



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

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	St Martha's Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0035926

About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 1 February 2022	09:00hrs to 15:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Prior to entering the centre the inspector underwent 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.

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 inspector saw that staff were respectful and courteous towards residents.

The inspector spoke with five residents living in the centre. Residents were very positive in their feedback and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. Residents told the inspector that they were listened to and that staff were kind to them. One resident said they found restricted visiting difficult in the earlier stages of the pandemic but staff supported them to keep in touch with their families. Despite the COVID -19 restrictions and additional infection prevention and control measures, since the onset of the pandemic, residents were supported and encouraged to have a good quality of life in the centre that was respectful of their individual wishes and choices. Residents expressed relief that the centre had managed to "keep COVID out" to date.

The centre provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Bedroom accommodation comprised single and twin bedrooms. Fifteen of the twenty bedrooms had en-suite shower and toilet facilities and there were toilet and bathroom facilities adjacent to the remaining five bedrooms. The inspector observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and sluice facilities inspected appeared very clean. However the treatment room required a de-cluttering and deep clean. There were limited number of dedicated clinical hand wash sinks in the centre and the sinks in the resident's ensuite bathrooms were dual purpose used by residents and staff. This was contrary to the centres own infection prevention and control policy which stated that hand wash sinks should be independent of resident's en-suite sinks.

While the centre provided a homely environment for residents, further improvement was required to achieve compliance with Regulation 27: infection control. The next two sections of the report will present findings in relation to infection prevention and

control governance and management in the centre and how this impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with these standards are implemented. The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

St. Martha's Nursing Home Limited is the registered provider. There were two company directors, both of whom worked in the centre on a full time basis. One director is a registered nurse and is the person in charge of the centre. The other director provided operational oversight. The person in charge had had overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship. The person in charge was rostered in a supernumerary capacity approximately two days a week and was the registered nurse on duty the remaining days. The COVID-19 contingency plan did not outline measures to ensure that there would be sufficient nursing staff and supernumerary managerial oversight available in the event of an outbreak.

There was also a need for formalised access to qualified specialist infection prevention and control practitioner, to support, advise and educate infection prevention and control. There was no on-site infection prevention and control link practitioner with protected time and the support of management to promote good infection prevention and control practice within the centre as recommended in National Guidelines.

Oversight of infection prevention and control required improvement to ensure effective oversight and to identify potential risks and opportunities for improvement. For example, infection prevention and control audits covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. Full compliance was achieved in recent audits. However, disparities between the level of compliance achieved in local audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded. National Standards for infection prevention and control in community services (2018) requires providers to undertake and report on any measurements to assess its performance, appropriate to the service This would enable the provider to monitor antimicrobial use and changes in infectious agents

and trends in development of antimicrobial resistance.

Online infection prevention and control training had been completed by staff. However, in-person training had not been delivered since 2019. The person in charge informed the inspector that on-site infection prevention and control training sessions in the centre had been scheduled for April 2022.

A suite of infection prevention and control policies and procedures were under review at the time of the inspection. Where national policies are subsequently developed, they should be incorporated into local policies.

The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre. The provider also had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications, checklists and guidance in addition to colour coded flat mops and cleaning cloths. However the cleaning chemicals in use were not in line with Health Protection Surveillance Centre (HPSC) guidelines in the event of an outbreak.

Quality and safety

The centre had not had an outbreak of COVID-19 to date which is commendable. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Staff were monitored for signs and symptoms of infection twice a day. Serial polymerase chain reaction (PCR) testing of all staff working in the centre had been undertaken the day before the inspection. The provider had also provided antigen tests to staff to facilitate prevention, early detection and control the spread of COVID-19 infection.

The COVID-19 vaccination uptake in the centre was excellent, all staff and residents within the centre were fully vaccinated against COVID-19. 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 PPE were available. Staff wore respirator masks when providing care to residents. The environment and equipment viewed was visibly clean with a few exceptions. However, improvements were required in relation to hand hygiene facilities, waste management, supplies and equipment management.

COVID-19 care plans had been developed for each resident. However the care plans reviewed were generic and required updating to ensure they were individualised and person centred.

The inspector found that visiting arrangements were in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Visits were encouraged and practical precautions

were in place to manage any associated risks.

Regulation 27: Infection control

The registered provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018), but some action is required to be fully compliant.

Infection prevention and control governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example:

- A review of staffing is required to ensure management and nursing ratios are maintained at levels to safely meet the service's infection prevention and control needs and activities. This includes appropriate supernumerary nursing management allocation for effective outbreak management.
- Infection prevention and control audit tools lacked detail and did not identify the relevant areas for improvement.

A number of practices which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection. For example:

- Clinical waste was not managed in line with national guidelines. The inspector observed domestic waste inappropriately disposed of in the clinical waste stream in a treatment room. There was no clinical waste bin available in the 'dirty' utility room.
- Staff were instructed to manually decant the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. This practice increases the risk of environmental contamination and cross infection.
- Cleaning chemicals and practices were not in line with best practice. For example there was routine use of disinfectants on frequently touched sites which was unnecessary. These surfaces were not cleaned prior to disinfection. A sweeping brush was used in resident's bedrooms for dust control. The use of a vacuum or dust-attracting dry mop is recommended prior to wet moping.

Facilities for and access to hand hygiene facilities in the centre were less than optimal. For example;

- There was a limited number of hand wash sinks dedicated for staff use in the centre. The available clinical hand hygiene sinks did not comply with HBN-10 specifications as recommended in the centres own infection prevention and control policy. Access to the hand hygiene sink in the 'dirty' utility room was obstructed by a commode.

- Bottles of alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used as recommended in the centres own infection prevention and control policy.

Improvements were required in the management of equipment and supplies. For example;

- Nebuliser chambers were not rinsed with sterile water and stored dry after each use. The residual volume should be rinsed out with sterile water after use and reusable nebuliser chambers should be stored clean and dry between uses. Medication is delivered directly to the lungs and could, if contaminated, be a source of infection.
- The treatment room required a deep clean and de-clutter. A number of dressings and solutions in the treatment room had passed their expiry date. Open-but-unused portions of 'single-use only' wound dressings were observed in two treatment rooms. Once the package is opened it can no longer be considered sterile.

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 St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0035926

Date of inspection: 01/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">. All registered nurses will be IPC lead when they are on duty, to support staff and implement protocols.. A qualified IPC specialist available from hse to support and advise as required and in the event of a covid 19 outbreak.. Person in charge to have extra supernumerary hours while on duty and contingency plan to be updated accordingly in the event of a covid 19 outbreak.. Audits to be kept under review.. Clinical waste to be provided in sluice room and to adhere to policies and procedures to reduce the risk of environmental contamination and cross infection.. Vacuum to be used in residents bedrooms.. Deep clean and de-cluttering of treatment room carried out.. Alcohol gel bottles not to be refilled in line with policy.. Use of sterile water to clean nebuliser chambers.. A review of hand washing facilities to be undertaken and compliance provided as per guidelines. (see date for completion). Further in house training on IPC to be provided in April 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	01/09/2022