



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Chois Fharráige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	20 October 2022
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0038231

## About the designated centre

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

Aras Chois Fharráige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharráige area of the Connemara Gaeltacht. Accommodation is provided on two levels in 34 single rooms and four sharing rooms. Aras Chois Fharráige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

**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 20 October 2022	09:00hrs to 15:00hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector spoke with six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident who had lived in the centre for 10 years said they "loved it here". Residents spoken with were also happy with the standard of environmental hygiene.

The centre was situated in the Irish speaking Spiddal area of the Connemara Gaelthact. The majority of residents and staff were fluent Irish speakers. Several staff were heard conversing with residents in Irish during the course of the inspection. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs.

The centre was purpose built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Large south facing windows in the day rooms and sun lounge provided beautiful sea views of Galway Bay. The centre was spacious with surfaces, floor finishes and furnishings that readily facilitated cleaning. All areas of the home had natural ventilation which was supported by a heat recovery ventilation system that provided warm fresh air.

Bedroom accommodation comprised 34 single and four shared bedrooms. There was an en-suite bathroom in every bedroom. A clinical hand wash sink was available on each corridor within easy walking distance of residents rooms. Alcohol hand gel dispensers were readily available along corridors and with residents rooms for staff use.

There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy.

The kitchen provided was adequate in size to cater for resident's needs. There was plentiful supply of fresh vegetables and juices available for residents. Residents were complimentary of the food choices and homemade meals prepared by the kitchen staff. Designated staff changing rooms were available for changing and storage of everyday clothes.

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. There was a sluice rooms available on each floor. However only one of the two sluice rooms contained a bedpan washer. Barriers to effective hand hygiene practice were also observed within the sluice rooms. There was no separate housekeeping room for storage and preparation of cleaning trolleys and equipment. Findings in this regard are further discussed under Regulation 27.

Despite the infrastructural issues identified, equipment and the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean.

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

The provider of this designated centre was Aras Care Ltd. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge who was also the designated COVID-19 lead. However the provider had not nominated a staff member with the required training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The person in charge was supported in their role by two clinical nurse managers and a team of nursing, care and support staff. Overall, the management and nurse staffing was appropriate to meet the care needs of residents on the day of inspection. The inspector observed there were sufficient numbers of housekeeping staff to meet the needs of the centre on the day of the inspection. However housekeeping staff were not available on Sundays. The inspector was also informed that the care staff were also allocated to laundry duties. This arrangement increased the risk of cross infection and also meant that there was less hours available for the direct care of residents.

The provider had recently notified the Chief Inspector of an outbreak of COVID-19 infection. This was the first and only outbreak of COVID-19 in the centre since the beginning of the pandemic. While it may be impossible to prevent all outbreaks, a

review of the notifications submitted to HIQA indicated that management had successfully contained the spread of infection and limited the impact of the outbreak on the delivery of care. Symptomatic residents and staff were tested and a total of 10 residents tested positive for COVID-19. All residents that had tested positive had completed their period of isolation and had fully recovered. No staff members had tested positive. As a result staffing levels were maintained at levels that could safely meet the services infection prevention and control needs and activities, including out of hours and deputising arrangements. The formal review of the management of the outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak was pending.

The environment appeared visibly clean on the day of the inspection. 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, infection control guidance, and audits of equipment and environmental cleanliness.

Infection prevention and control audits covered a range of topics including waste and linen management and environmental and equipment hygiene. High levels of compliance were consistently achieved in recent audits. However 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.

Surveillance of multi drug resistant organism (MDRO) colonisation was not routinely undertaken and monitored. The overall antimicrobial stewardship programme also needed to be developed, strengthened and supported in order to progress the quality of antibiotic use within the centre. Findings in this regard are detailed under Regulation 27.

The provision of mandatory infection prevention and control training was up-to-date for all staff. However the inspector identified through speaking with staff that additional training and education on MDRO prevention and control was required. Findings in this regard are further discussed under Regulation 27.

## 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. The inspector was informed that there were no visiting restrictions in place and national guidance on visiting was being followed.

The inspector identified some examples of good practice in the prevention and control of infection. 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. Ample supplies of personal protective equipment (PPE) were available.

Staff continued to wear respirator masks when providing care to residents. These masks provided a higher degree of protection than surgical masks.

Practical measures to ensure appropriate ventilation were taken. For example, air quality was routinely monitored using Carbon dioxide (CO<sub>2</sub>) monitors to identify areas of poor ventilation and to monitor ventilation. Each bedroom had a supply of filtered air to reduce and lower concentrations of any airborne infections.

Resident care plans were accessible on a computer based system. However a review of care plans found that further work was required to ensure that care plans contained appropriate guidance on the testing of urine for infection. Details of issues identified are set out under Regulation 27.

