Health Information and Quality Authority

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: | Gascoigne House |
|---|---|
| Name of provider: | Cowper Care Centre DAC |
| Address of centre: | 37-39 Cowper Road, Rathmines, Dublin 6 |
| Type of inspection: | Unannounced |
| Date of inspection: | 24 May 2022 |
| Centre ID: | OSV-0000038 |
| Fieldwork ID: | MON-0036938 |

## About the designated centre

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

This designated centre for older people is located in the south of Dublin and is close to residential areas and bus routes. It is a purpose-built, single-storey building providing care for up to 50 male and female residents over two units, one of which has been designed to accommodate and care for residents with a diagnosis of dementia. There is a large communal area in the middle of the centre which acts as the primary hub for socialising, dining and recreation. There are also other communal areas in the centre in which residents can relax or receive visitors in private. There is also a safe and secure garden available.

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

| Number of residents on the date of inspection: | 43 |
|---|---|

## 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 24 May 2022 | 09:10hrs to 17:20hrs | Deirdre O'Hara | Lead |

## What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live, with plenty of communal and private space. Residents identified staff as being kind and caring and enjoyed the activities provided. The inspectors spoke with a large number of the residents during the inspection and met two visitors who were in visiting their relatives.

The inspector arrived unannounced to the centre and on arrival, they were met by a staff member who ensured that all necessary infection prevention and control measures, including hand hygiene and checking for signs of infection and the wearing of face masks were implemented prior to accessing the centre.

The inspector was guided on a tour of the centre by the person in charge. Gascoigne House was located on the ground floor with a large communal area central to the building. Residents were seen to use this space for activities, relaxing and dining. The residents had access to external courtyards and could use walk ways around the building for exercise. The courtyards were seen to be well-kept with an array of seating and raised beds contained colourful flowers and plants.

A prayer room provided another area where residents could use, however, supplies of personal protective equipment (PPE) were stored there. This meant that this room was not available to residents. The person in charge gave verbal assurance that this was due for removal the day after this inspection. Generally there was good practice when staff were putting on and taking off PPE. However, staff did not always wear PPE in the correct manner. For example, two staff were seen to wear surgical masks when giving personal care to residents.This was not in alignment with national guidance and best practice where FFP2 masks were required by staff when giving direct care to residents, to prevent onward transmission of COVID-19 to residents or staff.

The inspector noted that many of the resident's bedrooms seen were personalised with soft furnishings, ornaments and family photographs or other items personal to them. While the centre was spacious and bright, the general décor and flooring were not in good condition to facilitate effect cleaning. A number cloth covered chairs and chairs in dining rooms and corridors were stained or had food residue on them.

Information leaflets and posters with regard to COVID-19, hand hygiene and use of PPE were displayed around the centre.There were sufficient wall mounted alcohol gel dispensers on corridors, however, three bottles had expired and were immediately disposed of. Soap dispensers were seen to be unclean, with an excess of product build-up or dirt present. There were insufficient clinical hand hygiene sinks available for staff to use.

A resident who spoke with the inspector said that it took time to settle into life in

the centre and really enjoyed living in Gascoigne House. They said the staff were "marvellous" and enjoyed the company of other residents and that the food was good and plentiful. Residents spoken with said they felt they were kept informed and are happy that their families knew what is going on. On the day of inspection, residents were seen to have visits with their loved ones in gardens, small sitting rooms or resident bedrooms. One visitor said they were kept updated by the provider with changes in how the centre was being run or any changes in their loved one's condition.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the *National Standards for infection prevention and control in community services (2018).*

The governance systems identified areas for action in the area of overall oversight of infection control and antimicrobial stewardship (AMS) in the centre, to assure the provider with regard to the effectiveness and quality of infection control in the centre. Examples of this were, inadequate provision of hand hygiene facilities, inadequate oversight of cleaning and management of clinical waste and oversight monitoring systems, such as robust infection control audit tools and staff training. Details of findings are set out under Regulation 27.

This centre was managed and owned by Cowper Care Centre DAC. The person in charge managed the day-to-day running of the centre. They were supported by the chief executive officer and the head of services - care, who also had oversight of other centres in the group. The staff including the assistant care manager, registered nurses, healthcare assistants, activity staff, catering housekeeping and administration assisted the person in charge in delivering care to residents.

Infection control was monitored at various groups or committees, such as, management meetings and monthly clinical services meetings. They met on a weekly and monthly basis, respectively. There was an annual infection control strategy which set out specific targets and actions to be achieved by the provider. The infection control program was developing where monitoring of antimicrobial use, indication and duration was evident in the stewardship program. However, oversight of the systems to monitor staff training required strengthening to ensure that staff received infection control training relevant to their role.

There was a link practitioner, who was the infection control lead for the centre. They supported training and carried out audits. The centres infection control policy stated that the infection control lead would be given protected time for their role. However,

they were not given protected time to carry out the role. On the day of inspection, the person in charge said that they intended to schedule protected time for this person in future rosters. The provider did not have formalised access to an infection prevention and control specialist.

