



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

## Issued by the Chief Inspector

Name of designated centre:	Kilminchy Lodge Nursing Home
Name of provider:	Kilminchy Lodge Nursing Home Limited
Address of centre:	Kilminchy, Portlaoise, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	21 July 2022
Centre ID:	OSV-0000052
Fieldwork ID:	MON-0037459

## About the designated centre

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

This is a single-storey purpose built centre. Kilminchy Lodge Nursing Home is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a varied range of care needs. This centre can accommodate up to 52 residents. It has 44 single rooms, some of which has en suite facilities. Some single bedrooms have shared shower, toilet and wash basin facilities. Three of the four twin bedrooms have en-suite toilet and wash-hand basin facilities. Privacy screening is provided in the shared bedrooms. There is a large living room where many of the daily activities take place. The main kitchen is adjacent to the large dining area which leads to a secure outdoor area. The centre is situated in residential area in a busy town and is serviced by nearby restaurants/pubs/libraries/ pharmacies/ GP surgeries etc.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	41
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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
Thursday 21 July 2022	09:30hrs to 16:30hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector spoke with four residents. All were very complimentary in their feedback and expressed satisfaction about the facilities in the new part of the centre and the standard of care provided.

A new extension had recently been opened. On the day of the inspection 24 residents were accommodated in new build and 19 were accommodated in the in original part of the building. Overall the general environment and equipment viewed appeared clean.

Finishes, materials, and fittings in the new extension struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. The aesthetics and interior design of resident's en-suite bedrooms were also of a very high standard, with carefully chosen, high-quality furniture to create a soothing, homelike and non-clinical feel. Clinical hand wash basins were available within easy walking distance of resident rooms. These complied with the recommended specifications for clinical hand wash basins. Alcohol hand gel dispensers were also readily available along corridors for staff use.

In contrast the décor in the older part of centre was showing signs of wear and tear. The design and finish of ancillary areas such as the clinical room and housekeeping room did not facilitate effective infection prevention and control measures. The surfaces and finishes within the en-suite bathrooms were difficult to clean and the majority of shower outlets were heavily stained. Clinical hand hygiene facilities were not readily accessible for staff use in this part of the building. The provider was aware that aspects of the premises required to be upgraded and phased renovations were scheduled to commence in the coming months to address many of the areas identified on this inspection. Details of issues identified are set out 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). Weaknesses were identified in infection prevention and control and antimicrobial stewardship, governance,

environment and equipment management. Details of issues identified are set out under Regulation 27.

Kilminchy Lodge Nursing Home Limited is the registered provider of this residential care facility. This centre is part of a larger organisation known as Brindley Healthcare and is supported by a corporate structure that includes access to human resources, finance, quality and facilities management personnel. Within the centre there is a recently appointed full-time person in charge who was supported by the regional managers, two assistant directors of nursing and staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff.

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. The provider had nominated an assistant director of nursing to the role of infection prevention and control lead and link practitioner. However infection prevention and control expertise was not sought at the outset of the current building and refurbishment project as recommended in the National Standards.

The provider had addressed the majority of infection prevention and control findings from the previous HIQA inspection. For example the centre had been de-cluttered and deep cleaning schedules had been revised.

An outbreak of COVID-19 was declared in the centre in January 2022. This was the second significant outbreak experienced by the centre. The majority of residents had tested positive during the first outbreak. However the early identification and management of the 2022 outbreak had limited the spread of infection to 13 residents and three staff members. All residents that had tested positive had since fully recovered. A formal review of the management of the outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had been completed.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Monthly environmental hygiene audits were carried out.

The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the needs of the centre. The cleaning supervisor worked as part of the housekeeping team and was rostered for four supernumerary hours for their supervisory function. However the inspector was informed that current workload meant it was not always possible to avail of these supernumerary hours.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Hand hygiene champions had also been nominated to support hand hygiene training and promote effective hand hygiene practice within the centre. However the inspector identified that the majority of infection prevention and control training was provided via e-learning. National guidelines advise that, while e-learning is a useful addition to other education strategies, direct face-to-face training with opportunities for

demonstration and questions is also recommended.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

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. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

Care plans ensured that information about residents health-care associated infection status was accessible. However, further work was required to ensure that all resident files contained resident's current health-care associated infection status and history. Details of issues identified in care plans and transfer documentation are set out under Regulation 27.

