



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

Issued by the Chief Inspector

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Stella Maris Residential Care Limited
Address of centre:	Cummer, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0041800

About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cumber in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24 hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor and office and storage areas are located on the first floor. Communal space comprised a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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 2 November 2023	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

The inspector observed that residents' family and friends were welcomed and were visiting residents in the centre throughout the day of the inspection.

Residents had a choice to socialise and participate in activities throughout the day. 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. Residents also reported satisfaction with the quality and quantity of food they were provided with. However, two residents felt that the recent re-introduction of the mask mandate in September had negatively impacted communication and socialisation within the centre.

Resident accommodation comprised one single and 20 double bedrooms. All bedrooms had access to en-suite toilet and shower facilities. However, inspector observed that double rooms had limited private space for residents, this resulted in insufficient space for chairs to be placed at all resident's bedsides.

Residents had access to communal spaces within the large day room, a sitting room, conservatory, a large dining room and an oratory. The design and layout of the home promoted free movement with wide corridors and hand-rails available for use. The inspector observed a calm and relaxed atmosphere within the communal spaces of the centre on the day of inspection. Residents were also facilitated to exercise their religious rights. A weekly mass was delivered within the centre.

On the morning of the inspection residents had gathered for the weekly tea party in the sitting room. The long table was set with a china tea set and was adorned with an array of appetising cakes, pastries and sandwiches. Residents sang songs and chatted, creating a warm atmosphere that staff and residents said brought a sense of joy and companionship to the nursing home.

The external grounds were well-maintained and provided a safe space available for residents' use. Residents told the inspector that they enjoyed the scenic country side views and watching the donkeys grazing in the fields outside their bedrooms. One resident said that the donkeys brought back memories of simpler times.

The ancillary facilities generally supported effective infection prevention and control. For example, the infrastructure of the on-site laundry supported the functional

separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. However, water damage was visible on one wall.

There was a treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean. However, minor wear and tear was visible in some areas. Equipment viewed was also generally clean and well maintained with some exceptions. For example, several raised toilet seat frames were rusty and several mattress covers were worn and as such could not be effectively cleaned.

Barriers to effective hand hygiene practice were also identified. There were a limited number of clinical hand wash sinks available. The available clinical hand wash sinks in the sluice room and treatment room did not comply with the recommended specifications for clinical hand wash basins. Findings in this regard are further discussed under Regulation 27.

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

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). Improvements were required in infection prevention and control governance, oversight and monitoring systems. Improvements were also required in the implementation of standard infection control precautions.

The registered provider was Stella Maris Residential Care Ltd. The company had two directors, one of whom was nominated to represent the registered provider and was also the person in charge.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. However, the provider had not nominated a staff member with the required link practitioner training and protected hours allocated, 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.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation including Carbapenemase-Producing *Enterobacterales* (CPE), Vancomycin-resistant *Enterococci* (VRE) and Extended Spectrum *Beta-Lactamase* (ESBL) was routinely undertaken and recorded. However the local transfer form (used when residents were transferred from the nursing home to hospital) did not include comprehensive section for recording MDRO status. Details of issues identified are set out under regulation 27.

The inspector identified some examples of good antimicrobial stewardship. National antimicrobial stewardship guidelines were available. The volume of antibiotic use was also monitored each month. Antibiotic consumption data was analysed each month and used to inform infection prevention practices. For example, a review of staff meeting minutes showed that staff were advised on ways to minimise the risk of urinary tract infections.

Environmental hygiene was monitored each month. Hand hygiene and sluice room audits were also undertaken. However all elements of standard infection prevention and control precautions, including laundry and waste management and sharps safety were not routinely audited. Furthermore audits were not scored, tracked and trended to monitor progress. Details of issues identified are set out under regulation 27.

The inspector also observed there were sufficient numbers of clinical and 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. A detailed deep cleaning schedule had been introduced whereby all resident rooms received a deep clean each month.

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Nursing staff had also completed online antimicrobial stewardship 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. The inspector 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 CPE. Refresher training in the use of personal protective equipment (PPE) was also required. Details of specific issues identified are set out under regulation 27.

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. The provider continued to manage the ongoing risk of infection 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. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged.

The inspector identified some examples of good practice in the prevention and control of infection. Waste and used laundry was segregated in line with best practice guidelines. Cleaning carts were equipped with a locked compartment for storage of chemicals.

However, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the use of surgical masks by staff and the management of residents colonised with CPE. Findings in this regard are presented under regulation 27.

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. There were no residents with confirmed or suspected respiratory infections in the centre on the day of the inspection.

However, the inspector was not assured that all outbreaks were effectively identified. For example, eleven residents had symptoms of viral respiratory tract infection in September 2023. All residents had since fully recovered. An outbreak report was not available to view on the day of the inspection. Antigen testing was performed on two residents, this is generally less likely to detect virus at low levels than PCR testing. However, polymerase chain reaction (PCR) based laboratory testing for both SARS-CoV-2 and influenza virus was not performed in line with the most recent Health Protection and Surveillance (HPSC) 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. All 11 residents were prescribed empiric antibiotic treatment.

