



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

Issued by the Chief Inspector

Name of designated centre:	Tara Winthrop Private Clinic
Name of provider:	Tara Winthrop Private Clinic Ltd.
Address of centre:	Nevinstown Lane, Pinnock Hill, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0000183
Fieldwork ID:	MON-0035679

About the designated centre

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

Tara Winthrop Private Clinic is situated close to the village of Swords, Co Dublin. The centre provides nursing care for low, medium, high and maximum dependency residents over 18 years old. The centre is organised into five units made up of 140 beds, of which 112 are en-suite bedrooms. There are eight sitting room areas and six dining room areas and at least 15 additional toilets all of which are wheelchair accessible.

The centre is set in landscaped grounds with a visitor car park to the front of the building. It is serviced by nearby restaurants, public houses, library, cinemas, community halls, the Pavilions Shopping Centre, a large variety of local shops, retail park and historical sites of interest and amenity, such as Swords Castle, Newbridge House and Demense, Malahide Castle and Demesne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	131
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How we inspect

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 18 January 2022	09:00hrs to 15:45hrs	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 a temperature check and a declaration that they were free of symptoms associated with COVID-19.

The inspector spoke with two residents living in the centre. One resident stated that they found COVID-19 restrictions had impacted on their quality of life; however, they were kept informed of and understood the reasons for the restrictions. Visitors spoken with also described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. However, they were very complimentary about the professionalism and dedication of staff.

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. 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.

Overall, the general environment and residents' bedrooms, communal areas, toilets, bathrooms and 'dirty' utility rooms inspected appeared clean. The infrastructure and equipment within the laundry supported functional separation of the clean and dirty phases of the laundering process. Three additional showers had recently been installed to ensure compliance with S.I.293 (Statutory Instrument 291, Amendment 2016) of the regulations.

There was a lack of storage space in the centre which resulted in the inappropriate storage of equipment in some areas. For example, 12 wheelchairs were observed in a lounge room on one unit.

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

Capacity and capability

This inspection focused specifically on Regulation 27: Infection control. Regulation 27 requires that the registered provider ensures that procedures, consistent with HIQA's National Standards for infection prevention and control in community

services (2018), are implemented. Consequently, registered providers must implement these standards in order to be compliant with Regulation 27.

The inspector identified some examples of good practice in the prevention and control of infection. However, the inspector found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the national standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

HIQA was notified that nine residents and 19 staff members had tested positive for COVID-19 in recent weeks. Cases were reported to Public Health and a local Emergency Response Team was convened in line with the centre's COVID-19 plan. Following the HIQA inspection on 18 January 2022, an outbreak of COVID-19 was declared by Public Health backdated to have commenced from 31 December 2021.

The person in charge was the designated infection prevention and control and COVID-19 lead.

The provider also had a number of assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists and colour coding to reduce the chance of cross infection. Quarterly infection prevention and control audits carried out by the person in charge. The high levels of compliance found in the November 2021 environmental audit was reflected on the day of the inspection. An audit had also been undertaken by an infection prevention and control specialist in March 2021.

The provider monitored and promoted COVID-19 vaccine uptake among staff and residents. The COVID-19 vaccination uptake in the centre was good with 92% of staff and the majority of residents within the centre fully vaccinated against COVID-19. On-site vaccine booster clinics were being organised to increase uptake of COVID-19 booster vaccinations among staff.

Surveillance of infections and colonisation was undertaken. Information about residents' colonisation and infection status was documented in their care plans. COVID-19 care plans were also in place. However, COVID-19 care plans had not been updated for residents with confirmed COVID-19.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. COVID-19 infection prevention and control policies and procedures were also in place and based on Health Protection Surveillance Centre (HPSC) guidelines. However, local COVID-19 guidelines required updating to ensure they reflected updated national guidelines.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training, and staff were supported and facilitated to attend training relevant to their role. Training in the fitting and safe use of FFP2 respirator masks had not been provided as recommended in national guidelines. Additional face-to-face infection prevention and control training sessions in the centre had also been scheduled for 14 and 21 February. Household staff had

completed an accredited hygiene training programme.

