



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

## Issued by the Chief Inspector

Name of designated centre:	St Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0036421

## About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the Elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both Male and Female, over the age of 18 years. Accommodation is provided on three units, Primrose Place (26 female), Clover Meadow (30 male), Lavender Vale (30 female, 5 male and 1 rehab). Bedroom accommodation is mostly multi-occupancy three and four bedded rooms. There are 2 twin rooms and four single bedrooms- two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

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

Number of residents on the date of inspection:	78
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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
Thursday 10 March 2022	08:30hrs to 17:30hrs	Marguerite Kelly	Lead

## What residents told us and what inspectors observed

This inspection took place during a significant outbreak of COVID-19 in the designated centre. There was 78 residents accommodated in the centre on the day of inspection. 53 residents and 52 staff had a positive diagnosis of COVID-19.

The centre is a single story building comprised of three units, Primrose Place, Clover Meadow and Lavender Vale/Heather Rest. Resident bedroom accommodation was comprised of mainly of 3 and 4 bedded multi-occupancy rooms. During this inspection the inspector visited residents bedrooms, toilet and shower facilities communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners room, store rooms, laundry and staff areas.

Throughout the day of this inspection, the inspector spoke with several residents and observed staff interactions with others. All interactions observed between staff and residents were kind and respectful. The residents spoken to confirm they were happy living at the centre. They were satisfied with the care, food and service provided. The Inspector observed a resident asking to see her relative and a staff member very quickly arranged a video chat for her. The Inspector did hear calls bells going unanswered whilst walking around the centre.

On arrival to the centre, the inspector was informed that in so far as possible all residents with a COVID-19 diagnosis were isolating in their bedrooms. The three units had been organised into separate teams with dedicated staff teams to care for those residents who had COVID-19 and those residents who had not been detected with the virus. Staff spoken with told the inspector that they were extremely busy and where possible staff were assigned to COVID-19 positive or negative residents, however, this was not always possible due to the reduction in staff numbers.

Most staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene, however some staff were observed inappropriately wearing gloves. Alcohol hand gel dispensers and clinical hand wash basins were readily available along corridors and bedrooms for staff use, but many of the sinks were slow to empty or were fully blocked. PPE stations were available and set up on corridors, however, the inspector noted there was excessive supplies on these stations which would present a risk for cross contamination.

Infection prevention and control signage required review as it was not clear which rooms were dedicated for COVID-19 positive residents and which were not. In addition the inspector found a lack of awareness regarding the potential for onward transmission of the virus; for example staff routinely left doors to bedrooms accommodating COVID-19 positive residents open and also the door to a staff room adjacent to two bedrooms with COVID-19 positive residents remained open while staff were on their break and not wearing protective masks.

The provider had made the centre homely with furniture, art work, tapestries and

enclosed gardens. However, there were many examples of peeling paintwork, exposed pipes, exposed concrete and damaged flooring. This was a repeat finding from the last inspection of 25 February, 2021. These exposed surfaces remain difficult to clean and maintain to the standard required for residential accommodation or to meet the national infection control guidelines. Storage space was limited and resulted in the inappropriate storage of equipment and supplies throughout the centre. For example a large chapel situated near the main entrance was used to store multiple boxes, including open boxes, of Personal Protective Equipment (PPE). This practice made it difficult for residents to attend for prayer but also posed a risk that the stored PPE could be contaminated by those visiting the chapel.

The inspector observed that in some bedrooms the personal space of residents included their bed, chair and personal storage space and many residents had personalised their area by displaying items such as photographs, books and ornaments. However, the inspector also observed that in some of the multi-occupancy rooms a resident's wardrobe was not in their allocated bed area meaning that they had to enter the personal space of another resident to access their belongings. This not only impinged on their privacy but in the context of an outbreak of COVID-19 this was also an infection prevention and control (IPC) risk.

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

This inspection focused specifically on Regulation 27: Infection Control which requires that the registered provider ensures that procedures, consistent with the National Standards for Infection Control in Community Services (2018) are implemented by staff.

This inspection found that the registered provider, the Health Service Executive (HSE) had not ensured clear governance arrangements were in place to ensure the delivery of safe and effective infection prevention and control measures during an outbreak.

