



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

Issued by the Chief Inspector

Name of designated centre:	Kilbrew Recuperation and Nursing Care
Name of provider:	Kilbrew Recuperation and Nursing Care Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0035015

About the designated centre

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

Kilbrew Recuperation and Nursing Care is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Wednesday 15 December 2021	09:00hrs to 17:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

The Inspector arrived unannounced to the centre. Prior to entering the centre a series of infection, prevention and control measures which included temperature check and a declaration that the inspector was free of symptoms associated with COVID-19.

From what residents told the Inspector and from what inspector observed, the three residents spoken to were happy and satisfied with the care, food and service provided. Following the opening meeting the inspector reviewed the premises and the Assistant Director of Nursing accompanied the inspector whilst doing this. The inspector noted she appeared well known to the residents and staff and was seen to have a good rapport with all spoken to.

The environment was clean, uncluttered and was homely. There were many chairs in the communal areas which were of a fabric type material, which although the Person in Charge informed the Inspector that they were washable, they would not of been suitable to wipe down in between residents, as they would be wet after using a wipe. Most of the chairs were clean in appearance but several were stained and in need of a deep clean.

The centre was registered for 74 residents, on the day of inspection there were 44 residents on site. There were a mix of single rooms with toilet and sinks (no shower), single rooms with toilet and sinks and shower, and twin rooms with toilet and sink with no shower. 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 clean from high surfaces to the floor and the cleaner's equipment seen on the corridor was also clean.

There were plenty of supplies of PPE's and the Inspector observed surgical 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. Several members of staff were observed attending to residents whilst wearing long sleeve cardigans or jumpers during the inspection. National Hand Hygiene guidelines promotes 'bare below the elbow' as it is also much more difficult to clean hands when long sleeves are worn.

The inspector met with many of the residents whilst on inspection in the centre, but spoke with three residents in more detail. The Inspector observed the residents participated in a variety of activities during the day, in their own rooms, partaking in group activities or relaxing in communal areas. Three of the residents spoken to confirm that their call bells were answered promptly and they were happy with living at the centre. One of the residents told the Inspector they wished that they could

see their relatives more often. The centre were asking visitors to book their visits, which was not the current HPSC guidance but told the Inspector that they were very flexible with visits and resident's needs. Relatives spoken to on the day confirmed that the centre were flexible and did allow them to visit within the resident's bedroom. They also said they were very happy with the visiting arrangements, had had good communications regarding their relative and were happy with compassionate visiting plans.

While the centre provided a homely and clean environment for residents, further improvements were required in respect of premises. Some equipment, surfaces and finishes were worn, torn and poorly maintained and as such did not facilitate effective cleaning. The Inspector was informed that a replacement and refurbishment program was planned. The carpets in place were worn and stained. Barriers to effective hand hygiene practice were also identified during the course of this inspection. Hand hygiene facilities were not provided in line with best practice and national guidelines. There were a limited number of dedicated clinical hand hygiene sinks available and none were compliant with HSE/HPSC guidelines.

The hot water taps from several of the hand wash sinks checked was cool in temperature, which not only inhibits hand washing but is also a legionella risk. Legionella bacteria thrives at temperatures between 20°C and 50°C so one of the key control measures for minimising the risk is to ensure that cold water is cold (i.e. below 20°C) and the hot water is hot (above 50°C). In cold water the bacteria is dormant and hot temperatures kill it. The centre actioned this whilst the inspector was on-site.

The next two sections of the report will describe the findings of the inspection under Regulation 27 Infection Control. Firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

The Provider mostly met the requirements of Regulation 27 infection control and the HIQA National Standards for infection prevention and control in community services (2018), however there is further action required to become fully compliant.

The 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 two Assistant Director of Nursing. The Person in Charge had completed an Infection Prevention and Control course and both Assistant Directors of Nursing had completed train the trainer for Standard Precautions and Transmission based Precautions. There was also a Housekeeping supervisor who supported and supervised the Housekeeping staff. Unfortunately,

this role was not always supernumery as she had to supervise staff in addition to carrying out cleaning duties. IPC was seen to be discussed in both staff meetings and resident meetings.

