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:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0041741

About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building was originally built as a community hospital in the 1950s with accommodation and facilities laid out along a single corridor on four floors. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room and a separate room to receive visitors in private. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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
Thursday 19 October 2023	09:00hrs to 14:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed and social atmosphere within the centre. Residents could move around the centre freely and the inspector observed a number of residents walking around the centre and surrounding grounds independently.

The inspector spoke with five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene and the care provided within the centre. One resident told the inspector that the attention and care from staff when they tested positive for COVID-19 "was absolutely mighty". A resident also told the inspector that they were glad to have recently received their COVID-19 booster vaccine and annual influenza vaccine.

From the inspector's observations throughout the day it was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Residents had access to social activities appropriate to their needs and abilities. The inspector observed residents watching TV and partaking in activities including singing and art in the communal sitting rooms on each floor.

Mount Alvernia hospital provides long term care to people who have been assessed by the mental health team as requiring ongoing psychiatric, medical care and support. Residents' accommodation was located over three floors (Avondu unit, Clyda unit and St. Camillus unit) with accommodation for 14 residents on each floor. Shared toilet and shower/ bathing facilities were provided on each floor. Communal space on each floor comprised a day room and a dining room for residents' use. Administration offices, kitchen, chapel, staff changing, staff dining room, visitors' room, storerooms and a hairdressing room were located on the ground floor. Two showers had been installed on the ground floor during the pandemic to allow staff to shower and leave the hospital through an exit at the rear of the hospital. The laundry facility was located on the lower ground floor. Used linen and laundry was sent to the laundry from each floor via a dirty laundry chute.

The décor in some parts of the building was showing signs of wear and tear. For example, water damage was observed on a small number of ceilings. The service lift remained out of order and there was no agreed timeline for repair. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and renovations of sluice rooms and shared bathrooms. The inspector was informed that funding had been obtained for the upgrade of wardrobes within resident bedrooms.

The ancillary facilities generally supported effective infection prevention and control. Clean and dirty areas were kept separate and the workflow patterns of each area were clearly defined. For example housekeeping rooms on each floor had a janitorial sink and sufficient space for storage and preparation of trolleys and other cleaning

equipment. Cleaning carts were equipped with locked compartments for storage of chemicals. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy with surfaces that facilitated easy cleaning. The main kitchen was clean.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Equipment viewed was also generally clean.

Conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were available at nurse's stations and within the sluice rooms for staff use.

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

Capacity and capability

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Mount Alvernia Hospital is a designated centre for older persons that is owned and operated by the Health Service Executive (HSE) who is the registered provider. The centre was operated through the governance structures of the mental health services for Cork and Kerry Community Healthcare. There was a clearly defined management structure in place that identified the lines of authority and accountability.

The provider had nominated a staff nurse to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This staff member had attended link practitioner training. Staff also had access to on-site training and support from infection prevention and control specialists as required.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and maintenance.

The inspector observed that there were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre and in line with the centre's statement of purpose. The provider had a number of

assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. Housekeeping staff and multitask attendants had also attended a nationally recognised specialised hygiene training program for support staff working in healthcare and were found to be knowledgeable in cleaning practices and processes.

The provider had a *Legionella* management programme in place. Water samples were routinely taken and provided assurances that local *Legionella* control measures were effective.

However, further improvements were required in the overall governance and management of infection prevention and control to ensure there was effective oversight of infection prevention and control practices. Regular hand hygiene, environmental hygiene and mattress audits were undertaken. However, audits were not routinely scored to track progress. In addition, other elements of standard infection prevention and control precautions including laundry and waste management and sharps safety were not routinely audited. This meant that the provider could not be assured that standard infection control precautions were consistently implemented by staff delivering care. Findings in this regard are further discussed under Regulation 27.

The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning and tags were not removed before using two items of equipment. While equipment appeared visibly clean, inconsistencies in the tagging system meant that the inspector was not assured that all equipment had been cleaned after use and was ready to be used.

Surveillance of multi-drug resistant organism (MDRO) colonisation was not undertaken. This meant that the provider was unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a resident that was colonised with Vancomycin-resistant Enterococci (VRE). As a result accurate infection prevention and control information was not recorded in this resident's care plans to effectively guide and direct their care. Findings in this regard are presented under regulation 27; Infection control.

At the time of the inspection it was explained that the antimicrobial stewardship programme was in the process being established. The provider had implemented an number of antimicrobial stewardship quality improvement initiatives. For example, the volume of antibiotic use was monitored each month. An antimicrobial pharmacist had provided antimicrobial stewardship training to staff. Staff were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. However, the overall antimicrobial stewardship programme needed to be further developed,

strengthened and supported in order to progress. Details of issues identified are set out under regulation 27; Infection control.

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff had also recently received training in the management of urinary catheters from an infection prevention and control specialist. However, the inspector identified, through talking with staff, that additional training was required to ensure staff were knowledgeable and competent in the management of residents colonised with MDROs.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place on the day of the inspection.

Staff and management working in the centre had managed several small outbreaks and isolated cases of COVID-19 over the course of the pandemic. While it may be impossible to prevent all outbreaks, a review of outbreak reports and notifications submitted to HIQA found that outbreaks were generally identified, managed, controlled and documented in a timely and effective manner.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

However, the provider had not yet substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, a dedicated specimen fridge for the storage of samples awaiting collection was not available. Details of issues identified are set out under regulation 27.

A review of care plans found that further work was also required to ensure that all resident files contained resident's current health-care associated infection status and

history. Accurate information was not recorded in resident care plans to effectively guide and direct the care of a small number of residents colonised with MDROs. A review resident assessments found that MDRO history was limited to MRSA. However the person in charge showed the inspector a revised assessment template that was awaiting implementation. This contained a comprehensive MDRO assessment.

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship but some action was required to be fully compliant. For example;

- Surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result accurate information was not recorded in resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.
- While antibiotic usage was monitored, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.
- Some elements of standard infection prevention and control precautions including laundry and waste management and sharps safety were not routinely audited. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

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

- Urine samples awaiting collection were stored in the medication fridges. This increased the risk of contamination and cross infection.
- The system to identify that shared equipment had been cleaned after use had not been consistently implemented at the time of inspection.
- Safety engineered needles were not available. This increased the risk of a needle stick injury.

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 Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0041741

Date of inspection: 19/10/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

1 A designated specimen fridge is now available in the Clinical Equipment room on the Ground Floor .This fridge will be on a cleaning schedule & daily temperature check

2 MDRO Register has been created & is available in Matrons office & also on each unit. IPC CNM2 has provided guidance on MDRO management .The care plans of the 2 colonized residents with MDROs have been updated.

3 MDRO HSEland training will be done by all staff .Joanne O Gorman will provide further training in the coming weeks.

4 An Audit of Antibiotic use will be undertaken to ensure that Antimicrobial stewardship standards are being maintained. I will discuss same with Callum Ryan Antimicrobial Pharmacist.

5 I have discussed Laundry, waste & sharp safety audits with Joanne O Gorman CNM2 IPC & she has provided me with audit tools to measure the above safely & I will implement same.

6 I have replaced all needles with the Safety Engineered Needles.

7 The I am clean sticker system for shared equipment has been discussed on each floor. Further training & direction will be given to all staff & surveillance by CNM2s on each floor to ensure the current system in place is being used correctly.

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	31/12/2023