



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

## Issued by the Chief Inspector

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|----------------------------|-------------------------------------|
| Name of designated centre: | Rochestown Nursing Home             |
| Name of provider:          | Brenda O'Brien                      |
| Address of centre:         | Monastery Road, Rochestown,<br>Cork |
| Type of inspection:        | Unannounced                         |
| Date of inspection:        | 16 August 2022                      |
| Centre ID:                 | OSV-0000275                         |
| Fieldwork ID:              | MON-0037666                         |

## About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 22 |
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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 16 August 2022 | 09:00hrs to 15:00hrs | Kathryn Hanly | Lead |

## What residents told us and what inspectors observed

The inspector spoke with three residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. All residents were up and about with the majority of residents observed sitting in the large living room throughout the day.

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 resident's daily routine and preferences.

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 laundry facilities did not facilitate effective infection prevention and control measures. There was no dedicated clean utility room. Medications, clean and sterile supplies such as needles, syringes and dressings were stored in the nurses office. Findings in this regard are further discussed under Regulation 27.

Barriers to effective hand hygiene practice were also observed during the course of this inspection. For example, there was only one hand wash sink (in the sluice room) dedicated for staff use. Soap and hand sanitiser dispensers were not labelled. Findings in this regard are presented under regulation 27.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. There was sufficient wardrobe space, display space, and storage for personal items. New flooring had been laid in a number of bedrooms.

Overall the equipment viewed was generally clean with some exceptions. For example a shower chair, two raised toilet seats and two mop buckets were visibly stained.

Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed throughout the day.

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 inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control monitoring and oversight, assessment and care planning in addition to environmental and equipment management. Details of issues identified are set out under Regulation 27.

Rochestown Nursing Home is operated by the owner as a sole trader. The owner of the centre was the registered provider. At the time of the inspection the overall day to day governance structure was well established. The inspector was informed that the owner attended the centre frequently, organised the activities and liaised with management staff and residents. The provider had assigned the person in charge to the role of the infection prevention and control lead.

Overall, the staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Staffing on the day was in line with the centres statement of purpose. The inspector also observed there were sufficient numbers of housekeeping staff to meet the needs of the centre on the day of the inspection. All areas and rooms were cleaned each day and the environment appeared visibly clean.

Monthly infection prevention and control audits were undertaken by the registered provider, person in charge and the assistant director of nursing. However audit tools viewed were not comprehensive and results were not tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits. The inspector found that findings of recent audits did not align with the findings on this inspection. This indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures. Findings in this regard are presented under Regulation 27.

A Health service Executive (HSE) community infection prevention and control specialist had visited the centre in August 2021. In response to the findings of the HSE visit new chairs for dayrooms and bedrooms, cushions and mattresses had been purchased. However many of the infrastructural issues identified during the course of the inspection had not been addressed. For example, the issues relating to the storage of medications and sterile supplies, hand hygiene facilities and sluicing facilities had not been resolved.

Antibiotic usage was monitored each month. However staff were not supported and facilitated to undertake antimicrobial resistance surveillance, monitoring or quality improvement activities as recommended in the National standards. Findings in this regard are presented under Regulation 27.

There was a suite of infection prevention and control guidelines in place. Guidelines

required updating to ensure they detailed the management of residents colonised with multi drug resistant organisms.

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. The person responsible for cleaning was found to be knowledgeable in use of the cleaning chemicals and cleaning techniques. However the inspector identified, through speaking with staff and findings on the day of inspection, that additional education was required on the management of MDROs.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Visits were encouraged and practical precautions were in place to manage any associated risks. However visits continued to be scheduled to two allocated time slots daily. National guidelines recommend that progress toward full normal access should proceed as quickly as a service provider assesses that it is safe to do.

The inspector identified some examples of good practice in the prevention and control of infection. For example, the centres outbreak management plan was available in the COVID-19 resource folder. This plan was regularly reviewed and defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. The centre had experienced one significant outbreak of COVID-19 in December 2020. The majority of staff and residents had since received COVID-19 vaccinations and booster vaccinations.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning checklists and colour coded cloths and mops to reduce the chance of cross infection.

Resident care plans were accessible on a computer based system. However, further work was required to ensure that all resident nursing assessments and care plans contained resident's current MDRO colonisation status. Details of issues identified in care plans and transfer documentation are set out under Regulation 27.

Dispensers containing non-alcohol based hand sanitisers were available. However a risk assessment to ensure this product had a comparable effect to alcohol based hand rubs in achieving decontamination of the skin had not been undertaken.

