



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

Issued by the Chief Inspector

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	24 February 2022
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0036321

About the designated centre

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

Carysfort Nursing Home is located in Glenageary Co. Dublin. The designated centre is registered to provide accommodation for a maximum of 49 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Thursday 24 February 2022	09:30hrs to 16:45hrs	Kathryn Hanly	Lead
Thursday 24 February 2022	09:30hrs to 16:45hrs	Jennifer Smyth	Support

What residents told us and what inspectors observed

Due to the ongoing outbreak inspectors were informed that all residents were remaining in their rooms. Inspectors were also informed that majority of residents downstairs had tested positive for COVID-19 infection. There were no residents accommodated upstairs being cared for with transmission based precautions. Inspectors observed that resident activities were mostly individual and self directed. Some residents were watching TV and others were listening to their radios however no other meaningful activities that promoted physical and mental health and wellbeing were observed on the day.

Inspectors met and spoke with several residents. Feedback from residents living in this centre was generally positive. Residents said that they were satisfied with the care and service provided. However one resident said she missed the activities and found the day long while a second resident said that she was "fed up".

Inspectors observed that residents were accommodated on the ground, first and second floors in a mixture of single, double and multi-occupancy rooms. There was a chair-lift available to provide support to residents with mobility needs.

The general environment appeared physically clean with a few exceptions. While the centre provided a homely environment for residents, a number of infrastructural issues impacted effective infection prevention and control.

Inspectors observed that storage space was limited. This resulted in the inappropriate storage of equipment and supplies throughout the centre. Barriers to effective hand hygiene practice were also identified during the course of this inspection and are detailed under regulation 27.

Isolation signage outside the rooms of residents being cared for with transmission based precautions did not clearly and consistently include the necessary precautions to be adopted including the type of personal protective equipment (PPE) to be worn. Signage was not displayed outside of a room of a residents with suspected COVID-19 infection. This could result in inadvertent exposure should staff not adhere to correct transmission based precautions on entry to this room.

The provider had ensured there were sufficient supplies of personal protective equipment (PPE) in the centre. Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove PPE. All staff were wearing close-fitting respirator masks (FFP2 masks). However inspectors observed generalised and extended use of PPE throughout the centre. 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

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the national standards, are implemented.

Inspectors 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.

Ardancare Ltd. is the registered provider of the designated centre. The centre is managed by a person in charge, supported by an assistant director of nursing (ADON). A person participating in management is involved in the day-to-day running of the designated centre and was also onsite.

Oversight and monitoring systems in respect of infection prevention and control required significant improvement. Issues relating to storage and hand hygiene facilities on the previous inspection during the 2021 outbreak are repeated non-compliance for this inspection. This indicated that issues highlighted had not been prioritised and addressed in a timely manner.

Public Health were assisting in the management of the outbreak and an outbreak control meeting had taken place. Clear records (called line listings) for confirmed COVID-19 positive residents and staff were maintained.

The person in charge was the nominated infection prevention and control lead. However, the provider did not have formalised access to a specialist with the relevant skills, experience and qualifications in infection prevention and control and antimicrobial stewardship, such as an infection prevention and control nurse, as outlined in the National Standards for infection prevention and control in community services.

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. Inspectors were informed that face-to-face infection prevention and control training had been provided in October 2021. Online infection prevention and control training had also been completed by the majority of staff. However, the inspector saw examples where staff were not fully implementing their training and were not undertaking a risk assessment prior to performing a clinical care task, as this will inform the choice of appropriate PPE required.

There was a need to improve monitoring and oversight of infection prevention and

control. Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded as recommended in the national standards. This would enable the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance. Improved leadership and oversight was also required in:

- cleaning and decontamination processes
- management of waste
- infection prevention and control policies.

Infection prevention and control audits were undertaken. Compliance with COVID-19 outbreak measures was also audited daily. Full compliance was achieved in recent audits. However, the findings of the audits did not align with the findings on this, and the previous, inspection which indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures.

Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre. However examples were seen where equipment was not cleaned in accordance with best practice guidance. Details of issues identified are set out under Regulation 27.

Quality and safety

An outbreak of COVID-19 had been declared in the designated centre on 20 February 2022. Serial testing was undertaken and a total of 28 cases of COVID-19 infection (24 residents and four staff members) had been identified to date. This was the second significant outbreak experienced by the centre since the beginning of the pandemic.