## Regulation 27: Infection control

The registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- The provider had not undertaken an aspergillosis risk assessment or implemented infection prevention and control aspergillosis risk reduction measures to protect at-risk residents during the ongoing construction and renovation activities.
- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example antimicrobial consumption was monitored however this data was not used to inform or target quality improvement initiatives.
- A care plan of a resident being cared for with transmission based precautions did not outline the required period of isolation. This resident's medication management care plan did not outline the required antimicrobial stewardship measures.
- Transfer documentation did not include comprehensive healthcare associated infection and colonisation information.

The environment was not managed in a way that minimised the risk of transmitting

a healthcare-associated infection. This was evidenced by;

- The design and layout of the sluice room in the new building was not ideal from an infection prevention and control perspective. For example the room was small, one area was inaccessible for cleaning and the clinical hand wash basin did not comply with the recommended specifications for clinical hand wash basins.
- The clinical room in the older part of the building was not fit for purpose. For example the room was very small, storage of sterile supplies was cluttered and untidy, there was no clinical hand wash sink and there was limited worktop space provided to enable aseptic preparation to be carried out.
- There was insufficient space in the housekeeping room in the older part of the building for trolleys, mops, buckets, vacuum cleaners, scrubbing/polishing machine and other cleaning equipment. These items were stored in a separate area. There was no hand wash sink in the housekeeping room.

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

- Personal hygiene products were stored within the sluice room. This posed a risk of cross-contamination.
- The inspector was informed that used wash-water was emptied down residents sinks which posed a risk of cross contamination.
- Green labels to alert staff to when equipment was last cleaned were observed on some items of equipment. However this system was not consistently used.
- The covers of a small number of pillows were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- Safety engineered needles were not available. This increased the risk of a needle stick injury.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

# Compliance Plan for Kilminchy Lodge Nursing Home OSV-0000052

Inspection ID: MON-0037459

Date of inspection: 21/07/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Effective infection prevention and control and antimicrobial stewardship.</p> <p>S: An aspergillosis risk assessment has been undertaken and identified infection prevention and control aspergillosis risk reduction measures have been put in place to protect at-risk residents during the ongoing construction and renovation activities.</p> <p>M: By the PIC and supported by the site foreman and RPR.</p> <p>A: Through audit and review by the regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 5/8/2022</p> <p>S: A full review of our antimicrobial stewardship programme is underway to strengthen and support the current program already in place. This will include regular audit and review of antibiotic usage.</p> <p>S: A review of all care plans is under way to include an individual section on antimicrobial stewardship measures. This will also include any required period of isolation.</p> <p>S: Going forward, all transfer documentation will include comprehensive healthcare associated infection and colonisation information.</p> <p>M: By the PIC and Nursing team</p> <p>A: Through audit and review by the regional management team</p> <p>R: Overview by the Regional Director in conjunction with the RPR.</p> <p>T: 30/8/2022</p> <p>Environment:</p> <p>S:A full review of the sluice room is underway to better support infection prevention and control needs.</p> <p>S:A replacement clinical hand washing sink is ordered which meets the requirements. As part of the improvement plan and the upgrade works ongoing within the home, the sluice room in the older part of the building will be demolished and replaced with one that fully complies with relevant regulations and standards.</p> <p>S:A suitable house keepers room has been identified in the upgrade plan that fully</p>	

complies with relevant regulations and standards.

M: By the PIC and supported by Regional Team

A: Through audit and review by the regional management team

R: Overview by the Regional Director in conjunction with the RPR.

T: 1/12/2022

#### Equipment

S: All Personal hygiene products have been removed and stored in resident's individual rooms for personal use.

S: A full review of basins, waste water and the use of residents personal sinks is underway. Each resident will have their own bathroom once the upgrade is completed.

S: Education and training will be provided to all staff on the use and benefits of the 'I AM CLEAN' green stickers.

S: A full review of the pillows is underway and any torn or worn pillows have been removed and replaced.

S: Safety engineered needles have now been purchased and are in place.

M: By the PIC and inhouse management team.

A: Through audit and review by the regional management team

R: Overview by the Regional Director in conjunction with the RPR.

T: 30/8/2022

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/12/2022