



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

## Issued by the Chief Inspector

Name of designated centre:	St. Gladys Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	53 Lower Kimmage Road, Harold's Cross, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0000686
Fieldwork ID:	MON-0038336

## About the designated centre

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

St. Glady's Nursing Home is located in a suburb of Dublin and close to local shops, bus routes and social amenities such as parks. It is a period building which has been developed to each side of the original building. It is registered to provide care for up to 51 residents. There are 21 single rooms, and 15 sharing rooms. Some of the bedrooms are en-suite and there are accessible bathrooms and toilets throughout the centre. The centre provides care of the elderly, but can also support residents under retirement age. The service is provided to residents with low, medium, high and maximum dependency. They focus on meeting residents needs in relation to care of the elderly, Alzheimer's, dementia or psychiatric needs.

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

Number of residents on the date of inspection:	49
--	----

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 2 November 2022	09:00hrs to 17:55hrs	Deirdre O'Hara	Lead
Wednesday 2 November 2022	09:00hrs to 17:55hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

This inspection was carried out over one day. From observations on the day and through conversations with residents, the residents appeared content living in St. Gladys Nursing Home. On arrival to the centre inspectors were met by the clinical nurse manager. After a short opening meeting the inspectors were taken on a tour of the centre by the nurse manager and the maintenance manager.

There was a calm and relaxed atmosphere observed throughout the day of inspection. Interactions between staff and residents were seen to be kind and respectful and assistance was seen to be given in an unhurried and gentle manner. Residents' feedback throughout the day was that they felt well supported while living in the centre. They said that they could go out when they wanted and one resident said that they enjoyed going out shopping a few days each week. Residents complimented the range of activities available in the centre, and were observed actively participating in group activities organised by the activities coordinator. Residents said they were happy with the food provided and another resident remarked that "the dinners are too good here" and that snacks are available at all times. This resident also spoke of their love of the outdoors, and how the centre provides the resident with assisted access to a garden area, which is very much enjoyed. They said their bedrooms were kept clean, and that they had good relationships the staff at the centre.

While visiting was still being booked, there was no restriction to visits in the centre. Visits were seen to take place in the six communal rooms, the visitor room and bedrooms. One resident said that they had no privacy for visits in communal rooms and would have to use their bedroom for visits if they needed privacy, which they did not like. Another resident was seen to celebrate their birthday with family in the main dining room and later on in a sitting room with other residents and staff.

The building comprised of two storeys with five separate wings referred to as Mount Argus, Kimmage Lower, Kimmage Upper, Harolds Cross Lower and Harolds Cross Upper. Access to each floor was by stairs or lift. The ground floor provided communal space in the two main sitting rooms and a dining room. The laundry, storage room and staff changing facilities were located within cabins external to the building. Resident bedroom accommodation were located in each floor. Residents were accommodated within single and twin bedrooms, with access to shared bathroom or en-suite facilities.

The provider was proactive in maintaining and improving current facilities and physical infrastructure at the centre, through ongoing maintenance and renovations. During the inspection, a communal bathroom was being upgraded to include new flooring and sanitary wear. Corridors and communal rooms had be decorated and flooring replaced in the main dining room, sitting rooms and one stair case. Furniture had been replaced to a high standard, in communal areas throughout the

centre. This positively impacted on the lived experience for residents.

The rooms viewed by the inspectors were largely clean with a few exceptions. The underside of all shower chairs viewed, nebulizer compressor machines and masks were unclean and hoists were dusty. Used linen hampers were seen to be stored in communal bathrooms and supplies were seen to be inappropriately stored with builders' equipment in one store cabin. Some areas were cluttered, with resident hoist slings stored over hoists when not in use. These practices increased the risk of cross contamination and risk of infection for residents.

There were two new clinical hand wash sinks available to staff in the centre (in the main dining room and treatment room), however, they did not comply with national recommended standards. Inspectors were informed of plans to install a further two clinical hand hygiene sinks along corridors to support good hand hygiene practice. While alcohol based hand rub was accessible throughout the centre, two staff were seen to wear hand jewellery and inspectors observed many occasions where staff did not wear face masks appropriately. For example: staff were seen to touch the front of their face masks or wear them below their nose or chin during the inspection.

