



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0036943

## About the designated centre

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

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

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

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 1 June 2022	09:10hrs to 17:10hrs	Deirdre O'Hara	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what they observed, residents were happy with the care they received within the centre. There were many positive interactions seen between staff and residents. Communication and care was seen to be given in a gentle, patient and encouraging manner. Overall, inspector observed a relaxed environment in the centre throughout the inspection day.

When the inspector arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19.

The inspector was guided on a tour of the centre by the person in charge. Sonas Nursing Home Tullow was located on the ground floor. All bedrooms were single occupancy with en-suite facilities in each room. There was a range of communal rooms that were bright and decorated in a homely fashion. During this inspection, the inspector visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' rooms, store rooms, laundry and staff areas. While the premises was seen to be generally well maintained the flooring leading to wing two was uneven and could pose a trip hazard.

Recent upgrades had been completed in the décor of a dining room. Dining furniture and seating in the reception had been replaced. A large amount of seating in communal areas were either heavily worn or stained. The inspector was informed that the program to replace carpets in bedrooms once they became vacant, had been delayed due to a recent outbreak in the centre. Flooring in four rooms were scheduled to be replaced the day after this inspection. Approximately a third of bedrooms seen still had carpets in them which were stained and worn.

There was alcohol based hand rub placed around the centre however additional alcohol based hand rub was required in the communal rooms. There was one dedicated hand hygiene sink in the centre which did not meet the recommended specifications. Staff said they used resident bathrooms or toilet sinks to wash their hands. A large amount of hand hygiene product dispensers were seen to have product build-up or were not clean. This could impact on effective hand hygiene practice in the centre.

Visiting was managed in line with public health advice and was seen to take place in the courtyards and resident bedrooms. Visitors and residents who spoke with the inspector said they were pleased things were returning to normal. One said it would be great when masks could go as they found it difficult to understand conversations. Visitors who spoke with the inspector said that the care was very good and they received regular updates about their loved one by staff or in conversations with the

GP.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the provider had not taken all necessary steps to ensure compliance 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, guidelines, oversight and monitoring systems, with infrastructural barriers to effective hand hygiene also identified during this inspection. Findings in this regard are detailed under Regulation 27: Infection Control.

The registered provider had ensured there were sufficient staff to meet the assessed care needs of residents having regard to the size and layout of the building. They had an on-going recruitment campaign and had reduced the bed occupancy due to a difficulty in recruiting new staff.

Sonas Nursing Home was managed and owned by Sonas Nursing Homes Management Co. Limited. The infection control governance structures showed that the person in charge was the overall lead for infection control and there was a nominated infection control lead identified on each shift. The nurse manager was an infection control champion who was available in the home to monitor practice and provide support to staff. However, the provider did not have formalised access to an infection prevention and control specialist.

Infection control was discussed at various management meetings such as the corporate and home governance meetings. It was also an integral part of staff meetings. Nevertheless, the inspector found that there was insufficient oversight and monitoring of infection prevention and control systems. For example; the infection control program was developing where monitoring of antimicrobial use was evident, further development was required to ensure that infections or colonisation were consistently identified so that this information could be monitored for any potential onward transmission of healthcare associated infection. Audit tools used by the provider were not robust, they did not identify findings on this inspection, such as provision of adequate hand hygiene facilities, safe storage of equipment and waste management. This meant that the quality and safety of care could not be adequately monitored. Details of findings are set out under Regulation 27.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. An outbreak of COVID-19 started in Sonas Nursing Home on 2 January 2022 and declared over on 11 April 2022. Over half of the residents and fifteen staff tested positive. There were no suspected or

confirmed cases of COVID-19 on the inspection day. This was the first significant outbreak experienced in the centre since the beginning of the pandemic. Public Health had assisted in the management of the outbreak and a community infection prevention control nurse specialist had attended the centre to advise on outbreak management and infection prevention and control practices.

