colonised with CPE on previous hospital admissions had been screened for CPE on subsequent admissions to hospital in line with national guidelines. Findings in this regard are presented under regulation 27.

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 audits of care planning, environmental and equipment hygiene 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.
- There was no evidence of targeted antimicrobial stewardship quality improvement initiatives or audits.
- Several staff unaware of which residents were colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre. Additional education was also required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs.
- A review of transfer documentation found that nursing transfer documentation did not consistently contain necessary information about resident's MDRO screening results on transfer back from the local acute hospital. This meant that appropriate infection prevention and control precautions may not have been in place when caring for these residents.

- A review of four care plans also found that information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs.

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

- The environment had not been cleaned to an acceptable standard. For example dust was visible on the floor and skirting boards of several bedrooms on the first floor.
- Improvements were also required in the standard of equipment hygiene and oversight of same. Several items of resident equipment and furniture including glucometers, portable fans, bed tables and bed frames were visibly unclean.
- The sluice room located on the first floor did not facilitate effective infection prevention and control measures. For example there was insufficient racking for the storage of clean urinals and bedpans, the hand wash sink was visibly unclean and the detergent in the bedpan washer has passed its expiry date.
- Staff did not empty and decontaminate urinals in the automated bedpan washer after every use. Several urinals awaiting use were visibly unclean. Inadequate disinfection of urinals increased the risk of cross-infection.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning resident equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- Disposable gloves were observed to be inappropriately worn by staff in communal areas on several occasions. This practice increased the risk of cross infection.

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 Waterford Nursing Home OSV-0000255

Inspection ID: MON-0041190

Date of inspection: 24/08/2023

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> <p>Arrangements for cleaning and IPC in the home have been reviewed by the registered provider to ensure the home is safe and cleaned in line with National Standards for infection prevention and control in community services.</p> <ul style="list-style-type: none"> o The Director of Nursing, with the support of the Assistant Director of nursing will continue to provide oversight of cleaning and IPC in the home. They will provide ongoing supervision of staff to ensure correct IPC procedures are followed, including the correct use of PPE. o A Housekeeping Supervisor has been appointed and the PIC will ensure that there is sufficient time allocated on the roster to facilitate adequate supervision of housekeeping staff and to inspect standards of cleaning. o A deep clean of the home was completed on 03/09/2023. An environmental audit was undertaken following the deep cleaning, and a quality improvement plan is in place which incorporates the audit and findings from this inspection. o Housekeeping procedures and schedules have been reviewed. Alcohol wipes are no longer used. Deep cleaning schedules have also been reviewed. Increased supervision of environmental cleaning will also be enhanced by skill mix, training and staff awareness. o Additional bespoke training has been scheduled for all staff on cleaning and decontamination standards, procedures, individual responsibilities, and IPC measures. o The workflow in the laundry was reviewed on the day of inspection and actions taken to ensure cross contamination from dirty to clean linen was mitigated. o Standard operating procedures are now in place for the use of the clean tag system to help staff correctly identify cleaned shared equipment. o Mattresses have been reviewed and a programme is in place to replace any unsuitable mattresses from stock and replace with new ones. o Clinical waste bins have been removed from treatment rooms. o New wall mounted racks have been fitted in the sluice room. New detergent and deodorizer were immediately changed in the bedpan washer and sluice-as-you-go system is now in operation. o A sluice room will be fitted on the ground floor, and this is planned for completion on 	

31/12/2023.

o Specimen fridge has been removed from the treatment room and relocated to the sluice room.

o Antimicrobial stewardship will be strengthened. Records of residents with MDROs will be maintained, care plans will be audited to ensure that appropriate interventions are in place to reduce risk from MDROs. Antimicrobial use will be monitored, and the home will continue to work with residents GP's and follow clinical protocols when an infection is suspected or confirmed.

o The PIC has made all staff aware of all residents' needs including MDRO status at handover. All staff are encouraged to highlight IPC risks at handovers and safety pauses.

o Residents who are currently colonized with an MDRO have been reviewed and appropriate interventions are in place to mitigate cross-infection risks and to maintain the resident's dignity.

o When a resident is admitted or re-admitted from hospital, nurses will ensure that they seek clarification on MDRO status, including any repeat screening completed during a hospital stay.

o Care plans have been reviewed for all residents with MDROs and appropriate interventions are now documented.

o The PIC and Facilities Manager will ensure that the Maintenance Person implements to Preventative maintenance plan as directed.

o We will develop a programme of decorative improvements and a plan for improved storage for the home as part of a wider programme of works which will commence in November and continue throughout Q1 & Q2 of 2024.

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	31/12/2023