There was inadequate facilities for the cleaning and decontamination of reusable bedpans and urinal in the Kimmage and Mount Argos wings. The dirty utility room (a dirty utility room is specifically designed for the disposal of human waste products and disinfection of associated products) was located on Harolds Cross upper wing. Staff reported that they disposed of the contents of commodes and urinals into resident toilets which could result in contamination of the environment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place 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. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

Overall inspectors found that while the registered provider was endeavouring to implement systems and controls to protect residents from risk associated with infections, improvements were required in relation to storage, equipment and environmental hygiene and governance and oversight. Infrastructural barriers to effective hand hygiene was also identified during the course of this inspection. Details of issues identified are set out under Regulation 27: Infection Control.

Willoway Nursing Home Limited is the registered provider for St. Gladys Nursing

Home. The management team consisted of the Chief Executive Officer, the Chief Operating Officer, who were new to the role, and the person in charge. The designated centre is part of a provider group with seven nursing homes in total.

The person in charge was supported in their role by a clinical nurse manager. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance and catering staff. During the inspection, inspectors found that there was sufficient staffing levels in place to meet cleaning needs in the centre in line with the centres' statement of purpose.

The person in charge was the COVID-19 lead should an outbreak occur and overall lead for infection control within the centre had been assigned to the nurse manager. The provider was supporting the nurse manager to complete the first part of the infection control link practitioner course and they would complete this course in the weeks following this inspection.

Inspectors found that there was regular equipment and environment hygiene auditing occurring, however, further action was required to ensure that the auditing templates were capturing relevant data so that appropriate action plans could be developed to ensure service improvements. For example, with regard to the lack of availability of a clinical hand hygiene sink in the laundry and sluice room, or appropriate storage of dirty laundry. Dirty laundry was seen to be stored in communal bathrooms.

A quality improvement plan reviewed for February 2022, found there was a lack of storage space for the storage of equipment. While there had been actions developed and taken to manage the poor storage, these actions were not fully addressed to safely store equipment on the day of the inspection. For example: dirty linen hampers were in stored in communal bathrooms and hoists and wheelchairs were stored on a landing, which may result in in cross contamination and also pose an obstruction, should the area be required during an emergency evacuation.

Staff had access to comprehensive infection prevention and control policies. The policy covered topics such as, standard and transmission based precautions and the care and management of residents with multi-drug resistant organisms (MDROs) and other infections. Antimicrobial guidelines were available in the centre and antimicrobial use was reviewed regularly by the group physician, to support the antimicrobial stewardship programme in the centre. The appropriate measures were in place for residents who had infections such as an MDRO, to prevent onward transmission of infection.

Staff had completed a range of infection control training through online modules and practice was monitored through competency practical and written assessments for hand hygiene. Inspectors were informed that the nurse manager would further support practice with face-to-face training for staff once they had completed the infection control link practitioner course.

The person in charge had ensured that staff had access to online antimicrobial stewardship and aseptic non-touch technique training to enhance infection prevention and control practice within the centre. However, refresher training was

required to ensure that equipment was adequately cleaned and safe for use, personal protective equipment, such as face masks, were worn correctly and that staff did not wear hand jewellery to ensure effective hand hygiene.

## Quality and safety

Overall, while there were areas of good infection prevention and control practice noted, it was found that improvements were required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a health-care associated infection and to become fully compliant with Regulation 27: Infection Control.

Resident who spoke with inspectors said that they were happy that visiting had returned to normal and they enjoyed being able to go back out into community and live their lives in a more meaningful way. Infection control was discussed at resident meetings and they were supported in education with regard to hand hygiene and respiratory hygiene. Residents also said that they had access to a doctor or other specialists when they needed it.

In a sample of care plans reviewed for residents with medical devices such as urinary catheters (a urinary catheter is a flexible tube for draining urine from the bladder) they had information in their care plan to guide staff. However, the information and guidance on frequency of changing urine collection bags for one resident was not clearly outlined and staff were not changing these bags in line with the centres policy. This practice may increase the risk of a resident acquiring a healthcare-associated infection.

There were spill kits (a set of equipment specifically designed to control, contain and clean up hazardous substances) available in the centre and staff demonstrated an appropriate knowledge of the centres infection control policy with regard to the management of blood and body fluid spills. They were knowledgeable with regard to the management of needle stick injuries and clinical waste was seen to be managed and stored safely with one exception, the sharps box in the treatment room did not have the temporary closure mechanism engaged when it was not in use. This may result in staff or residents being exposed to clinical waste stored within them.

The housekeeping staff were knowledgeable and their equipment was mostly well maintained, with the exception of a small number of floor brushes, which were seen to be heavily worn. While there were detailed cleaning processes in place to direct staff to effectively clean the centre, a combined detergent and disinfectant was being used for general cleaning when it was not required.