There was a programme of infection prevention and control audits. These audits covered a range of topics including hand hygiene facilities, waste management, environment, body fluid spill management and a resident equipment audit. There were no quality improvement plans seen following these audits which is important to help follow through on deficits and drive changes required. However, it was recognised that most of the audits were only completed between the 29th and 30th November and the inspection was on the 15th Dec, 2021. The centre identified deficits during their audits that were still evident on the day of inspection such as the linen room was not free from other items, it contained a trolley and resident equipment. Similarly, the resident audit completed on the 30th November found that staff were re-using items that were marked single use, and again the Inspector found several items that should be discarded after being opened such as dressings. A device or dressing designated as 'single-use' must not be reused. It should only be used on an individual resident during a single procedure and then discarded.

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 in place to reduce the chance of cross infection. There was a cleaning equipment schedule also, and all cleaning equipment seen on the day was very clean. Most of the housekeeping staff had completed a cleaning training program and the remainder were to complete in January 2022. Areas for improvement identified on the previous inspection had been addressed for example cleaning and decontamination processes.

However there were aspects which required improvement. There was extensive use of carpets within the centre, much was worn and stained. The vacuum cleaners seen during the inspection was more suited to a domestic setting rather than a commercial setting as they were not fitted with hepa filters. Vacuum cleaners should be fitted with a high particulate filter (HEPA filter) to trap dirt that can't be seen, rather than sending allergens back into the air.

The centre had previously experienced an extensive COVID-19 outbreak and 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 assurances that the centre had a workable plan in the event of another outbreak. As per the statement of purpose there were two registered Nurses on duty during the night shift and three during the day which would support separate cohort areas if another outbreak was declared. The Person in charge and both Assistant Directors of Nurses were in a supervisory role and not included in the nursing numbers. The centres housekeeping staff were not as per statement of purpose as two had recently left and they were currently recruiting. The centre also informed the Inspector they were recruiting extra

housekeepers to ensure the Housekeeper supervisor remained in a supervisory position.

The staffing levels and skill-mix on the day of inspection were sufficient to meet the assessed needs of the 44 residents living in the centre. Residents confirmed that staff usually came quickly when called or call bell was called. However, the Housekeeper supervisor was regularly in the roster as a housekeeper as the centre was currently recruiting staff. This would inhibit her ability to supervise other housekeeping staff.

All HSE/HPSC Infection Control guidance was 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 Standard 5.2. IPC training had been completed by all staff but the training was not comprehensive and limited to training on standard precautions. It did not include transmission based precautions, donning and doffing PPE and outbreak management for example.

Quality and safety

Infection control and standard precautions appeared in the main to be a routine part of life in Kilbrew Nursing Home. These were monitored through the auditing system in place. Notwithstanding the positive findings, further review and development under regulation 27 Infection Control was required. Residents spoken to were aware of COVID-19 restrictions and felt the staff tried their hardest to support them during the restrictions. It was also documented in resident's charts if they had any multi-drug resistant organisms (MDRO) which is needed with staff communication and when deciding what IPC precautions are required for the safe care of the resident.

In addition the centre used a transfer form which highlighted a resident's infection status to referring centres, which is needed to decide if any additional infection precautions are needed on transfer to other healthcare settings.

There were a few clinical hand wash sinks available in the centre but most were positioned in and around the nurse's office area. These sinks were not fully compliant with hand wash sinks as outlined in HBN 00-10 Part C Sanitary Assemblies. Accessibility to appropriate hand wash facilities is key to hand hygiene compliance. Hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub. Resident's sinks should not be used for staff hand hygiene or for the disposal of resident wash water to prevent cross contamination.

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.

Although the centre was clean communal items such as shower gel, shampoo and soaps were seen in bathrooms and shower rooms, it is preferably for residents to have their own products to reduce the risk of cross infection from one resident to another.

The laundry did not have a dirty to clean flow of linen to ensure contamination does not occur. Nevertheless, the Person in Charge informed the Inspector that there was a refurbishment program in place and the laundry was to be redesigned to enable a dirty to clean flow and correct storage of clean and dirty clothing.

The bedpan washer/disinfectors were functioning normally, which was an improvement from the last inspection which noted they were not.

The outside Healthcare risk waste compound contained a healthcare risk waste large bin which was locked but access to the compound was not within a locked compound with no access to the general public as required by Health and Safety legislation.