The centre had experienced a significant COVID-19 outbreak, which affected a large proportion of the residents and a high number of staff. It started on 2 April 2022 and closed on 5 May 2022. There were no residents or staff with detected cases of COVID-19 on the day of the inspection. The post outbreak review was completed by the provider who identified recommendations such as:

- In order to identify early cases of COVID-19, the provider made antigen tests available for staff, and visitors for early detection of COVID-19 infection. This was put in place.
- Additional oxygen cylinders were required. This was addressed.
- The requirement to provide additional cleaning personnel.

A review of senior management meeting minutes showed discussion regarding upgrading of flooring and paintwork and it was anticipated that it would be completed in the coming months.

Records reviewed showed that staff had received education and training in infection control either through e-leaning or a combination of face to face training and e-learning. However, seven staff were overdue refresher training which did not align with the centres yearly mandated infection control training. The person in charge discussed including antimicrobial stewardship (AMS) training to for all nurses enhance the developing AMS program and the centre infection control strategy.

There was evidence of some quality improvement strategies such as a successful vaccination and continence program which was successful in reducing the use of urinary catheters. A system of audit was in place, for example; audits were carried on the environment and hand hygiene. The audit tools used were not sufficiently robust to capture findings, as found on the inspection day. This meant that the environment and practice could not be effectively monitored to ensure safe care was given. The inspector was informed that more detailed audit tools were in development to improve monitoring of infection control in the centre. Findings during this inspection are detailed in Regulation 27: Infection Control.

## Quality and safety

Overall residents' wellbeing and welfare was maintained by a good standard care and support. They were supported to live a good life according to their wishes. However, there were gaps in practice important to good infection prevention and control which required action and are discussed in more detail under Regulation 27: Infection Control.

Residents and staff were monitored for signs of infection twice a day to assist in the early detection so that measures could be put in place to prevent the spread of infection. A seasonal influenza and COVID-19 vaccination program was on-going, with vaccines available to residents and staff. There had been a high uptake of the vaccines among residents and staff. Information with regard to any resident colonisation or infectious status was documented in resident care records. This information was used when a resident was admitted, discharged or transferred to another facility and to develop appropriate care plans to guide staff. There was good access to GP services and a physiotherapist attended the centre on a weekly basis and provided treatment to residents on the day of inspection.

While there was evidence of good infection control practice outlined above, there were issues fundamental to good infection prevention and control practices which required action in areas such as;

- Appropriate disposal and safe storage of clinical waste. While the provider had identified, in records seen, that a lock was required on the door of the external waste storage area, it remained open to unauthorised access.
- The provision of sufficient hand hygiene facilities to support hand hygiene practice.
- Cleaning of the environment and equipment to ensure they were maintained to minimise the risk of transmitting a healthcare-associated infection.
- Flooring and paintwork were not maintained to facilitate effective cleaning.

## Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation was not used to track or trend infections in order to inform antimicrobial stewardship measures.
- Disparities between the consistently high levels of compliance achieved in local infection control 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. Examples seen were hand hygiene facilities and infection control practice by staff were not in line with best practice and national guidelines.
- The infection prevention and control training matrix identified that seven staff were overdue refresher training.
- There were gaps in the oversight and supervision of cleaning. For example, in one vacant room seen, this room contained items from the previous resident who occupied the room and the wash bowl had not been cleaned. Cleaning trollies and some equipment seen were not clean, there was evidence of dust and grime present on this equipment. The soap dispensers were not clean.

Cleaning check lists were not signed off by the cleaning supervisor to ensure that cleaning had met the standards expected.

There were gaps seen in some practices to ensure effective infection prevention and control is part of the routine delivery of care to protect people from preventable healthcare-associated infections. This was evidenced by;

- Hand hygiene practice was generally good, however it was not effective as nine staff were seen to wear hand jewellery. There was poor adherence to hand hygiene observed during one drug round.
- Five staff members told the inspector that the contents of commodes, bedpans or urinals were manually decanted into toilets prior to being placed in the bedpan washer for decontamination. This practice may result in an increased risk of environmental contamination and cross infection.
- Domestic waste was inappropriately disposed of in the clinical waste stream in the centre. For example, non-infectious PPE were disposed of in a clinical waste bin in the laundry room. Three of five sharps bins seen were not signed when opened or the temporary closure mechanism engaged when they were not in use.This was not in line with best practice or national guidelines.
- Sterile dressings were not used in accordance with single use instructions, they were stored with un-opened dressings and could result in them being re-used.

The provider failed to ensure that care is provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Finishes such as flooring and paint work were damaged in areas around the centre which would not facilitate effective cleaning. Floors seen had a build-up of grime, dust or debris. The walls in the cleaners' room had holes in them and the was drain dirty. These were a findings from the last inspection.
- There was only one dedicated hand washing sink available to staff which was located in the nurses' clinical room. This was a good distance from the point of care. This sink did not comply with recommended specifications for clinical hand wash basins. There was no hand hygiene sink in the cleaners' room.
- The external yard where general and clinical waste was awaiting collection was not secure from public access. This area was seen to be littered with used gloves and wipes.
- Builders' equipment and material were inappropriately stored in one sluice room on a damaged shelf. Wheelchairs and linen skips were stored in an assisted bathroom. This practice posed a cross infection risk.

