



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

Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Nursing Home
Name of provider:	Kilduff Care Co. Limited
Address of centre:	Kilduff Castle, Pallasgreen, Limerick
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0000428
Fieldwork ID:	MON-0036622

About the designated centre

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

St. Anthony's Nursing Home is a 60-bedded nursing home situated in Pallasgreen, Co. Limerick. The centre is family owned and operated and was first established in 1969. The centre has undergone a number of renovations and extensions in the intervening period. It is a two storey premises with residents accommodated on both floors in twelve twin bedrooms and thirty six single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. St. Anthony's provides a 24-hour nursing care with the support of a team of healthcare assistants. The centre is registered to provide care to both male and female adults over the age of 18 years of age with varying conditions, abilities and disabilities. The centre provides long-term, respite and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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How we inspect

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 27 April 2022	08:30hrs to 17:30hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This inspection took place a day after a COVID-19 outbreak had been declared over and life was starting to get back to normal for the residents living here. 14 residents and 1 staff member had been positive with COVID-19.

The centre was warm throughout and there was a relaxed and homely atmosphere. The provider had provided suitable decor that incorporated memorabilia throughout the centre, such as antique style range, fireplaces and vintage cups and saucers press.

Residents were observed mobilizing around the centre, relaxing in the day room and partaking in organised activities. The centre was originally a domestic dwelling which was extended and adapted over time and is now a two story building. The centre is registered for up to 62 residents with a mix of single and twin bedrooms. On the day of inspection there was 59 residents living in the centre. Communal spaces included a parlour, sitting rooms, secure outdoor spaces and dining rooms.

Residents' bedrooms were personalised with items for each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own items of furniture from home, pillows, pictures, framed photographs and ornaments. The centre was visually extremely clean from high surfaces to the floor and the cleaner's equipment seen in corridors was in also very clean.

The provider had opened up visits to the designated centre in a resident specific manner. The inspector saw that residents each had a visiting care plan and nominated person in their care plans. Relatives were now able to spend time with the residents in their bedrooms or in designated visiting areas. There was signage located throughout the designated centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection such as the wearing of personal protective equipment (PPE), hand hygiene and cough etiquette.

Staff were noted to be knowledgeable of residents needs and there was a stable workforce in place which ensured continuity of care. Residents mentioned that when they needed support they did not have to wait long for staff to arrive. All residents seen during the inspection were appropriately dressed. Mobility equipment such as wheelchairs and walking aids appeared clean and in good condition.

Residents reported that food was generally good however two residents reported that the menu was predictable and could be improved.

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

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

This is a family run nursing home. The registered provider is Kilduff Care Co. Limited. The person in charge worked full time in the designated centre and was supported in their management role by an assistant director of nursing and two clinical nurse managers.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge (PIC) who was also the designated COVID-19 lead, with support from the Assistant Director of Nursing and Clinical Nurse Managers.

From the records provided to the inspector staff, resident and management meetings records were taking place frequently and all had IPC on the agenda. The latest residents meeting minutes shown to the inspector included discussions surrounding hand washing, visiting and COVID-19.

There was an in-house Infection Prevention and Control hand hygiene training and audit system to support hand hygiene practices. The person in charge had attended lead hand hygiene audit training and was competent to undertake hand hygiene audits. Hand hygiene technique training using a hand hygiene technique glow box was also in place. The hand hygiene technique glow box is a training aid to enable the implementation of good hygiene practices, specifically in the area of hand-washing techniques.

There was a programme of infection prevention and control audits. These audits covered a range of topics including hand hygiene facilities, hand hygiene observations audits and an environmental audit. However, there were lost opportunities to improve the quality and safety of care for residents and prevent the same issues re-occurring, by means of implementing improvement plans post auditing and data gathering. For example; on three deep cleaning audits in February, 2022 it was noted that there was dust on extractor fans, this was an ongoing issue throughout the month of February and if there had been a feedback mechanism in place, this may have stopped after the first observation.

The provider had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included very detailed cleaning guidelines, cleaning equipment guidelines and checklists. Colour coding was also in place to reduce the chance of cross infection.

The inspector found that improvements relating to the oversight of maintenance

was needed. There was a maintenance and refurbishment program in place and it was seen on the day of inspection where items were being upgraded and planned for. However, there were still items, fixtures and fittings that need upgrading, as they were worn, rusty, torn and chipped. For example; 3 out of 10 mattresses checked had signs of wear and tear., 4 out of 10 holders in showers were rusty and 2 nebulizer compressor machines seen were not clean.

All HSE/HPSC Infection Control guidance and their own IPC policies were available and up to date for staff to use and the centre had access to the HSE IPC specialist team for outbreak support. However, there was no ongoing support from a qualified IPC Practitioner as per HIQA National Standards for Infection Control in Community Services (2018).

The statement of purpose outlined the staffing numbers employed. In addition to the RGN numbers the person in charge and their deputy, were in place to supervise and monitor all aspects of care during day time hours. The Inspector spoke to several of the staff team and they felt that there were sufficient staff to respond to the needs of the residents. Staff were seen to engage with residents without rushing and were observed chatting and taking their time with residents. Several residents spoken with also confirmed if they rung the bell they did not wait long for a response. There was one nurse on the night shift and the person in charge informed the Inspector if an outbreak was declared the centre had availability of staff, part time staff and agency who could help out in the event of two cohort areas required.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans and infection control care plans were in place for all residents. Training in hand hygiene, cough etiquette and COVID-19 had been provided to residents.

Notwithstanding the positive findings, further review and development under regulation 27 Infection Control was required. Details of issues identified are set out under Regulation 27.