A review had been undertaken by the provider after this outbreak. They identified the importance of supervision of good infection control practice by nurse managers and nursing staff. This was augmented in regular updates through online instruction such as putting on and taking off personal protective equipment (PPE) and was seen to be observed in practice during the day of inspection. It reflected on the robustness of the contingency plan to maintain adequate levels of staff to care for residents. They did this by zoning work areas for staff and gaps in staffing levels due to illness were filled by agency staff and remaining staff fulfilled other roles such as communication with families and visiting. This review also showed that all residents who had recovered from COVID-19 had been assessed for any deterioration and care plans were adjusted and appropriate referrals were made to their GP or dietitian.

In records reviewed, all staff were up-to-date with infection training. This was delivered through e-learning. The provider informed the inspector that they intended to further support infection control knowledge and practice for staff by engaging an external infection control specialist contractor to provide face to face training. They also said that they planned to ensure that all nurses complete a module on antimicrobial stewardship to enhance their antimicrobial stewardship program.

## Quality and safety

Notwithstanding the positive findings during this inspection, further review and development under Regulation 27: Infection Control was required. Details of issues identified are set out under Regulation 27.

Carpets in seventeen rooms seen had visible stains and were worn and seating in communal areas were in poor condition. The use of carpet impacted on the effectiveness of cleaning and lived experience and homely environment for residents. Otherwise, the physical environment was generally well-maintained and ventilated. Corridors were free of clutter, and were clean and well lit.

The inspector saw that visiting was managed in line with National guidance and was unrestricted. Visitors were checked for signs of infection before they could enter the building and there was appropriated PPE available for their use. Twice a day, residents and staff were monitored for signs of infection to assist in early detection of COVID-19, so that measures could be put in place to prevent onward spread of infection. There was a successful vaccination program on offer in the centre. Vaccines were available to residents and staff. Serial testing for staff was due to

finish on 6 June 2022 on public health advice.

Admission and transfer documentation included a comprehensive infection prevention and control history. Advice by infection control specialists for screening for multidrug resistant organisms (MDROs) were seen to be followed by staff. While there were detailed plans for residents who had MDROs, there was no care plan for one resident who had a PEG (percutaneous endoscopic gastrostomy) to guide staff in the safe use of this device, in order to reduce the risk of infection.

Safety engineered sharps were used by staff, however, there were gaps in practice with regard to the safe storage of clinical waste which could expose individuals to healthcare risk waste.

Staff were seen to wear PPE appropriately and good hand hygiene practice was observed throughout the day. Hand hygiene and donning and doffing practice was promoted through reminder posters placed at strategic points in the centre. Leaflets on infection prevention and control such as, information on vaccinations and good hand hygiene practice for residents and visitors were also on display.

In records seen of a recent resident meeting, it showed that a staff member had chatted with residents about the importance of hand hygiene and respiratory etiquette. They also explained the reasons why staff and visitors continued to wear face masks: it was to prevent the spread of infection. They also demonstrated hand hygiene techniques to residents.

## 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. This was evidenced by;

- Regular environmental hygiene audits were carried out. However, the audit tools required further development to ensure that all practices and the environmental findings met the standards required. For example, deficiencies were found in the following areas: inadequate number of hand hygiene facilities, management of clinical waste, and safe storage of hoist slings. This meant that infection prevention and control practices were not tracked and trended to monitor progress.
- There was no cleaning schedule for curtains or cloth covered chairs. Seating in communal rooms and some chairs in the prayer room were seen to be stained and/or worn. This meant that they had not been cleaned effectively for safe use. This was a finding during the last inspection.
- Flooring in seventeen bedrooms seen were carpeted. Many were seen to be stained or worn. The use of carpet did not allow for effective cleaning.
- Consistent surveillance of infections and colonisation was not used to inform antimicrobial stewardship measures. This could result in delayed identification of infections or colonisation and impede the prompt implementation of



measures to reduce possible onward transmission of infection.

