



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Youghal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Cork Hill, Youghal, Cork
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0000577
Fieldwork ID:	MON-0037816

About the designated centre

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

Youghal Community Hospital was built in 1935 and is managed by Health Service Executive (HSE). It is a two story building with beautiful views out over the sea and river blackwater. Accommodation is provided for male and female residents usually over the age of sixty five. Care can be provided to an individual under sixty five following a full needs assessment. The maximum number of residents who will be accommodated in the hospital is thirty one. There is 24 hour nursing care available from a team of experienced and highly qualified staff. The nursing team is supported by a consultant and general practitioners (GP), as well as a range of other health professionals. The centre is also staffed by a dedicated team of health care assistants (HCAs) & multi-task attendants. It provides care to all level of dependencies from low to maximum dependency needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Feedback from residents living in this centre was very positive. The inspector met and spoke with four residents. Residents said that they were satisfied with the care and service provided. The inspector saw that staff were respectful and courteous towards residents. Staff were seen to be responsive and attentive without any delays with attending to residents' requests and needs. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

The centre was observed to be bright with beautiful sea views. Accommodation was laid out over two floors with capacity for 15 on one floor and 16 residents on the other. The ground floor comprised one single and five twin rooms as well as one vacant single room which was kept for isolation purposes. There were seven single rooms, three of which had an en-suite facility as well as four double rooms and one vacant single room which was kept for isolation purposes on the first floor. Access between floors was serviced by both stairs and lift.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example ancillary rooms such as the sluice and storage facilities did not facilitate effective infection prevention and control measures. The décor in some areas of the centre was showing signs of minor wear and tear. Findings in this regard are further discussed under Regulation 27.

Despite the infrastructural and maintenance issues identified, a good standard of cleaning was observed on the day of inspection. Overall the equipment viewed was generally clean with some exceptions. For example four portable fans were unclean.

Wall mounted dispensers for aprons, masks and gloves were available in each bedroom and in the sluice rooms. Conveniently located alcohol-based product dispensers sinks and clinical hand wash basins facilitated staff compliance with hand hygiene requirements. Alcohol hand gel dispensers were readily available along corridors and with residents rooms for staff use. Clinical hand wash sinks were available within each bedroom for staff use. These sinks complied with the recommended specifications for clinical hand wash sinks. However separate wash hand basins for resident use were not available.

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

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Youghal Community Hospital is operated by the Health Service Executive (HSE) who was the registered provider. There was evidence of regular meetings between the provider and the nurse managers from the community hospitals in the area. The inspector was informed that an infection prevention and control specialist had been invited to attend these meetings.

There was good local ownership in relation to infection prevention and control despite the challenging circumstances posed by the hospital's infrastructure. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing who was also the designated COVID-19 lead.

The provider had ensured there was formalised and regular access to infection prevention and control specialists within Community Healthcare Organisation (CHO) 4. A staff nurse, with the required training, had taken up the infection prevention and control link practitioner role. Protected hours were allocated to the role of infection prevention and control link practitioner and there was evidence that they were supported in their role by a infection prevention and control specialist.

The provider was aware of the infrastructural deficits and was endeavouring to improve current facilities and physical infrastructure at the centre through planned refurbishment which were scheduled to commence this month. The inspector was informed that infection prevention and control input had been sought throughout the design, phase of the planned works in line with National Standards.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through CHO 4. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO4. The most recent report showed low levels of both antibiotic use and infections relative to other regions throughout the country. This initiative provided ongoing assurance to management in relation to the quality and safety of services.

The inspector was also informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are generally preferred narrow spectrum antibiotics or "red" which are broad spectrum antibiotics generally best used very selectively. The inspector was informed that only antibiotics on the "green" list were kept as stock in the centre. This assisted prescribers in choosing antibiotics that are effective, have fewer side effects and are

less likely to lead to resistant infections "red" list antibiotics.

During the inspection there were adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. Two multi-task attendants and one cleaner were rostered on duty each day. However cleaning staff assisted in the main kitchen from 10:30am to 2:30pm each day. The multi-task attendants carried out environmental hygiene, assisted with meals and provided care to residents. This arrangement increased the risk of cross infection.

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff had received appropriate training in the fitting and safe use of FFP2 respirator masks. Three multi task attendants had completed a specialised hygiene training program for support staff working in healthcare. However the inspector identified through speaking with staff that additional education was required on the management of multi-drug resistant organisms (MDRO's).