Inspectors were informed by the person in charge that Public Health had advised that all residents that had tested positive should isolate for ten days and all other residents should restrict their movements during the current outbreak. Transmission-based precautions were applied to all residents with confirmed COVID-19 infection. However, further improvements were required in outbreak management and adherence to standard infection control precautions to ensure effective infection prevention and control.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. However it was of concern that a number of staff displaying symptoms of COVID-19 were had presented for work at the beginning of the current outbreak. Although documentation reviewed indicated that they were identified as symptomatic and sent home immediately, staff should be aware that they must not attend work if they have fever, cough, shortness of breath, or any kind of new respiratory

symptoms.

The inspectors were informed that routine decontamination of frequently touched surfaces was performed using a combined detergent and disinfectant spray at a dilution of 1,000 parts per million available chlorine. Spray bottles containing a chlorine solution were observed throughout the centre. Chlorine should not be sprayed as it can result in adverse respiratory effects if inhaled.

While inspectors were advised national guidance on visiting was being followed, staff and residents were not aware of the current arrangements that allowed a nominated support person. Care plans had not been updated to reflect the introduction of the nominated support person. Plans stated that visiting was suspended or restricted, stating that visits could occur on compassionate grounds, with the added piece of visitors been informed of risks.

Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA, were implemented by staff.

The registered provider had not ensured clear governance arrangements were in place to achieve the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example, monitoring, audit and oversight arrangements had not identified areas for improvement highlighted by inspectors during the course of the inspection.

Inspectors observed inappropriate generalised and extended use of PPE throughout the centre. For example staff wore gloves and long sleeve gowns in office areas, when transitioning through communal areas and when caring for residents who had not tested positive for COVID-19 infection.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. For example, linen trolleys and commodes were observed in a communal bathrooms and residents laundry was stored within the sluice room.
- The infrastructure of the laundry did not support the functional separation of the clean and dirty phases of the laundering process. Inspectors observed laundry being sorted in the equipment sink. Clean and dirty areas should be kept separate and the workflow patterns of each area should be clearly defined in order to reduce the risk of cross-contamination.
- There was no dedicated room for storage and preparation of clinical supplies such as wound dressings and medications. Wound dressing were stored on a trolley in an open area adjacent to the nurses' station.

- There was insufficient space between beds in two multi-occupancy rooms inspected. A distance of 34 centimetres and 28 centimetres was measured between beds in two multi-occupancy rooms. Physical proximity of less than one metre has been associated with an increased risk for transmission of some infections by the droplet route.
- There were a limited number of dedicated hand wash sinks in the centre and the sinks in the residents' rooms were dual purpose - used by residents and staff. The hand hygiene sink in the sluice room did not comply with required specifications for clinical hand wash basins. There was no hot water available in the hand hygiene sinks in the sluice or laundry room.
- Cleaning chemicals and practices were not in line with Health protection Surveillance Centre(HPSC) guidelines. For example residents' rooms continued to be vacuumed during the ongoing outbreak contrary to HPSC guidance. Floors were not cleaned prior to being disinfected with a chlorine-based product.
- A bathroom cleaning schedule was observed to be signed in advance of the scheduled clean.
- General waste was not managed in line with national guidelines. For example, waste was routinely disposed of as clinical waste in rooms where residents (who had not tested positive for COVID-19) were being cared for with standard infection control precautions.

Equipment was not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Domestic style disinfectant wipes were used to clean small items of equipment between use. An assessment had not been undertaken to ensure that they were suitable for use in a healthcare environment and that they effectively inactivated viruses that cause COVID-19 and influenza infections.
- Soap dispensers were visibly unclean and soap in several cartridges was past its expiry date.
- Bottles of alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- Several commode basins were unclean. Inspectors were informed that commodes were not cleaned and disinfected in the automated bedpans washer immediately after every use.
- Chlorine granules and tablets were not available in the blood spillage kit.
- Open-but-unused portions of wound dressings were observed on a dressing trolley. This may impact the sterility and efficacy of these products if reused.