A review of acute hospital discharge documentation in resident's files found that several residents had been identified as being colonised with MDROs while in hospital. However staff were unaware of the MDRO colonisation status of these residents. As a result, this information was not documented in their assessments or care plans on return/ admission to the centre. Details of issues identified are set out under Regulation 27.

## 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 provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.
- Additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with bacteria that were resistant to antibiotics (MDROs).
- Care staff had dual caring and housekeeping (laundry) roles. There is a risk that dual responsibilities may dilute the effectiveness of both roles and may increase the risk of cross infection particularly during outbreaks.
- Differences 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.
- The centres admission and transfer documentation did not include a comprehensive healthcare infection and MDRO colonisation assessment.
- Surveillance of MDRO colonisation was not routinely undertaken and monitored as recommended in the National Standards. Staff and management were unaware of which residents were colonised with bacteria



that were resistant to antibiotics. As a result appropriate precautions may not have been in place to prevent ongoing spread and potential infection when caring for residents that were colonised with MDROs.

- Care plans viewed did not set out all of the interventions required to effectively guide and direct the care residents with urinary tract infections (UTIs). For example a care plan inappropriately advised that urine be routinely tested to assess response to antibiotic treatment. This advise may lead to inappropriate antibiotic use and was contrary to best practice guidelines.
- There were no measures in place to improve the quality of antibiotic use within the centre as recommended in the National Standards. For example antibiotic use was not monitored, tracked or tended and audits of antibiotic use were not undertaken.
- Infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or MDRO colonisation including Carbapenemase-Producing *Enterobacterales* (CPE). Antimicrobial stewardship guidelines were not available.

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

- The two sluice rooms did not support effective infection prevention and control. For example, there were no dedicated hand hygiene sinks in the sluice rooms. There was no bedpan washer for decontamination of human waste receptacles such as urine bottles, bedpans and commode basins in the sluice room on the first floor. Urine bottles, bedpans and commode basins were manually emptied and brought downstairs for decontamination. This practice posed a risk of cross-contamination.
- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Cleaning equipment was stored within the sluice room on the ground floor. Water for cleaning was disposed of in the in the sluice room. This posed a risk of cross-contamination.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of clean supplies including incontinence pads and gloves within the sluice room. This increased the risk of contamination. Inappropriate storage of equipment including clean linen, and moving and handling equipment was also observed within assisted bathrooms.

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 Aras Chois Fharráige OSV-0000382

Inspection ID: MON-0038231

Date of inspection: 20/10/2022

## 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>To strengthen and enhance existing IPC measures, a clinical nurse manager has commenced the Infection Prevention Control Link Practitioner Programme and has been allocated protected time to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre (25/11/22). A specific member of staff will be allocated to laundry duties on a daily basis. A cleaner is being rostered on Sundays [13/11/22]</p> <p>A new infection prevention control audit has been adopted and completed in the centre to ensure compliance with the National Standards for infection prevention and control in community services (22/11/22).</p> <p>The centre admission and transfer document has been amended to include a healthcare infection and MDRO colonisation assessment (21/11/22)</p> <p>An MDRO awareness board has been created which records all residents with an MDRO, such as MRSA, CPE, ESBL and VRE. An MDRO care plan has been created for any resident with an MDRO to ensure appropriate precautions are in place to prevent ongoing spread and potential infection when caring for residents that were colonised with MDROs (21/11/22).</p> <p>HSPC guidance document Guidelines for the Prevention and Control of Multi-drug resistant organisms (MDRO) excluding MRSA in the healthcare setting is available in the centre (22/11/22)</p> <p>The IPC Lead is carrying out a train the trainer course which will allow her to provide training on (MDROs) such as MRSA, CPE, ESBL and VRE. Training in Multi Drug Resistant Organisms has been added to the training schedule as part of IPC training (25/11/22).</p> <p>The care plan of all residents with urinary tract infection have been reviewed and updated with the appropriate information to effectively guide care (21/11/22)</p>	

An audit of antibiotics has been added to the audit schedule. This will be conducted annually and information used to track and improve the quality of antibiotic use within the centre (30/11/22).

A dedicated hand-washing sink is being installed in the sluice rooms (28/02/23)  
Disposable bed pans and disposable urine bottles have been purchased for use on the first floor. A system is in place for the disposal of same in line with IPC guidelines (17/11/22).

Health care staff has been informed not to use assisted bathroom for storage. This has been reviewed as part a IPC audit. (17/11/22).

A separate room is being used for the storage and preparation of cleaning trolleys so that these are no longer being stored in the sluice rooms. Additional shelving and storage is being installed so that items such as incontinence pads and gloves will not be stored in the sluice room. [9/12/22]

## 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	28/02/2023