



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

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Sundyp Limited
Address of centre:	Leadmore East, Kilkee Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0000451
Fieldwork ID:	MON-0037850

About the designated centre

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

St. Theresa's Nursing Home is a purpose built single-storey facility which can accommodate up to 40 residents. It is located close to the town of Kilrush. It accommodates both male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite, convalescence, palliative and dementia care. Bedroom accommodation is provided in 24 single bedrooms, six twin bedrooms and a four bedded room. All of the bedrooms have en suite toilet and shower facilities, except one which has direct access to its own dedicated shower/toilet room. There is a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. Residents also have access to secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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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 6 September 2022	09:35hrs to 18:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. It was apparent from observations on the day, and from what residents told the inspector that the residents appeared content and supported whilst living in St Theresa's Nursing Home. On arrival to the centre, the Inspector was met by the person in charge. After a short opening meeting, the Inspector was taken on a tour of the centre by the person in charge. The inspector saw that some residents were sitting in communal rooms, sitting in the garden, mobilising around the nursing home and others were seen in their bedrooms.

The Inspectors saw that alcohol gel dispensers were located at the main entrance, and throughout the building in convenient locations. Signage was displayed to guide staff and visitors in the correct hand hygiene and personal protective equipment (PPE) procedures. During the walk around of the centre the inspector found that the centre was generally well maintained and clean. It was evident that decorative upgrades and maintenance were ongoing in the centre.

On the day of inspection three residents who spoke with the inspector appeared satisfied living in this centre. One said "they treat me like a queen" another said "they are all good to me" and a third told the inspector they liked their room. Visits were also seen taking place by the inspector during the course of the inspection.

The centre is registered to accommodate 40 residents, there were 28 residents living in the centre on the day of inspection. The building is a purpose built single storey design. The inspector saw that the centre was a bright and spacious building. Bedroom accommodation within the centre comprised 24 single bedrooms, six twin bedrooms and a four bedded room. All but one rooms had an ensuite.

The provider had provided décor and furnishings throughout the centre, such as wall murals, pictures, paintings, individual bedroom door colours, cabinets and ornaments. The parts of the centre viewed by the inspector was visibly clean and decorated in a style to ensure a comfortable and homely residence. There was a variety of communal day spaces including day room, dining room, sun rooms, reception area, oratory and an enclosed garden area. Residents spoken with told the inspector how they liked their bedrooms as they were spacious, clean and comfortable.

While the centre provided a homely environment for residents, a number of infrastructural issues impacted effective infection prevention and control. For example; the sluice room (a room found in healthcare facilities such as hospitals and nursing homes that is specifically designed for the disposal of human waste products and disinfection of associated items) was co-located with the housekeeping equipment, staff and resident stores. This arrangement can increase the risk of cross contamination between stores, household cleaning equipment and the sluicing

facilities.

There were only two hand wash sinks (in the sluice room and nursing office) dedicated for staff use. They were not accessible or convenient to all bedrooms. These sinks did not comply with the recommended specifications HBN 00-10 part C sanitary assemblies for clinical hand wash basins. Also storage areas were cluttered making it difficult to clean those areas sufficiently.

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 while the registered provider was striving to implement systems and controls to protect residents from the risks associated with infections, improvements were required in relation to storage, premises and infection prevention and control governance and oversight to comply with Regulation 27 infection control.

The registered provider of this centre is Sundyp Ltd. It is a family run business with family members having key roles in the management and oversight of the business. There was a full time person in charge who was supported in the role by the assistant director of nursing, two clinical nurse managers, administrator and other staff members including nurses, carers, activities coordinator, housekeeping, catering and maintenance staff. The assistant director of nursing deputised in the absence of the person in charge.

From the records provided to the inspector; staff, resident and management meeting records were taking place. The meeting minutes shown to the inspector included discussions surrounding upgrading the nursing home, hand hygiene facilities, storage and staff infection prevention and control practices. Residents meetings similarly discussed hand hygiene and infection prevention issues.

Auditing practices in the centre were not effective. Two external audit type reviews were seen by the inspector, but these were not sufficient in detail to drive Infection prevention and control practices and renovation plans. Additional nursing management roles had recently returned and been recruited and the inspector could see where further plans for role responsibility including auditing and supervision was starting to take place.

All HSE/HPSC (Health Protection Surveillance Centre) Infection Control guidance and their own infection prevention and control policies were available. The centre was currently updating and reviewing their current guidelines, which covered aspects of standard precautions. However, some elements of the local infection prevention and

control guidelines did not give enough detail and direction. For example; specific guidelines on infectious illnesses. They had access to the HSE infection prevention and control specialist team for outbreak advice and support.