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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0036321

Date of inspection: 24/02/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following the Inspection and with a view to assuring the Chief Inspector of the Company's compliance with Regulation 27, the Registered Provider reviewed its procedures to ensure the implementation, and ongoing implementation by all staff of the National Standards for Infection Prevention and Control In Community Settings (2018)</p> <p>Following the Inspection, the Registered Provider made arrangements to facilitate a visit by an appropriately qualified Infection Prevention and Control Nurse to our Centre to ensure effective guidance to all our Centre's staff on the aforementioned National Standards.</p> <p>To adhere to the recommendations of the Inspectors, the Registered Provider has put systems in place to ensure that the "generalised use" of PPE has ceased. Staff follow the current recommendations for the use of Personal Protective Equipment (PPE) in the context of the COVID-19 pandemic.</p> <p>Notwithstanding the previous HSE guidance, in an effort to assuage the concerns of the Inspectors during the Inspection, now all spray bottles containing chlorine solution were removed from the Centre. Actichlor is currently diluted in a bucket and used for disinfection.</p> <p>The Registered Provider has ensured that appropriate COVID-19 signage has been placed, and will continue to be placed, as appropriate within all areas of the Centre, including outside any bedroom occupied by a resident suffering from COVID-19.</p> <p>Under the direction of the Person-in-Charge, the assistant director of nursing and the clinical nurse manager the carried out the audits on infection prevention and control during the outbreak, for review by the Person-in-Charge.</p> <p>We assure the Chief Inspector that all staff within our Centre are strictly advised not to attend work if they show any symptoms of COVID 19 and the staff have been following the instructions.</p> <p>The Registered Provider and the Person-in-Charge continue to ensure that all visits to our Centre are permitted in compliance with public health guidance, and having regard to the statutory duties of the Person-in-Charge under the Care & Welfare Regulations.</p>	

To address the Inspector's concerns during the Inspection, the Registered Provider has ensured that the cleaning shed has been relined with 3 mil hygiene boards for easy cleaning. All the shelves are replaced, and no items are stored on the floor. The cupboard with resident's rugs has been removed from the sluice room. Linen trolleys and commodes were removed from the communal bathrooms immediately after the Inspection.

Further, the Registered Provider has ensured that a fixed sliding door has been placed between the tumble dryers and the washing machine which will enable to separate the clean and dirty phases of the laundering process. A new shelf has been put in place for sorting the laundry. Staff have been strictly advised not to use the equipment sink to sort the laundry.

The Registered Provider has ensured that medications continue to be stored in locked cabinets and medicine trolleys. Wound dressings continue to be stored in locked cabinets.

The Registered Provider has conducted a comprehensive review of bed-spacing to implement the recommendations of the Inspectors during the Inspection. The Registered Provider has put in place systems to ensure that the beds in the multioccupancy rooms remain spaced, at all material times, with a view to seeing to reduce the risk for transmission of infections by the droplet route, as necessary.

The Registered Provider to assuage the concerns of the current Chief Inspector with regard to the availability of more clinical hand wash basins within the Centre, has made arrangement for two handwash basins to be placed in the Centre, one on the first floor and another in the sluice room.

The Registered Provider has put in place additional systems to ensure that immersions are checked and documented on a daily basis to ensure that hot water is available in the hand hygiene sinks in the cleaners shed, sluice and laundry rooms.

The Registered Provider has re-emphasised to the Centre's cleaning staff always to clean the floors prior to disinfecting with a chlorine based product. A new HEPA filter vacuum has been purchased and is in use since the Inspection.

The advance signing of the bathroom cleaning schedule has been brought to the attention of the Centre's cleaning staff and further direction given in this regard.

The Registered Provider assures the Chief Inspector that clinical waste bins are removed from the Centre's rooms where the residents are not tested positive or suspected of COVID 19.

All domestic style disinfectants wipes have been removed from the Centre and have been replaced with 70% isopropyl alcohol wipes used in healthcare settings.

All soap dispensers are cleaned and cartridges have been replaced since the Inspection.

The Registered Provider has put in place additional systems to ensure that all soap dishes and cartridges will continue be checked on a weekly basis.

Since the Inspection, all alcohol gel bottles have been replaced, and will continue to be replaced, as appropriate, with new ones.

The Registered Provider has put in place additional systems to ensure that commode basins are cleaned soon after they are used. They are disinfected in the bedpan washer. New blood spillage kits are currently available. Systems are in place within the Centre to ensure that single use only wound dressings are only used for a single time and the unused portions are disposed off immediately.

Currently the needles are disposed of safely in the sharps bin after use. The sharps bin are then collected by an external company as needed. The Registered Provider will make arrangements to purchase an electric needle destroyer.

All actions listed above where not already implemented by the Registered Provider as part of this compliance plan will be implemented by the date given in Section 2 of this Compliance Plan, at the latest.

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	15/06/2022