Staffing was generally maintained at levels to safely meet the service's infection prevention and control needs and activities, including appropriate staffing levels for out-of-hours arrangements. There were sufficient numbers of household staff to meet the needs of the service. The inspector was informed that efforts were made to ensure that the number of individual staff members and the frequency with which individual staff members were required to move between the cohort area and other areas during the same shift was minimised. However, the same nursing staff cared for residents who had tested positive for COVID-19 infection and residents in whom COVID-19 had not been detected. The inspector was informed that infection prevention and control measures were in place and that staff entering the cohort area adhered to transmission-based precautions.

Quality and safety

Overall, the inspector found that residents' care needs were being met during the ongoing outbreak of COVID-19. Residents with confirmed COVID-19 had been reviewed on site by the medical officer.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and, prior to the current outbreak, scheduled visits were facilitated in line with updated public health guidelines. Visitors had been informed of the recommendation to undertake antigen testing prior to visiting. Visiting restrictions had been introduced due to the ongoing outbreak on one unit in line with public health guidance.

While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. The early detection of the symptomatic residents on 30 December 2021 ensured prompt action was taken to isolate symptomatic residents and commence containment measures to limit the spread of infection.

The majority of staff had completed their period of isolation and had returned to work. Four residents were being cared for with transmission-based precautions on the day of the inspection.

The inspector identified some examples of good practice in the management of COVID-19. These included, but were not limited to,:

- COVID-19 antigen testing of all symptomatic residents.
- Implementation of transmission-based precautions for residents with confirmed COVID-19.
- Increased cleaning and disinfection of the environment with chlorine releasing agent.
- The designated cohort area was separated from non-cohort areas by closed

doors.

- Allocation of dedicated care staff to care for residents with confirmed COVID-19 during their period of infectivity.

However, the same nursing staff cared for residents who had tested positive for COVID-19 infection and residents in whom COVID-19 had not been detected. Inspectors were informed that infection prevention and control measures were in place; however, this arrangement was less than ideal and did not ensure effective containment of infection.

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. These included inconsistencies in the use and management of personal protective equipment (PPE) and resident equipment. Findings in this regard are presented under regulation 27.

Regulation 27: Infection control

The provider generally met the requirements of regulation 27; however, some action was required to be fully compliant.

The inspector identified inconsistencies in applying standard and transmission-based precautions as per standard 2.1. As a result, efforts to prevent and control COVID-19 transmission were restricted. For example:

- The majority of staff within two units inspected were observed to be wearing surgical masks. This inspector was informed that close-fitting respirator masks (FFP2 masks) were not readily available within all units. This issue was addressed by the person in charge during the course of the inspection.
- Several staff were observed to be wearing the white surgical masks the wrong way around. As a result, the filtration efficiency and protective ability of the surgical face masks were compromised.
- Separate dining and changing facilities were not available for staff allocated to care for residents with active COVID-19 infection. These arrangements did not ensure ongoing containment of infection.

Hand hygiene facilities were not in line with best practice and national guidelines. There was a limited number of dedicated hand wash sinks in the centre and the sinks in residents' en-suite bathrooms were dual purpose; used by residents and staff. Clinical hand wash sinks in the treatment rooms and dirty utility rooms did not comply with HBN-10 specifications as outlined in the centre's own infection prevention and control audit tool.

There were insufficient local assurance mechanisms in place to ensure that the environment and equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection, as outlined in national standard 2.3. For example:

- Residents' wash-water was emptied down clinical hand wash sinks in residents' bedrooms. This practice should cease as this will increase the risk of environmental contamination and cross infection.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already 'clean', non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- Improvements were required in equipment hygiene. For example, red staining was observed on two glucometers, a shower chair was heavily stained, the base of two hoists and the underside of soap dispensers viewed were unclean and a small number of portable fans were dusty.
- Reusable 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.
- Open-but-unused portions of wound dressings were observed in a treatment room. Reuse of open but unused wound dressings is not recommended due to risk of 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 Tara Winthrop Private Clinic OSV-0000183

Inspection ID: MON-0035679

Date of inspection: 18/01/2022

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>All staff re- educated on the importance of FFP2 masks for all interactions with residents and the correct use of masks.</p> <p>Separate changing area identified for staff when an outbreak in place.</p> <p>A review of hand hygiene sinks will be conducted by management for the home and a plan of works will be completed.</p> <p>A review of decontamination processes will be reviewed in line with best practice guidance. All staff will be re-educated, and the processes will be monitored to ensure compliance.</p>	

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	30/06/2022