All Staff had received relevant education and training in infection prevention and control and there were plans to provide further face to face training.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the requirements of 28 residents. A review of nurse and care staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The person in charge was normally on duty during the weekdays and the assistant director of nursing supervised the delivery of care at weekends. The person in charge advised that staffing levels were kept under constant review, taking into account the increase in numbers, dependency of residents, and the care needs of residents.

The housekeeping roster varied between one to three members of staff on duty, finishing at 14.00hrs. The person in charge informed the inspector this was adjusted according to the needs of the centre. Whilst the centre appeared visually clean and free from odours, the inspector found that the current housekeeping hours did not allow for cleaning practices after 14.00hrs. Additionally, there was no named staff member allocated to the laundry on the roster and the inspector was told and observed housekeeping staff moving between the laundry and housekeeping. This posed a risk of cross contamination.

Quality and safety

The findings of this inspection demonstrated that the management and staff strived to provide a good quality of life for the residents living in St. Theresa's Nursing Home. The inspector found that residents spoken with reported to be satisfied with the service and care they received. Overall, while there were areas of good practice and governance noted with infection prevention and control procedures, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection and to become fully compliant with Regulation 27 : Infection Control.

Residents spoken to informed the inspector that they were aware of the COVID-19 restrictions but were happy that life is returning to a more normal state where their visitors could support them in a more meaningful way. The provider had copies of resident information leaflets to hand out in the event that a resident had a diagnosis of an infection or colonisation. Residents had good access to healthcare services based on their assessed needs and choices.

Staff spoken to, were aware of residents who were prescribed antibiotics and the provider was using their transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information.

A sample of three care plans pertaining to infection control, medical devices and care were seen by the inspector, and were appropriate. Good practices around wound dressings was observed by the inspector.

There were plenty of supplies of personal protective equipment (PPE) and the inspector observed masks and gloves were being used appropriately by staff during the Inspection. However, some of the supplies of gloves in the centre were vinyl gloves rather than nitrile, which offer less protection than nitrile gloves from blood borne viruses for the wearer.

The Housekeeping staff were knowledgeable and their equipment was well maintained and clean. There were processes in place directing staff in what, when and how to clean. The household team spoken with had a system of colour-coding in place, with appropriate separation of clean and unclean items during cleaning processes. There was a system for deep cleaning bedrooms on a rotational basis. There was a cleaning equipment schedule also. However, in some areas where storage was inappropriate and cluttered it was difficult to clean those areas sufficiently.

The housekeeping room was co-located with the sluice room and there was inappropriate storage of cleaning equipment. The centre did not store chemicals within a locked dedicated store which is necessary to ensure the safety, stability and longevity of the chemicals.

The laundry room did support the separation of the clean and dirty phases of the laundering process.

Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

Hand wash sinks did not support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. This increases the risk of cross infection.

The wearing of Vinyl gloves during personal care procedures offers less protection than nitrile gloves from blood borne viruses for the wearer.

Infection prevention and control audits undertaken did not guide changes to support the safety and quality of the care provided.

The housekeeping room was co-located with the sluice room and there was inappropriate storage of cleaning equipment and resident stores.

The centre did not store chemicals within a locked dedicated store which is

necessary to ensure the safety, stability and longevity of the chemicals.

Laundry staffing was not effectively planned, organised and managed to meet the services' infection prevention and control needs. There was no laundry worker rostered on the staff duty work planners.

Equipment and supplies was not safely and effectively cleaned, maintained, stored and managed in accordance with legislation, the manufacturer's instructions, and best practice guidance. For example;

- There was damage to flooring, walls and equipment, this impedes cleaning
- A number of storage areas were cluttered
- Nebuliser compressor machines were unclean and not maintained as per manufactures instructions.

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. Theresa's Nursing Home OSV-0000451

Inspection ID: MON-0037850

Date of inspection: 06/09/2022

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> <ol style="list-style-type: none"> 1. Sluice and Cleaning room to be separated to ensure high standard of IPC. 2. Stores to be organized with specific purpose to ensure safety of work and IPC compliance. 3. Gloves in stores clearly highlighted that Nitrile are for clinical areas only as 2 boxes placed in error on Dani centre. 4. Flooring/Walls/Equipment including Nebulisers identified to be corrected. 5. Clinical sinks to be introduced within the building for staff use. 6. Audit and IPC governance to be fully reviewed to ensure compliance in all aspects. 7. Chemical Cupboard where lock faulty has since been removed others are correctly lockable with storage of items for Housekeeping and kitchen areas. <p>We are currently working on all areas highlighted above to ensure best practice as advised and highlighted in the inspection. We had been working on these areas and hope to be fully compliant with the above by 28th February 2023.</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.	Substantially Compliant	Yellow	28/02/2023