The household staff who spoke with inspectors demonstrated the colour-coding systems in place and the appropriate separation of clean and unclean items during cleaning processes. There was a deep cleaning schedule for all areas of the centre including resident equipment. However, there were gaps seen in cleaning records to



show that equipment, such as hoists and nebulizer compressors, had been routinely cleaned and safe for further use.

There was a successful influenza and COVID-19 vaccination programme available to residents and staff. Reminder posters were on display around the centre with regard to hand hygiene, respiratory etiquette and PPE use.

## Regulation 27: Infection control

While the provider has measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to fully comply with this regulation.

- Infection control audit tools used did not identify or align with findings of this inspection. For example: shower chairs were not on a cleaning schedule and there was a lack of appropriate storage in the centre for dirty laundry. It was observed to be stored in communal bathrooms
- there was inadequate facilities for the cleaning and disinfection of reusable commode bowls and urinals accessible from all areas of the building. The provider had identified that a sluice room was required but no action had been taken to address this
- Increased oversight was required with regard to equipment cleaning. There were gaps in cleaning schedules for resident equipment since 17/10/2022. This was evidenced by; green 'I am clean' stickers on hoists which demonstrated that they were last cleaned on 22/10/22 and labels on two nebulizer masks showed that they were last changed on 17/10/22. This meant that they had not been routinely cleaned in alignment with the centres policy
- there was no clinical hand hygiene or sluice sink available in the dirty utility and the two clinical hand hygiene sinks available were not compliant with the national recommended standards. Additionally, there were insufficient clinical hand-wash sinks to support good hand hygiene practice accessible to all bedroom areas or in the laundry
- staff did not always wear face masks appropriately to prevent onward transmission of droplet or air borne infections.

Equipment and supplies was not safely and effectively cleaned, maintained, stored and managed in accordance with legislation, the manufacturer's instructions and best practice guidance. For example:

- Six staff said that they would dispose of the contents of bedpans or urinal down resident toilets and four staff reported that they decontaminate commode bowls with wipes. This practice would result in contamination of the environment and inadequate disinfection of commode bowls
- routine decontamination of the care environment was performed using a combined detergent and disinfectant solution when there was no indication

- for its use. This practice did not aligned with centre own cleaning policy
- hoists, linen hampers and wheelchairs were inappropriately stored on corridors and communal bathrooms. This could impact on effective infection prevention and control in the centre.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for St. Gladys Nursing Home OSV-0000686

Inspection ID: MON-0038336

Date of inspection: 02/11/2022

## 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> <p>A review of the IPC audit tools has been undertaken and a suite of IPC audit tools introduced in the centre which are comprehensive and detailed, ensuring that all aspects of IPC measures in the centre are monitored effectively. This will be completed by January 31st 2023.</p> <ul style="list-style-type: none"><li>- Sluice facilities in the centre will be reviewed with our architects and a plan to address any identified needs will be developed where feasible. This will be completed by June 30th 2023.</li><li>- A full review will be undertaken of all cleaning schedules for resident equipment within the centre to ensure adherence to same. Increased spot audits will be undertaken by the management team to identify any gaps in a timely manner and ensure that appropriate action is taken to address same. This will be completed by January 31st 2023.</li><li>- A full review has been completed and the upgrade and fitting out of the sinks by January 31st 2023.</li><li>- A full review of the laundry service and consequently of the facilities within the centre is being undertaken by senior management and should be completed by January 31st 2023.</li><li>- Furthermore, hand hygiene is supported with adequate access to hand gel facilities for all staff and residents throughout the facility, ongoing hand hygiene education for staff and residents.</li><li>- Education for all staff in the correct use of PPE is ongoing, with all staff in the centre asked to complete online training module. This will also be supported with informal education delivered in the home and ongoing audit to monitor the adherence to same. This will be completed by January 2023.</li><li>- Education will be delivered to all staff on the correct disposal of the contents of bedpans and urinals in the centre, in line with the centre's policy. This will be completed by January 31st 2023.</li><li>- Education for all cleaning staff to be delivered to ensure that appropriate cleaning products are used at all times and that products are in place in the centre to escalate to if in outbreak and enhanced cleaning is required. This will be completed by January 31st</li></ul>	

2023.

- A full review will be undertaken of storage facilities within the centre and where feasible additional storage space will be developed. This will be completed by July 2023.

**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.	Substantially Compliant	Yellow	30/07/2023