



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

Issued by the Chief Inspector

Name of designated centre:	Pilgrims Rest Nursing Home
Name of provider:	Pilgrims Rest Nursing Home Limited
Address of centre:	Barley Hill, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0000376
Fieldwork ID:	MON-0036036

About the designated centre

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

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered to accommodate 35 residents. It is situated in a rural location 2 miles outside the town of Westport on the Newport Road. The centre provides care to residents who require long term care and residents who require respite care, convalescence care or who have palliative care needs.

Accommodation for residents is provided in 17 single bedrooms, 16 of which have ensuite toilet and wash hand-basin facilities and nine double bedrooms, four of which have ensuite toilet and wash hand-basin facilities. The communal space consists of a dining room, three sitting rooms, a smoking room and a visitors' room. There are four showers/bathrooms that include toilets and a further four communal toilets located throughout the building. There is also a private enclosed garden area for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Wednesday 9 February 2022	09:30hrs to 15:20hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with three residents living in the centre. All were very complimentary about the professionalism and dedication of staff. One resident spoken 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.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. 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.

The centre provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Residents were accommodated in a mixture of single and twin rooms on one floor. Two twin rooms had been converted to single rooms to ensure compliance with S.I.293 (Amendment 2016) of the regulations. An additional bathroom had also been installed.

The inspector observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

The infrastructure and equipment of the laundry had been reconfigured to support the functional separation of the clean and dirty phases of the laundering process. Dedicated hand wash sinks and alcohol hand gel dispensers were readily available along corridors for staff use.

While the centre provided a homely environment for residents, further improvement was needed to achieve compliance with Regulation 27: infection control. Some of the surfaces and finishes including wall paintwork, tiles and flooring were worn and as such did not facilitate effective cleaning. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and upgrading.

The next two sections of the report will present findings in relation to infection prevention and control governance and management in the centre and how this impacted on 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 these standards are implemented.

Documentation reviewed indicated that specialist staff with expertise in infection prevention and control from HSE Community Healthcare West had provided expert infection prevention and control advice and support to the centre during the pandemic.

There was a need to improve monitoring and oversight of the centre. Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded as recommended in the National Standards for infection prevention and control in community services. This would enable the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.

Regular infection prevention and control audits were carried out by the person in charge. Infection prevention and control audit tools were comprehensive and covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. Full compliance was achieved in recent audits. However, disparities between the level of compliance achieved in local audits and the observations on the day of the inspection indicated that there were insufficient local assurance mechanisms in place to ensure compliance with infection prevention and control measures. The inspector was informed that an infection prevention and control specialist was due to carry out an on-site audit in conjunction with the local management team.

Local infection prevention and control guidelines were not aligned to national guidelines and best practice. For example the overarching infection prevention and control guidelines did not detail the transmission based precautions to be used when standard precautions alone may be insufficient to prevent cross transmission of specific infectious agents. Where national policies are subsequently developed, they should be incorporated into local policies.

Online infection prevention and control training had been completed by all staff. However further on-site training and supervision was required in the areas of infection, prevention and control and cleaning practices. The inspector was informed that a senior staff nurse had been nominated to support infection prevention and control training and support infection prevention and control practices within the centre. They had signed up to attend a five day link practitioner training course in a local centre for nurse and midwifery education.

There was one cleaner working in the centre on the day of inspection. The inspector was informed that hours allocated to cleaning had been increased to 10 hours per day following the last inspection. However the inspector found that this did not ensure the nursing home was appropriately cleaned as evidenced under Regulation 27: Infection control.

Cleaning checklists and colour coded flat mops and cleaning cloths had been

introduced. However a review of cleaning chemicals and processes was required to ensure compliance with national guidelines in the event of an outbreak.

Quality and safety

The centre had not had an outbreak of COVID-19 since early 2020. 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. 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. Serial polymerase chain reaction (PCR) testing of all staff working in the centre was due to be undertaken. Staff were also supplied with antigen tests and asked to undertake testing twice a week. This facilitated the early detection and containment of isolated cases of COVID-19 infection within the centre.

The inspector identified some examples of good practice in the prevention and control of infection. Ample supplies of personal protective equipment (PPE) were available. Staff wore respirator masks when providing direct care to residents. The COVID-19 vaccination uptake in the centre was good, and the majority of staff and residents within the centre were fully vaccinated against COVID-19.

Information about resident's colonisation and infection status was documented in their care plans. COVID-19 care plans had been developed for each resident.

The person in charge was aware of updated Health Protection and Surveillance Centre visiting guidelines which came into effect on the day of the inspection. Visits were encouraged and practical precautions were in place to manage any associated risks.

The provider had recently installed three hand hygiene sinks for staff use. There was a hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub. However the sinks installed did not comply with HBN-10 specifications as outlined in the centre's own infection prevention and control audit tool and as recommended by an infection prevention and control specialist during an on-site visit.