The inspector was not assured that equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Staff were using alcohol wipes to clean equipment.The inspector was informed that they had run out of stock detergent cleaning wipes. This meant

that dirty equipment were not cleaned prior to disinfection.

- One intravenous tray and one blood monitoring machine were seen to be stained with blood. This practice may lead to blood borne infection.
- The trolley used for carrying out dressing changes was not clean. It had brown stains and white sticky residue on it. The top surfaces of drug trollies were dusty. Pill crushers had high levels of dust and debris.
- The incorrect detergent in one bedpan washer was used. This may impact its efficacy.

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 Gascoigne House OSV-0000038

## Inspection ID: MON-0036938

## Date of inspection: 24/05/2022

**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 |

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. Supply of personal protective equipment (PPE) were removed from the prayer room immediately, and the room is now available for the resident's use.
2. A refresher in-house training on proper PPE use was conducted by the infection control link nurse. Spot checks by the IPC link nurse, assistant care manager and care manager is in place to ensure that staff use of PPE are in line with best practice.
3. An appropriate cleaning solution has been identified and purchased for removing the stains from the cloth covered chairs. Additional new chairs covered with vinyl material was ordered to make cleaning easier. Weekly check list for cleaning the chairs has also been created, and the implementation is being supervised regularly by the cleaning supervisor.
4. Expired alcohol gels were disposed and are replaced with in date alcohol gels. The monthly expiry date for such items are now included in housekeeping checklist. The wall mounted soap dispensers are cleaned in a weekly basis and broken dispensers were identified and replacement has been ordered.
5. A training on infection control (Regulation 27) has been arranged for infection control link nurse. Cowper Care is actively recruiting for an infection control nurse specialist for across the three centers. For the meantime, the IPC link nurses will be trained as per the available external training.
6. The IPC link nurse will be provided a 6 hours protected time fortnightly to complete the audits and checks. This has now been included in the monthly running roster. A one-to-one discussion in conducting audit on IPC with the Head of Services-Care was arranged for the IPC link nurse.
7. All nurses has commenced the online training on 'antimicrobial stewardship'. This will be completed by 31/07/2022. Also, this has been now included as a part of the orientation programme for all newly commencing nurses.
8. All relevant IPC audit tool has been reviewed and updated for effective monitoring of the environment and IPC practice.
9. The clinical waste storage bins has always been secured with a padlock and the waste storage area has a latch to secure the gate. A "no admittance, authorised personnel

only" is now displayed on the gate of the waste storage area.

10. A review of the hand hygiene facilities has been conducted. A new clinical handwashing sink was ordered and will be installed in the clinical room and other identified areas as required. This work will be completed before 31/12/2022.

11. Five out of the seven staff who required IPC refresher training has attended the course. The two remaining staff will complete this training before 31/07/2022.

12. A review has been conducted on the oversight and supervision of cleaning. Furthermore, a refresher training on the use of the cleaning solutions has been conducted by the same product external supplier.

13. All staff were reminded on infection control policy with emphasis on hand hygiene and the IPC link nurse is providing education on hand hygiene during their allocated protected hours. Conducting walkabouts and spot checks on staff to ensure the compliance with proper hand hygiene is also part of this exercise.

14. The wound link nurse was notified on inappropriate use of single use dressings. This has been addressed during handover and the wound link nurse has commence education to all nurses on the same.

15. A staff education on proper disposal of bedpan and urinal contents was delivered by the person in charge.

16. A refresher education on disposal of sharps has been given by IPC link nurse and this has been included as part of monthly audits.

17. A plan for refurbishment and repainting of the care center's interior has been agreed and waiting for the external contractor to commence this work in the coming weeks. The refurbishment is expected to be completed by 31/12/2022.

18. The builder's equipment and materials were removed from the sluice room. Wheelchairs and linen skips were removed and stored in another dedicated storage area.

19. A detergent cleaning wipes were purchased and now being used for cleaning the equipment.

20. Intravenous tray and blood monitoring machine and medication trolleys has now been included in the weekly cleaning schedule. Care manager and assistant care manager are conducting scheduled checks on the same to ensure compliance.

21. A new and easy cleanable dressing trolley has been purchased. The wound link nurse has developed a cleaning schedule and checks for wound dressing supplies and trolley and now in place.

22. The monthly service report has been reviewed and revised to include colonization information to better track and trend infections.

23. The bedpan washer detergent was changed as advised by manufactures instruction. A clear guideline has been given to the staff to avoid confusion. The house keeping supervisor, service manager and the person in charge will continue to conduct scheduled walkabout to ensure compliance.

## 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 | 31/12/2022 |