The inspector was shown a new portable clinical hand wash sink which had recently been delivered but not yet installed. The purpose and function of this unit required review by an infection prevention and control specialist.

The inspector was informed that the majority of used linen and resident's laundry was sent to an external laundry. However laundry was not handled and segregated in line with best practice prior to collection. For example laundry trolleys were not available to segregate laundry at point of care and to safely transport laundry. Laundry was placed in a basket and carried to the laundry. This practice risked contaminating staff clothing.

Fabric and disposable bed curtains were observed in resident rooms. However the disposable curtains were dated January 2022 which indicated that they were not changed every three months in line with best practice.

## 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;

- Disparities between the consistently high levels of compliance achieved in local infection control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- Surveillance of MDRO colonisation was not routinely undertaken and recorded as recommended in the National Standards. There was some ambiguity among staff and management regarding which residents were colonised with MDROs.
- Resident assessment and transfer documentation viewed did not include comprehensive information about residents MDRO colonisation status. This meant that appropriate precautions may not have been in place when caring for residents that were colonised with MDROs.
- The provider had not ensured that a new portable hand washing unit complied with the recommended specifications for clinical hand wash sinks. Infection Prevention Control specialist advice had not been sought before the unit was purchased.

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

- There were a limited number of clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- Cleaning textiles and mops in addition to some items of residents clothing were washed and dried in the onsite laundry. This room was small and did not support the separation of clean and dirty activities. Clean and dirty workflow was not clearly defined in order to reduce the risk of cross



contamination.

- The inspector was informed that heavily soiled laundry was manually sluiced. This practice increased the risk of environmental contamination and cross infection.
- There were no designated staff changing rooms with a designated area for storage of everyday clothes. The allocated staff changing area was located in the lobby of the staff toilet. Failure to appropriately segregate functional areas poses a risk of cross contamination.
- Toilets for catering staff were not in addition to and separate from toilets for other staff as outlined in the centres infection prevention and control guidelines.
- The sluice room did not support effective infection prevention and control. For example, there was no racking for storage bedpans and urinals. The clinical handwash sink did not comply with the recommended specifications for clinical hand wash basins. There was no clinical waste bin available in the sluice room.
- Resident's washbasins (used for personal hygiene) were observed to be washed in the bedpan washer. This practice was not appropriate as bedpan washers are only validated for the decontamination of human waste receptacles such as urine bottles, bedpans and commode basins.
- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Cleaning equipment was stored within the sluice room and laundry. This posed a risk of cross-contamination.

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 Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0037666

Date of inspection: 16/08/2022

## 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>I as provider am aware of the infrastructural deficits and am endeavouring to continuously improve current facilities and physical infrastructure through upgrading and ongoing refurbishment plans.</p> <p>We are in the process of deciding the most suitable area where a clinical wash hand basin can be installed for the staff. As it will take some time we are hoping to have this in place 31-10-22.</p> <p>The PIC will undertake weekly audits to ensure compliance. An infection prevention control IPC committee has been established in the home and the IPC lead will undertake a monthly infection and control audit along with random daily spot checks to ensure compliance and promote IPC standards in the home. IPC training for all staff nurses to be completed. 30-11-22</p> <p>Linen trolley in place since 25-08-22 . The PIC had a meeting with housekeeping staff on the segregation of laundry. Regular spot checks to be completed on this.</p> <p>The PIC spoke with all staff and informed them of the correct use of bedpan washer. Bedpan rack purchased and waiting on delivery 20-09-22.</p> <p>Clinical Bin placed in the sluice room. 26-08-22</p> <p>Resident with MDRO Colonisation status is highlighted in care plans and all hospitals have been asked to document all information about the residents on all CSAR and transfer documentation moving forward. 20-08-22.</p> <p>Disposable curtains will be included in the cleaning schedule for routine changing and decontamination. 26-08-22.</p> <p>Had a meeting on site with the EHO 22-03-22 after a visit to the premises following a</p> |               |

complaint pertaining to the staff toilet. It was explained to the EHO on that day that it was not possible to provide a separate dedicated toilet for 1 food worker on duty due to the lack of space however she quoted "I would urge you to consider this requirement in future project work planned for the business". This matter is also referenced in more detail in the feedback form submitted.

PIC informed housekeeping to make sure all cleaning materials are to be stored in a separate locked cleaning press provided in the laundry room. Cleaning trolley is provided but was not used on day of inspection.

## 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             | 30/11/2022                      |