Improvements were also required in environmental hygiene. An infection prevention and control specialist had recommended the use of a combined detergent/ chlorine-based disinfectant in the event of an outbreak in line with current Health Protection and Surveillance Centre Guidance guidance. However this product was not available.

Improvements were required in the prevention and management of sharps injuries. Under the EU (Prevention of Sharps Injuries in the Healthcare Sector) Regulations 2014 providers are required to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place. Where it is practicable to do so, provider must substitute traditional unprotected sharps with a 'safer sharp'

(medical sharps that incorporate features or a mechanism to prevent or minimise the risk of accidental injury).

Mattress protectors on some domestic style mattresses were not fit for purpose. Mattresses should be completely enclosed in a waterproof cover. Each mattress and mattress cover should be reviewed on a regular basis to ensure it is easily cleaned and clinically effective for the resident.

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.

- There was a poor quality infection prevention and control auditing system to drive quality improvement.
- Local infection prevention and control guidelines lacked detail. For example the local policy on the management of sharps injuries did not include a blood/body fluid exposure risk assessment. There were no guidelines on the management of carbapenemase producing *Enterobacteriaceae* (CPE).

A number of practices which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection. For example:

- Resident's wash-water was emptied down hand wash sinks in residents rooms. This practice should cease as this will increase the risk of environmental contamination and cross infection.
- Soap dispensers were topped up and refilled. The inside of a number of wall mounted soap dispensers were stained. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- Reusable nebulisers 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 to reduce the risk of legionellosis. Where this is not feasible, cannot be guaranteed or is not resource efficient, single use disposable nebulisers should be used.
- Open-but-unused portions of wound dressings were observed in the treatment room. This practice should cease as once the package is opened it can no longer be considered sterile.
- Single use medicine pots were rinsed in a hand hygiene sink after use. Equipment designated 'single-use only' should be appropriately disposed of directly after use.

Arrangements are in place for the cleaning and disinfection of the centre were not in line with best practice guidance. This was evidenced by:

- Dust control methods were not in line with best practice and the centres own infection prevention and control guidelines. A vacuum or dust-attracting dry mop was not used prior to wet moping. High levels of dust were visible inside radiators throughout the centre.
- An antibacterial disinfectant was inappropriately used for routine environmental hygiene. The products in use did not effectively inactivate the viruses that cause COVID-19 and influenza infection.
- Five spray bottles containing a cleaning chemical observed were unclean and un-dated. Poorly maintained spray containers may facilitate the growth of bacteria and subsequent use may result in environmental contamination.

Equipment was not managed in line with best practice guidelines. For example;

- A number of plastic covers on domestic style mattresses not fully enclosed and some were torn. The covers of several pressure relieving cushions were worn. This meant that these items could not be effectively cleaned.
- Safety engineered sharps devices were not available as recommended in the centres infection prevention and control guidelines.
- A spillage kit containing a scoop and scraper, single use gloves, protective apron, surgical mask and eye protection, absorbent agent and health care risk waste bags were not readily available for dealing with a spill of blood or body fluids.
- Residents wash basins were inappropriately stored within en-suite bathrooms. Basins were observed in residents sinks and on floors.

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 Pilgrims Rest Nursing Home OSV-0000376

Inspection ID: MON-0036036

Date of inspection: 09/02/2022

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 a review of current procedures were looked at to ensure that we were consistent with the National Standards for Infection Prevention and Control. Immediately following the inspection the following:</p> <ul style="list-style-type: none"> - Correct disposal of residents wash water - Single use nebulisers sourced - Correct use and storage of wound dressings - Implementation of paper medicine pots - An up to date spillage kit purchased - Correct storage of wash basins in resident bedrooms. <p>The Registered Provider and Director of nursing are working with IPC specialist to review IPC policies, processes and audits in line with National Standards, namely the Infection Prevention and Control Policy and Cleaning Policy and procedures.</p> <p>A deep clean of several areas, including those identified by the inspector, was undertaken following the inspection. A review of the allocated time for cleaning was reviewed and identified areas where time could be managed more effectively. The Management team will identify key roles and responsibilities for staff and ensure that these are complied with, ensuring better oversight of day to day practices.</p> <p>The Director of Nursing and Senior Nurse with responsibility for medicines management are implementing an antimicrobial register, which will be a live document, updated twice weekly. This will also be reviewed monthly with our local Pharmacist. Antimicrobial training is being completed by all nursing staff on HSELand.</p> <p>There is an ongoing maintenance and reviews to ensure that worn or damaged surfaces are replaced in a timely manner and that resident equipment in use is fit for purpose. However following the inspection we have reviewed and escalated areas to ensure better</p>	

compliance with IPC, for example the replacement of tiles in two showers areas and the replacement of some resident equipment, including mattresses identified as being unsuitable.

We are working with Ocean Hygiene supplies, our cleaning materials provider, to review cleaning chemicals supplied to us to ensure better compliance with the National Standards for Infection and Prevention. All cleaning staff will be retrained in the correct use of products used in the home.

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	01/04/2022