- There was no care plan for one resident with an indwelling medical device to outline measures to be taken to prevent infection.

There were gaps seen in some practices to ensure effective infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. This was evidenced by;

- There were insufficient dedicated clinical hand hygiene sinks in the centre. The sink in the clinical room did not meet the recommended specifications and there was no soap in this room for staff use. A large number of hand hygiene product dispensers had high levels of product build up or were not clean. The inspector was informed that the sinks in the resident's rooms were dual purpose used by residents and staff. This practice increased the risk of cross infection.

There were gaps in safe storage practices in the centre from an infection prevention and control perspective. For example:

- Hoist slings were seen to be stored over hoists or stored in close contact with each other on hooks behind doors in communal rooms. Continence wear was stored out of their packets in communal bathrooms and on linen trollies. Flower vases were stored on bedpan washers or on the floor in a sluice room. These practices posed a risk of cross infection.
- All but one sharps box was not signed when opened or when permanently locked. The clinical waste bin stored externally was locked and the key for this bin was seen to be stored on the handle of the bin, and the area it was stored in was open to unauthorised access. This may expose individuals to potentially infectious clinical waste.
- Six sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.
- Boxes of supplies were seen stored on the floor in one store room where shelving was broken. Access to one bedpan washer was obstructed by a shelf holding clinical waste. This prevented effective cleaning or safe access to these areas respectively.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Two out of three intravenous trays seen were not clean. They had dust on them and one had a brown coloured stain. This meant that they had not been cleaned or not safe for further use.
- There was outdated guidance in the cleaning policy to guide staff how to clean and store nebulizer masks and chambers. This may result in residents being exposed to harmful infection.

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 Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0036943

Date of inspection: 01/06/2022

## 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> <ol style="list-style-type: none"> <li>1. Flooring Wing 2- Flooring by nurses’ station on Side 2 has been reviewed by flooring company and a new floor covering has been ordered.</li> <li>2. Additional hand sanitizer dispensers have been added to the communal areas in the home. Complete</li> <li>3. Hand sanitizer dispensers are on the cleaning schedule to be cleaned inside and outside to prevent product build up. Complete</li> <li>4. A continuous improvement plan is in place which details the replacement of carpet in bedrooms. 31.03.2023</li> <li>5. Clinical waste bin key is now stored in a key box. Complete 08.06.2022</li> <li>6. Audit tools- a new IPC audit tool had been introduced but not yet completed – this enables new aspects of IPC to be audited. Learning from this inspection will be incorporated going forward. Complete.</li> <li>7. A cleaning schedule is now in place for curtains. Complete 08.06.2022</li> <li>8. A cleaning schedule for the steaming of cloth covered chairs is now in place. A continuous improvement plan is in place for the replacement of cloth covered chairs or the re-upholstering with wipeable chairs. In progress 31.03.2023</li> <li>9. Care plans of resident receiving enteral nutrition have been reviewed. Complete.</li> <li>10. Clinical Hand hygiene sinks- The facilities team are arranging for the installation of additional sinks. In progress 31.03.2023</li> </ol>	

11. Hoist sling storage-hoist slings are hung on coat hooks when resident is in communal areas, coat hooks have been further separated to ensure slings do not touch each other. Completed 08.06.2022

12. Contenance wear- a full review of resident's contenance wear is underway. Residents' individual contenance wear will be stored in their bedrooms. In progress 30.09.2022

13. Sharp boxes- sharp boxes are now being signed and dated by whomever closes them. Complete 08.06.2022

14. Open sterile single use dressings were immediately disposed of. Complete

15. Store rooms- shelving repaired in store room, no further storage on floor of room. Complete 10.06.2022

16. IV trays- cleaning of IV trays has been added to nightly cleaning schedules. Complete

17. Nebulisers- washed after each use and replaced weekly on a schedule as per policy. Ongoing

## 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	31/03/2023