The on-site management structure consisted of a Person in Charge who was responsible for the daily operation of the centre supported by an Assistant Director of Nursing. There were four Clinical Nurse Managers, one in each of the centres units/wards who were supported by nursing, caring, housekeeping, activities and catering staff. The management team were supported by a senior manager who worked in a different location and was available remotely and on-site administrative staff. However, on the day of the inspection COVID-19 related absences meant that there were only two managers in the centre to fill four key management and

administrative roles as well as attend to their normal duties. As a result there was insufficient managerial resources to support staff and to ensure the outbreak was managed effectively.

This was the second COVID-19 outbreak in St Colman's; the first was declared over by Public Health on the 4th January 2022 and this second outbreak commenced 28th February 2022. A review of the management of the first COVID-19 outbreak was not available on the day of the inspection nor was there a COVID-19 contingency plan. The registered provider was asked to submit this following the inspection. The submitted contingency plan was more a self-assessment checklist than a detailed plan which includes detailed infection prevention and control governance and management arrangements, preparedness and contingency plans, staffing arrangements, isolation plans and audit. As a result risks, associated with insufficient governance and staffing resources during the COVID-19 outbreak were not adequately assessed and addressed.

There were Infection Prevention and Control (IPC) audits in place to identify good practices and deficits however, there were no associated Quality Improvement Plans (QIP) available which outlined responsibility or time-lines for addressing identified deficits. For example a household audit identified a requirement to increase cleaning of hand wash sinks and to designate one for discarding water from resident wash basins. Despite this finding, on the day of inspection many of the sinks were blocked or slow to drain and as a consequence were not clean. In addition the inspector found continued dual use of hand-wash sinks, an issue that might have been addressed if there had been a quality improvement plan.

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 an Assistant Director of Nursing. Records provided showed that resident and management meetings were taking place but were not always frequent. However, all records viewed showed that infection prevention and control were standing agenda items at these meetings.

Staff had access to national infection prevention and control guidelines and the local IPC policies were based on national guidelines. Yet, the folder needed review as some documents that had been superseded were still in the folder alongside up to date versions which could lead to confusion for staff accessing this folder.

The extensive nature of the outbreak and associated COVID-19 related absences meant that staffing levels were reduced on the day of the inspection. Nonetheless, the centre did not provide extra cleaning staff during this outbreak to ensure all areas had enhanced cleaning and disinfecting. Also the inspector was told that the care team in some instances were cleaning and disinfecting rooms after caring for residents and then going into other rooms providing care, a practice which poses a risk of cross contamination.

Staff had received education and training in IPC and there were seven Infection Prevention and Control link nurses on site to support staff training in hand hygiene and IPC practices. Records reviewed showed much of the training was online rather

than face to face. There was a small number (6) of staff whose training was not in date according to local policies. The effectiveness of staff training required review as the inspector observed:

- the overuse of gloves
- inappropriate storage of equipment and consumables
- poor local knowledge surrounding needle stick injuries
- poor management of sharps boxes

## Quality and safety

Residents were well cared for in this centre and their rights and preferences were promoted. However, infection prevention and control risks identified on inspection were significantly impacting residents. Lack of clear guidance on isolation and basic infection control procedures created a challenging environment for staff and risked the ongoing spread of infection.

The inspector observed that the COVID-19 outbreak was posing a challenge to management and staff, due to the numbers of residents and staff that tested positive for the virus, and the increased care needs of these residents. Dedicated staff in the centre worked very hard and were very committed to providing care to residents during the outbreak. They worked to the best of their ability, with the assistance of staff from other parts of the HSE to care for residents. Nevertheless, improvements were required in the areas of infection prevention and control.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE, including respirator masks, on the day of the inspection. However, storage of PPE required improvement as significant quantities were stored in open boxes on the floor increasing the risk of contamination.

Scheduled outdoor visits and indoor visits on compassionate grounds were facilitated in line with public health guidelines. Records reviewed indicated that there was good ongoing communication and consultation with residents and their families. Residents' had good access to health care services and their health care needs were being met.

Infection Prevention and Control Precautions were, however, areas of significant concern for the inspector during the inspection. Basic cleanliness in several areas of the centre was not evident on the day of inspection. The storage of equipment was not adequate and surfaces of several items of furniture were not intact and equipment showed signs of rust, wear and tear making these difficult to clean. Flooring and other fixtures such as tiling required attention.