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. The centres outbreak management plan was updated every three months and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection.

The centres outbreak management plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. A outbreak of COVID-19 was declared in one unit in January 2022. This was the first significant outbreak experienced by the designated centre since the beginning of the pandemic. A total of 17 residents in the centre tested positive for COVID-19 infection. 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.

All areas and rooms were cleaned each day and the environment appeared visibly clean. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, the use of colour coded flat mops and disposable cleaning cloths to reduce the chance of cross

infection. Audits of environmental cleanliness were also completed.

Visits were facilitated every day. However some visiting restrictions remained in place. For example, visits were scheduled to four one hour slots each day to manage footfall. The inspector was informed that visits outside of these times would be facilitated however visiting after 5pm was not encouraged due to reduced staffing in the evenings. There was no evidence that the provider planned to progress toward full normal access as quickly as they assessed that it is safe to do. Details of issues identified are set out under Regulation 27.

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 are set out under Regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections to support sharing of and access to information within and between services. However a review of documentation found that nursing transfer documentation was not always received by the centre when residents were discharged from the acute setting. This meant that staff may be unaware if residents were identified as being colonised with an MDRO during their hospital admission.

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;

- The health-care associated infection status history and risk assessment had not been completed in four admission assessments reviewed. This meant that and MDRO assessment may not have been carried out and appropriate precautions may not be in place if caring for residents colonised with MDROs.
- Cleaning staff and multi-task attendants had dual catering and cleaning roles. A risk assessment had not been carried out to ensure that dual responsibilities did not dilute the effectiveness of both roles and increase the risk of cross infection particularly during outbreaks.
- Visiting restrictions remained in place. Visits continued to be scheduled in advance with the facility. Plans were not in place to progress toward full normal access.

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

- Clinical hand washing sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Drainage in a small number of clinical hand wash basins was poor. Pooling of water in sinks may serve as reservoirs of MDROs.

- The 'dirty' utility rooms did not facilitate effective infection prevention and control. For example there were no hand hygiene sinks or equipment cleaning sinks available in the 'dirty' utility rooms. There was insufficient space to clean equipment and the inspector was informed that the macerators were in place in excess of 20 years and were unreliable.
- Changing and toilet facilities for catering staff were not in addition to and separate from toilets for other staff. This posed a risk of cross-contamination.
- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Cleaning trolleys were stored in a press on each unit. Water for cleaning was disposed of in the sink in the 'dirty' utility rooms. This posed a risk of cross-contamination.
- Storage space was limited. As a result there was inappropriate storage of equipment including wheelchairs, commodes and used linen trolleys throughout the centre.
- There were no clean utility or treatment rooms with suitable handwashing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys.

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 Youghal Community Hospital OSV-0000577

Inspection ID: MON-0037816

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> <ul style="list-style-type: none"> • HCAI status of residents will be established on admission to the Centre and documented in the relevant section in the care plan. • The roster has now been amended to ensure that catering duties are carried out at the commencement of the shift and that cleaning duties are carried out separately. • Visiting restrictions have been lifted as per HPSC guidance. Visitors are asked to sign in and confirm that they are symptom free. Visitors to residents occupying the 4 bedded room have been asked to call in advance to ensure that their visit can be accommodated safely. This arrangement is for the short term during the current renovations project. • The plumbing contractor has been contacted to a) assess and rectify the drainage from all sinks and b) to plan changing the sinks in single rooms to Resident sinks. The sinks in the multi-occupancy rooms will be designated as Clinical sinks only and Residents in these rooms will be assisted to the ensuite or bathroom for personal washing or provided with a basin as well as hand wash wipes. The IPC Clinical Nurse specialist has attended onsite and provided advice regarding compliance. • The dirty utility rooms are currently being upgraded to comply with IPC standards. This includes provision of new macerators, sinks and clinical hand wash sinks. Storage issues are being addressed in this project also. • Maintenance department have been requested to explore the provision of separate toilet and changing facilities for catering staff. • A dedicated housekeeper's room is being provided as part of the current renovations and this will include a slop-hopper sink for disposal of dirty water. • Extra storage space will also be created in the current renovations project. • On completion of the current upgrade works there will be a clinical room on each floor with clinical handwashing facilities. 	



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	30/01/2023