The centre had previously experienced an extensive COVID-19 outbreak at the end of last year. A review of the management of this COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. An updated COVID-19 contingency plan was also in place highlighting how residents should be co-horted, staff replacement plans and COVID-19 lead replacement plan was also discussed in the report which gave the Inspector reassurance that the centre had a workable plan in the event of further outbreak.

Staff spoken to were aware of residents who were colonised with antibiotic resistant bacteria, and the provider was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included

detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. IPC care plans were seen for residents colonised with antibiotic resistant bacteria.

The centre had extensive infection prevention and control policies and these were accessible to all staff. However, not all were being followed. as per the centres own IPC policy. The effectiveness of staff training required review as the inspector observed:

- inappropriate storage of equipment and consumables
- poor local knowledge surrounding needle stick injuries
- poor management of sharps boxes

There were clinical hand wash sinks available in the centre but many were not accessible to all bedrooms. All of the hand wash sinks were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies. Staff were wearing portable alcohol dispensers, and there were many wall mounted alcohol gel dispensers. However, many of the soap and alcohol gel dispensers were of the 'top-up' variety instead of the preferred cartridge dispensers, as these bottles tend not to be fully emptied and cleaned. Several dispensers were seen to be not visually clean and had a build up of gel/soap on the dispenser which can encourages bacteria growth.

There were plenty of supplies of PPE's and the Inspector observed masks and gloves were being used appropriately by staff during the Inspection. However, the supply of gloves in the centre were vinyl gloves rather than nitrile. Vinyl gloves are not recommended for healthcare as they do not offer adequate protection against blood and body fluids.

The environment was clean and the Housekeeping staff were very knowledgeable regarding cleaning processes and their equipment was well maintained and clean. There were good processes in place directing staff in what, when and how to clean. There was a cleaning equipment schedule also, and all cleaning equipment seen on the day was very clean. All of the housekeeping staff had completed a cleaning training program and there was also a housekeeping supervisor who supported and supervised and audited the housekeeping processes.

All laundry was sent out to external contractors and only cleaning cloths and mops were cleaned on site. The laundry contained domestic washing machines and drying machines, whereby it is preferable that washing machines should be of an industrial standard (with accurate disinfection temperatures for washing soiled laundry items). The location of a domestic type washing machine within the dirty utilities was also present and needed removal, due to the risk of contamination from body fluids. The dirty utility room is where staff dispose of body fluids, hazardous waste, and used PPE. Thus the laundering of any items in this room would predispose them to bio-waste hazards.

Storage space was limited and resulted in the inappropriate storage of re-usable resident equipment and supplies throughout the centre. Stocks of personal hygiene products were seen stored on the floor in many of the bedrooms. This was not only a resident privacy issue but also an IPC risk due to contamination and floors could

not be washed underneath these items.

Regulation 27: Infection control

The inspector identified inconsistencies in applying standard and transmission-based precautions as per "HIQA National Standards for infection prevention and control in community services" For example;

- Storage areas contained re-usable resident equipment, linen and stores. They should be segregated due to the potential risk of cross contamination.
- Maintenance issues: The worn and torn mattresses and rusty surfaces impacted on effective cleaning.
- Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.
- Top up soap and alcohol gel container's can become contaminated with bacteria. Also there is a risk the container is not washed in-between top-ups.
- Environmental, IPC, cleaning and equipment hygiene audits undertaken should use the measurement data to improve the safety and quality of the care provided.
- The findings of this inspection identified a need to access an IPC specialist for education and advise.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for St. Anthony's Nursing Home OSV-0000428

Inspection ID: MON-0036622

Date of inspection: 29/03/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Storage areas contained re-usable resident equipment, linen and stores. They should be segregated due to the potential risk of contamination.</p> <p>Bed cradles for sheets and bedside leavers have now been transferred to another store. We will limit the amount of extra equipment and toiletries in stock to ease storage need.</p> <p>Maintenance issues: The worn and torn mattresses and rusty surfaces impacted on effective cleaning.</p> <p>We will now revert back to using the standard cleaning products as advised and use less chlorine based products to ease the effect of cleaning on surfaces. Items damaged by corrosive cleaning products will be replaced/repared.</p> <p>Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection.</p> <p>We have been unable to source a stainless steel clinical hand hygiene sink with adapted drain as discussed on the day of inspection. Ceramic clinical sink options will be swapped into hand hygiene points in bedroom areas.</p> <p>Top up soap and alcohol gel container's can become contaminated with bacteria. Also there is a risk the container is not washed in-between top-ups.</p> <p>We will carry out a Risk assessment of refill soap and alcohol gel dispensers and consider changing to the preferred cartridge dispenser. We will review the amount of dispensers that are in use and consider removing some if not in use. All staff and some residents now carry a clip on mini gel dispenser.</p>	

Environmental, IPC, cleaning and equipment hygiene audits undertaken should use the measurement data to improve the safety and quality of the care provided.

The findings of this inspection identified a need to access an IPC specialist for education and advise.

We engage regularly with HSE IP&C specialists in CHO3 since this service started due to the COVID -19 pandemic. Suggestions from their site visits have always been and will continue to be acted on promptly. We will continue to keep up to date with Public Health & Infection Prevention & Control Guidelines, NHI education & support, HIQA Updates and The Mid-West Covid response Team telephone support. A Clinical Nurse Manager with many years service with us is assigned as our IP&C lead with specific focus on Antimicrobial Stewardship. This colleague is attending a Postgraduate Certificate in Infection Prevention and Control with the School of Public Health at University College Cork.

We find it difficult to source a suitably qualified Private IP&C consultant and will liaise with HIQA, HSE and other nursing home providers to share advice on this.

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.	Substantially Compliant	Yellow	30/09/2022