



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Patrick's Care Centre
Name of provider:	Cowper Care Centre DAC
Address of centre:	Dublin Street, Baldoyle, Dublin 13
Type of inspection:	Unannounced
Date of inspection:	01 August 2023
Centre ID:	OSV-0000179
Fieldwork ID:	MON-0040989

About the designated centre

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

St Patrick's care centre is based in Baldoyle, Dublin 13 and provides accommodation for 78 residents. The centre provides care and support for both male and female residents, primarily for those aged over 65. The centre contains a dementia specific area which can accommodate 15 residents. The majority of the accommodation provided is in single ensuite bedrooms with one bedroom offered on a shared basis. There are a number of communal rooms available for residents to socialise and meet their relatives. Residents also have access to secure garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76
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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 August 2023	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and appeared well cared for in the centre.

The inspector spoke with four visitors and five residents living in the centre. All were very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care. Residents spoken with were also happy with the standard of environmental hygiene.

Residents, visitors and staff expressed their delight at improved communication with staff since the mask mandate had been removed within the centre. Staff felt the recent removal of the mask mandate signaled a return to normalcy which had in turn lead to improved communication and socialisation for residents.

The design and layout of the premises met the individual and communal needs of the residents'. Residents were accommodated on six units over two floors. The majority of the accommodation provided was in single en-suite bedrooms with one bedroom offered on a shared basis. The inspector observed that residents' bedrooms were homely and personalised with pictures, photographs and other memorabilia. All bedrooms provided wardrobe and lockable drawer space for residents to store their clothes and personal possessions. There was sufficient closet space, display space, and storage for personal items.

Residents also had access to communal spaces within the day rooms available on both floors, seating areas beside the nurses' station, a large dining room and an oratory. The design and layout of the home promoted free movement with wide corridors and hand-rails available for use. The enclosed external courtyard was well-maintained. The inspector observed a calm and relaxed atmosphere within the communal spaces of the centre on the day of inspection. A range of infection prevention and control information leaflets were prominently displayed outside the main dining room. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean.

There was a hydrotherapy (jacuzzi) bath available on one of the units. While the external surfaces of the bath was cleaned after use, the pipes/ air jets did not receive routine disinfection. This bath was designed and installed with an integrated cleaning and disinfection system. However, the inspector was informed that this system was not routinely used. Failure to routinely decontaminate infrequently used baths can result in contamination of jets. Findings in this regard are further discussed under regulation 27.

Conveniently located alcohol-based product dispensers facilitated staff compliance with hand hygiene requirements. However there were a limited number of clinical hand wash sinks available. The available clinical hand wash sinks in the sluice rooms and treatment room did not comply with the recommended specifications for clinical hand wash basins.

The ancillary facilities generally supported effective infection prevention and control. For example the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a central treatment room for the storage and preparation of medications, clean and sterile supplies. Staff on each unit also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy.

Equipment and furniture view was generally clean. However cleaning equipment was inappropriately stored within a sluice and a communal bathroom. Clean supplies were also observed to be stored within a communal bathroom. Details of issues identified are set out under regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The 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 Patrick's Care Centre is operated by Cowper Care Centre and this designated centre is one of a number of nursing homes managed by the registered provider. There was a defined management structure in place, which consisted of the registered provider representative, the Chief Executive Office (CEO), the group head of care and the person in charge. The person in charge was responsible for the day to day operations of the centre, and was supported in their role by an assistant care manager. Other staff members included a clinical nurse manager (CNM), nurses, team leaders, healthcare assistants, activity staff members, catering and domestic staff, maintenance and administration staff.

On the day of inspection, the inspector observed that there was a sufficient number and skill mix of staff to meet the assessed needs of the 76 residents. There was formalised and regular access to infection prevention and control specialists from a local acute hospital. The provider had also nominated two staff members, with the

required training, to the roles of infection prevention and control link practitioners within the centre.

The inspector observed there appeared to be sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out.

The infection prevention and control programme formed part of Cowper Care's overall risk management process. This programme monitored a range of key performance indicators each month including; adherence to hand hygiene guidelines, staff training, antibiotic usage, vaccine uptake, number of residents with urinary catheters, healthcare associated infection (HCAI) and MRSA colonisation. However surveillance of other multi-drug resistant organism (MDRO) colonisation including Carbapenemase-Producing *Enterobacteriales* (CPE), Vancomycin-resistant *Enterococci* (VRE) and Extended Spectrum Beta-Lactamase (ESBL) was not routinely undertaken and used to inform practice.