While there was a maintenance and refurbishment program in place, there were many items, fixtures and fittings that need upgrading, as they were worn, torn, stained and chipped.

There was evidence that outbreak management was discussed at resident /handover and had contingency plans drawn up. Staff and residents were monitored for signs of infection. Residents had good access to healthcare as evidenced by GP and allied professional consultations.

Regulation 27: Infection control

Improvements to Infection prevention and control practices in the centre was required to become fully compliant with the National Standards for infection prevention and control in community services and other national guidance:-

- The centre was requiring visitors to book times as they were unable to manage restriction-free visiting, at the time of the Inspection. This was not in line with the current HPSC guidelines which outlines that residents in nursing homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right.
- The HPSC recommend an individualised visiting plan for each resident is required, as part of the resident's overall care plan, as "providing a person centred approach that takes account of individual preferences and needs and balanced against the needs of everyone in the care home".

- There was a requirement for formalised access to Qualified Specialist IPC practitioner, to support, advice and educate infection prevention and control as per Standard 5.2.
- A more robust auditing process was required to ensure infection control audits were followed up with quality improvement plans to ensure deficits are devolved to those with responsibility for that area.
- Removal of communal toiletries from public bathrooms and showers as using communal toiletries is not seen as promoting an individual's dignity, and can spread infection. Towels, soaps and bath products specific to a resident should be brought with them to where they are going to bath or shower and be taken back to their room at the end of the procedure, keeping them for their individual use only.
- Continue replacement plans for worn and torn chairs, mattresses and pillows. Planned refurb programme and monitoring of same.
- Repair or replace chipped wood surfaces such as furniture, skirting boards, doors and bed frames, as it is impossible to clean exposed surfaces effectively.
- Education and training to include training on Infection control procedures such as needle stick injury and blood and body fluid spills.
- Review storage areas that should be single item only. Either resident equipment or stores they should not hold both due to the risk of contamination.
- The laundry facilities did not allow the flow of dirty to clean linen to reduce the risk of contamination and also to remove stored clean linen and the care trolley to another area.
- There were clinical hand wash sink available in the centre, but many were situated within the nurse's office area. Resident's sinks should not be used for staff hand hygiene.
- Remove and replace rusty resident equipment as these cannot be cleaned effectively.
- Ensure all sharps boxes are signed on assembly and when closed.
- Review housekeeping staffing to ensure housekeeping supervisor remains in a supervisory position.

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 Kilbrevw Recuperation and Nursing Care OSV-0000143

Inspection ID: MON-0035015

Date of inspection: 15/12/2021

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>In response to the areas for improvement identified during the inspection, the following actions have and are being taken within the identified timescales.</p> <ul style="list-style-type: none"> • All visiting to the centre is now in full accordance with the national visiting guidance. Our approach to visiting has been communicated to residents, families and friends. • Training has been provided to all staff on needlestick injuries and the management of blood and body fluid spills. • All sharps boxes are now signed on assembly and when closed. • Links with an external Infection Prevention and Control Practitioner have been established to provide specialist advice on all aspects of IPC. • All toiletries observed during the inspection in communal areas were removed immediately and staff have been reminded of the need to ensure that individualised products are removed with the resident when vacating communal areas. • A review of equipment has taken place and where rust has been identified, the equipment has been removed, is being refinished or replaced as appropriate. • All storage areas have been reviewed and equipment and storage items are now held in separate locations • A dedicated individualised visiting plan is being compiled in conjunction with each resident and their next of kin that will reflect their preferences (to be in place for all residents by 28/02/2022). • A review of staffing is ongoing to ensure that supernumary hours are available to the 	

housekeeping supervisor (to be in place by 18/03/2022)

- Infection Prevention and Control training has been provided to all staff in relation to their role and further enhanced training is to be provided by an external provider (to be completed by 31/03/2022).
- In conjunction with our Quality Team, the approach to auditing of infection prevention and control practices is being reviewed and a more robust auditing process will be introduced by 31/03/2022.
- A major refurbishment and upgrade plan has been agreed for the centre that will address the issues raised during inspection including the replacement of soft furnishings and floor coverings and the repainting / refinishing / replacement as appropriate of doors, skirtings, architraves and furniture, the installation of hand washing sinks on corridors and a revision to the layout of the laundry. It is intended that this work will commence in Q2, 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).

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	30/06/2022