The layout of the laundry used for residents clothes did not support effective infection prevention and control practices. There was not a dirty to clean journey for



the laundry process as the clean clothes had to traverse back through the dirty zone to exit the washing area. In addition equipment used for cleaning such as floor cleaning equipment was stored next to the washing machines.

Following this inspection, the provider was requested to attend a meeting with the Office of the Chief Inspector and to provide a plan to ensure management and oversight of the outbreak. A deep clean of the designated centre was requested to address identified unclean areas, items of equipment and furniture that were found to be unclean or damaged.

## Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

The registered provider had not ensured clear governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. There was insufficient resources allocated to :

- oversight and management in the absence of managers
- cleaners to ensure the centre was clean
- oversight of maintenance to ensure equipment was in working order
- oversight of waste management to ensure that increased waste associated with the outbreak was removed in a timely fashion.

Monitoring and oversight arrangements in the centre had not identified areas for improvement highlighted during the course of the inspection.

Cleaners had not had formal cleaning training and the supervision of cleaning was not effective as evidenced by:

- the many examples of unclean pieces of equipment, items and rooms.
- some items of cleaning equipment were dirty
- housekeeping rooms did not contain essential equipment such as janitorial units and hand wash sinks.
- cleaning equipment/chemicals were stored in the dirty utility rooms.

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- Facility wide issues related to maintenance; many surfaces, finishes, flooring and furniture in the centre were worn, torn, rusty, and poorly maintained and as such did not facilitate effective cleaning.
- The dirty utility rooms did not facilitate effective infection prevention and control measures. Both a bedpan washer and macerator were not working on the day of inspection. These rooms were also inappropriately storing cleaning

equipment and boxes of supplies.

- The housekeeping room and store were not maintained in accordance with good hygiene practices. These areas were observed to be cluttered and visibly unclean. There was no separation between clean and soiled items as outlined in national guidelines.

Some cleaning rooms did not have :

- a sluice/janitorial unit to dispose of dirty mop water, which meant staff were traversing to the dirty utilities to dispose of wash water
- hand wash sinks
- A review of the cleaning products and methods used for routine cleaning was required to ensure compliance with national guidelines.
  - Multiple examples of unlabelled cleaning spray bottles were observed.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. For example
  - chairs were observed in communal bathrooms,
  - wheelchairs were stored along the corridors
  - stocks of PPE were stored on floors.

Facilities for and access to hand hygiene facilities in the centre required improvement; many of the dedicated hand wash sinks were blocked and/or the water did not flow out the drain as intended. The hand hygiene sinks in the treatment rooms did not comply with recommended specifications for clinical hand wash basins.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a health care-associated infection. This was evidenced by:

- A bedpan washer and a macerator were not working on the day of the inspection
- Several items of resident equipment observed during the inspection were visibly unclean including raised toilet seats, commodes, wheelchairs and portable fans.
- The covers of several pressure relieving cushions, crash mats, pillows and foot stools were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- Partially used toiletries were observed in the bathrooms, shower rooms and toilets. The use of communal toiletries is not advised.

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 St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0036421

Date of inspection: 10/03/2022

## 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>Governance and Management:</p> <p>On the day of Inspection senior staff including the PIC were absent due to Covid related illness directly attributable to the Outbreak on site. This was a dynamic situation changing hourly. Clinical Nurse Managers on site were being guided remotely, where necessary, by the PIC/Senior PPIM. The Provider Representative enabled additional clinical support external to the Designated Centre on becoming aware of the challenges in this regard.</p> <p>The Provider has also approved the recruitment of one additional senior nurse manger post for the Centre and continues to support the Centre from an IPC perspective with external advice, training and on site audits to assist with continuous improvement from an IPC perspective. Recruitment in Progress</p> <p>The Provider has also approved the recruitment of a dedicated Household Services Manager to provide direct oversight of household services to include hygiene audits, and quality assurance/improvement measures to enhance further the cleaning of clinical and non-clinical areas within the Centre. Recruitment in Progress</p> <p>Capacity and Capability:</p> <p>All meetings relating to preparedness, contingency planning, management of an outbreak, and debriefing learning are maintained in the Centre and minutes of all meetings are available to guide operation protocols and quality improvement plans. All information is shared across the staff at meetings whether it be Senior Grades, CNM2 and CNM1 or ward meetings with the team closest to point of delivery of care and services provided by the Centre - Completed</p>	

Staffing levels are reviewed on a daily basis to ensure adequate staff for supervision and these are enhanced further in the event/threat of an outbreak of illness to ensure rigorous management of the outbreak while maintaining quality assured care delivery with minimal impact on the lives of our Residents. Staffing levels are a recurring agenda item on meetings both within the Centre and with Senior Managers i.e General Manager and Head of Service (Provider Representative).