Surveillance had identified high uptake of both COVID and influenza vaccinations. However the provider had identified that residents admitted to the centre did not have records of pneumococcal vaccination. A recommendation regarding improvements in obtaining information during admission from the residents GP had been made.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by link practitioners and covered a range of topics including hand hygiene, management of spillages, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance were consistently achieved in recent audits.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Copies of laboratory reports were routinely scanned to the resident's electronic healthcare record.

The inspector identified some examples of good antimicrobial stewardship practice. The volume of antibiotic use was also monitored each month. Monthly consumption data was displayed on a notice board on the ground floor. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example there were no antimicrobial stewardship guidelines or audits.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory

infection prevention and control training. An introduction to antimicrobial stewardship was included in staff induction. Staff had also received training on the care of residents colonised with VRE. However the inspector identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including CPE.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a varied programme of activities that was facilitated by activity co-ordinators, nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions were in place to manage any associated risks.

The centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of outbreak reports found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner. The layout of the building over six units lent itself to effective outbreak management. This meant that each area could potentially operate as distinct cohort area with minimal movement of staff between zones to minimise the spread of infection should an outbreak develop in one area of the centre. While it may be impossible to prevent all outbreaks, the early identification and careful management of COVID outbreaks had contained and limited the spread of infection among residents and staff.

The inspector identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. Waste and laundry was observed to be appropriately segregated. Cleaning carts were equipped with a locked compartment for storage of chemicals.

However a review of care plans found that further work was also required to ensure that all resident files contained resident's current MDRO colonisation status and history. A care plan had been completed but had inadvertently been closed off.

Regulation 27: Infection control

Equipment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by;

- The detergent in the three bedpan washers on the ground floor had expired. This may impact its efficacy.
- A dedicated specimen fridge for the storage of samples awaiting collection was located within the treatment room. This increased the risk of environmental contamination and cross infection.
- Cleaning trolleys observed did not have a physical partition between clean mop heads and soiled cloths. This increased the risk of cross contamination.
- The hydrotherapy bath was not effectively cleaned after and between uses. These types of baths are potentially a high-risk source of fungi and bacteria, including *legionella* if not effectively decontaminated after use.
- Clean supplies including incontinence wear and PPE was stored in communal bathrooms on each unit. Failure to appropriately segregate functional areas posed a risk of cross contamination.

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. Patrick's Care Centre OSV-0000179

Inspection ID: MON-0040989

Date of inspection: 01/08/2023

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>The detergent in the three bedpan washers on the ground floor had expired. This may impact its efficacy.</p> <ul style="list-style-type: none"> • The PIC will ensure that all chemicals in use and consumables are checked routinely and where possible signed off that they have been checked. Stickers will be placed on those items to indicate expiry dates. <p>A dedicated specimen fridge for the storage of samples awaiting collection was located within the treatment room. This increased the risk of environmental contamination and cross infection.</p> <ul style="list-style-type: none"> • A risk assessment will be conducted to identify appropriate location to relocate the specimen fridge. The PIC will continue to ensure all equipment and appliances are located appropriately to prevent cross contamination. <p>Cleaning trolleys observed did not have a physical partition between clean mop heads and soiled cloths. This increased the risk of cross contamination.</p> <ul style="list-style-type: none"> • All cleaning trolleys will be re-modified before mid-September 2023 to facilitate a partition between clean and solid mop heads. House Keeping staff will be educated on the importance of strict segregation of cleaning equipment to reduce cross-contamination. <p>The hydrotherapy bath was not effectively cleaned after and between uses. These types of baths are potentially a high-risk source of fungi and bacteria, including legionella if not effectively decontaminated after use.</p> <ul style="list-style-type: none"> • The PIC has now implemented a cleaning schedule for all hydrotherapy baths and a record of same will be kept in the Nursing Home. 	

- Staff who use them have now all been trained on how to effectively clean the hydrotherapy baths each time when they are used.
- The Hydrotherapy baths in St Patricks will continue to be serviced annually by a contracted company as per manufacturers specification.

Clean supplies including incontinence wear and PPE was stored in communal bathrooms on each unit. Failure to appropriately segregate functional areas posed a risk of cross contamination.

- All incontinence wear has been re-located to individual bedrooms as per our procedure. Storage presses in communal bathrooms will only be used for cleaning materials. PIC will ensure these are checked routinely to ensure compliance to infection control procedures.

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	30/10/2023