There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the inspector was informed that prophylactic prescriptions were not routinely audited and there was no evidence that prophylactic prescriptions were reviewed after 3-6 months with a view to stopping them. This practice is contrary to national and best practice guidelines which advise that there is limited evidence of any additional benefit from such prophylaxis beyond 3-6 months but there is

significant evidence of harm. A telephone review of one prophylactic prescription was undertaken by the GP on the day of the inspection and a decision was made to continue prophylactic treatment for one resident.

Staff and management were aware of the infection and MDRO colonisation status of all residents. However, a review of care plans also found that accurate infection prevention and control information was not recorded in 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 inspector was informed 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. If collection is delayed, refrigeration is generally preferable to storage at room temperature. Furthermore, management informed the inspector that laboratory results were sent directly to the GP for review and they did not routinely receive copies of or have electronic access to laboratory results. It is important that these records are retained in the designated centre to ensure that the most up-to-date information is available to staff caring for residents.

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;

- The provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally as recommended in national infection prevention and control guidelines.
- Standardised infection prevention and control audit tools were not used to monitor the implementation of standard infection control precautions. Audits were not scored, tracked and trended to monitor progress. This was a lost opportunity for learning. Disparities between the findings 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.
- Accurate information was not consistently recorded in resident care plans to effectively guide and direct the care for residents colonised with MDROs including VRE, ESBL and CPE.
- The MDRO status of two residents was not communicated on their transfer to hospital. This meant that appropriate precautions may not have been in place when caring for these residents in hospital.

- The decision to reintroduce the mask mandate for staff and visitors was not supported by a risk assessment. A decision to reintroduce masks must be proportionate to the risk of infection.
- A formal review of the management of the September outbreak of respiratory infection to include lessons learned to ensure preparedness for any further outbreak had not been completed as recommended in national guidelines.

Standard infection control precautions were not effectively and consistently implemented by staff. This was evidenced by;

- Several staff were observed to be wearing surgical masks incorrectly, under their chin or back to front.
- The covers of several mattresses were worn meaning that they could not be effectively cleaned.
- A resident colonised with CPE used a communal toilet. This increased the risk of cross transmission.
- Hand hygiene facilities were not in line with best practice and national guidelines. Dispensers or individual bottles of alcohol hand gel were not readily available at point of care. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. Clinical hand wash sinks in the treatment room and sluice room did not comply with HBN-10 specifications.
- The detergent in the bedpan washer had expired in 2018. This may impact its efficacy.
- A dedicated specimen fridge for the storage of samples awaiting collection was not available.
- Disposable privacy curtains had not been changed since February 2023. Visible staining was observed on a small number of curtains. National guideline recommend that curtains are routinely changed every six months and immediately after outbreaks or if stained.

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 Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0041800

Date of inspection: 02/11/2023

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> <ol style="list-style-type: none"> PIC and CNM will be attending the IPC lead practitioner training provided by HSE on 26th of February 2024. The care plans of residents with MDROs have been updated with relevant information regarding standard precaution and management. The transfer form has been amended to include MDRO status- completed on 06/11/23 ongoing The IPC audit tools have been amended to include laundry, waste management and sharp safety. The IPC audits will be completed on monthly basis by the CNM. The audits will be scored, tracked and trended to monitor the progress. Any issues or breaches will be addressed immediately with the respective department. The finding will be discussed at monthly governance meetings. The action plan will be discussed during the handovers, IPC and Health and safety meetings. - ongoing All the worn mattress are removed and replaced with new mattress. Mattress audit will be continued on monthly basis. -Completed 07/12/23 During handovers DON/CNM discuss about the residents with MDROs and cross infection. Staff are aware about the importance of using PPE while caring those residents. - Ongoing Clinical wash sink will be installed before 31/01/24 Specimen fridge in place. Temperature will be monitored on daily basis. Completed 11/12/23 Currently disposable curtains are in use. Will be replaced every 6 months. Same will be audited. Ongoing Lab reports: Registered on Health link portal waiting for the access. 	

10. Respiratory outbreak on September has been reported to the public health. November data has gone to the public health On 03/11/23. No action needed for the month. DON will be reporting to public health if there are more than 2 residents with respiratory symptoms. Action will be taken as per the IPC guidelines. - Ongoing

11. The one resident who was on prophylactic antibiotic has been discontinued by GP. Will be reviewed if needed. Currently no residents are getting any prophylactic antibiotics. Completed on 07/12/23

12. Training: All the staff has received online training on IPC. Onsite training will be provided before 31/01/24. Ongoing

13. Mask Usage: Risk assessment in place to reintroduce the mask. Advice taken from public health and the Community support team. Staff, residents and visitors to follow the infection prevention measures and a robust auditing system is in place to ensure the same. - Ongoing

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	26/02/2024