Recruitment is ongoing to fill gaps within existing staff team mainly created by maternity leave together with some recent staff developments as outlined above but also associated with the commencement of a new dedicated dementia day care on site.

The Centre has a robust Quality & Patient Safety Committee where risk assessments are completed with all risks reviewed and appropriate control measures implemented locally. Where necessary and appropriate risks are escalated immediately to the General Manager and Head of Service (Provider Representative)

All staff are continually updated on latest HPSC guidelines as they become available. All guidelines are risk assessed in the Centre. All guidelines are kept available now in date order with most recent guidelines to the fore. Out of date and/or irrelevant information is now destroyed to avoid any confusion in terms of latest/current practice. Guidelines are used as reference tool for information when dealing with visitors, resident enquires and to guide practice.

#### Quality and Safety:

PPE storage Infection Control - The Oratory was the designated temporary storage area, within the Centre for PPE during the outbreak as religious services were temporarily suspended. It was chosen for this reason as it was the largest centrally located space within the Centre and negated the necessity for staff to leave the facility to secure PPE from external storage containers, particularly at this time of outbreak. The Centre has now reverted (under normal working protocols) to storing all PPE (with the exception of daily requirement) in dedicated external storage containers - Completed

Laundry Dirty to clean flow has been reviewed post inspection. Works required to achieve flow conducive to improved IPC has been identified. Reallocation of equipment and ramp access by back door. Works shall be costed and planned with a view to completion by July 2022. Separate hand hygiene sink for staff has been installed – Target completion Date 31/-07/2022

#### Infection Control

Face to face training and e-learning are resuming to have blended learning program and not have emphasis on online learning as was the case in the height of the pandemic ensuring safety and availability of the workforce. The Provider Representative is also committed to providing additional onsite external training from an IPC perspective.

Further education clarifying needle stick injury policy and sharps box using safety closure when boxes are in use shall be delivered before end of July 2022 by in house program of education.

It is policy to add collection dates for clinical waste removal from site. This was always the local protocol and we are now reviewing weekly collection schedules with the Contractor to ensure collections are in line with contracted arrangements. Any breach in this regard will be escalated to the Provider Representative if necessary.

A review of all hand wash sinks has been completed with a plan to separate and not have dual use (residents and staff). Residents sinks shall be strictly for residents and new sinks shall be installed along corridors of units allowing staff to have designated hand wash stations and these will be within easy access of rooms - Completed

Albeit all hand sinks are subject to daily cleaning regimes (4 x times daily as standard) a review of the performance of these units is also underway. A maintenance program is in place with replacement units approved where necessary.

PPE Stations during outbreak were stocked to meet resident/staff needs. A re-stocking system has been introduced to maintain appropriate stocks for daily use while insuring excess stock is stored appropriate as referred to above.

Cleaning programs and equipment cleaning and maintenance schedules are supervised by Managers of the Department where equipment is located. We have recently secured a revised equipment/devices cleaning schedule through contact with colleagues in the acute care sector. Appropriate maintenance contracts are in place with approved external contractors to service all care equipment and seating in line with manufacturer's instructions and appropriate IPC guidance.

Breakages, malfunctions are reported by staff to Unit Manager on newly developed dedicated maintenance e-mail. This provides a log and detail of equipment for repair and establishes a timeline for same. Replacement program established with Unit Manager identifying life span of equipment for renewal. PIC and Unit Manager review this log fortnightly- Completed

Cleaning domestic rooms are being updated as discussed on inspection. Janitorial sink and hand wash sink to be installed. Redecoration of rooms to remedy peeling paint surfaces. Works to be completed by Oct 2022. These are set out in our minor capital program for 2022 as provided to the Inspector on the 28/04/2022

A new storage unit has been procured on site for equipment requiring servicing, repair. This facility will reduce clutter (as identified during Inspection) negating the need to store broken/surplus equipment within the Centre. This will provide more circulation space within the Centre avoiding the sense of clutter, particularly within the dedicated on ward storage locations which are limited - Completed





## 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.	Not Compliant	Orange	31/07/2022