



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

Issued by the Chief Inspector

Name of designated centre:	Sacré Coeur Nursing Home
Name of provider:	Sacré Coeur Nursing Home Limited
Address of centre:	Station Road, Tipperary Town, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0000278
Fieldwork ID:	MON-0034759

About the designated centre

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

Sacre Coeur Nursing Home is a facility which can accommodate a maximum of 26 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre provides nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Given the design and layout of the building and the fact that the second floor is currently accessed by a stair-lift, it may not always be possible to accommodate every level of dependency or a particular request for care. Equally, if a resident's dependency level increases, it may become necessary with prior consultation and permission to move the resident within the building. The service employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Tuesday 9 November 2021	09:10hrs to 15:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Prior to entering the centre the inspector underwent a series of infection prevention and control measures which included temperature check and a declaration that the inspector was free of symptoms associated with COVID-19.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time since the onset of the pandemic. The atmosphere in the centre was very relaxed on the day of the inspection. The inspector spoke with four residents at length. All were very complimentary about the professionalism and dedication of staff. Residents told inspectors that they were listened to and that staff were kind to them. One resident said they found restricted visiting difficult when the country was in "lockdown" but staff supported them to keep in touch with their families. They expressed relief that the centre had managed to "keep COVID out" to date.

The majority of staff and residents within the centre were fully vaccinated against COVID-19 and had recently received booster vaccines. The associated benefits of full vaccine uptake among residents had led to changes in some public health measures, including visiting and outings. Despite the COVID-19 restrictions and additional infection prevention and control measures, since the onset of the pandemic, residents were supported and encouraged to have a good quality of life in the centre that was respectful of their individual wishes and choices. However, further improvement was required to achieve compliance with Regulation 27: infection control.

The centre was registered to accommodate 11 residents on the ground floor and 15 on the first floor. When walking around the centre, 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 majority of rooms in the centre had recently been repainted. While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example there was a lack of storage space in the centre which resulted in the inappropriate storage of equipment and supplies. Barriers to effective hand hygiene practice were also identified during the course of this inspection. There was limited access to shower/bathing facilities with one communal bathroom/shower on the ground floor for the use of nine residents. Two triple bedrooms did not comply with minimum floor space requirements of 7.4 m² per person, as set out in the amended regulations SI 293 (2016). Works were commencing on the day of the inspection to reconfigure two bedrooms to accommodate residents in line with SI. 293 (2016).

Communal space for residents included a dining room and a sitting room which were both located on the ground floor. However, recreational and dining space did not provide a minimum of 4 square metres for each resident as per the National Standards for Residential Care Settings for Older People in Ireland (2016).

There was one sluice ('dirty' utility) room which was located on the ground floor. The inspector observed that this room was used as a thoroughfare to and from the external laundry and storage areas. The location of dirty utility rooms should minimise travel distances for staff from resident rooms to reduce the risk of spillages and cross contamination.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

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. Consequently, registered providers must implement these standards in order to be compliant with Regulation 27.

The inspector found that the provider had not taken all necessary steps to ensure full compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

The registered provider Sacre Coeur Nursing Home Limited has two company directors. One director is a registered nurse and assumed the role of Operations Manager within the centre.

The person in charge (PIC) worked full-time in the centre and was supported by a clinical nurse manager, registered nurses, care staff, kitchen, household, laundry and maintenance staff.

Overall accountability, responsibility and authority for infection prevention and control and antimicrobial stewardship within the service rested with the PIC who was also the designated COVID-19 lead. However, the oversight of infection prevention and control required improvement to ensure effective oversight and to identify potential risks and opportunities for improvement. For example there was no on-site IPC link practitioner with protected time and the support of management to promote good infection prevention and control practice within the facility as recommended in National Guidelines. In addition the assigned weekend housekeeping hours (four hours on Saturdays and Sundays) did not ensure that all

areas of the centre could be fully and effectively cleaned at weekends.

Infection prevention and control audits covered a range of topics including laundry facilities, equipment hygiene, sharps safety and hand hygiene facilities. Maintenance issues had been identified on recent audits and plans were in place to replace flooring in a number of residents' rooms. Surveillance of antibiotic use, infections and colonisation was undertaken and recorded on a weekly basis. This enabled the provider to monitor antimicrobial use and changes in infectious agents and e.g. trends in development of antimicrobial resistance.

The centre had also introduced a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed.

A training matrix was in place showing all the mandatory and relevant courses completed by staff. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. The inspector was informed that online infection prevention and control training was completed by all staff. Face to face infection prevention and control training sessions in the centre had also been scheduled for 15th and 22nd November.

The centre had a suite of infection prevention and control guidelines which had been developed and approved locally. However, the content of some guidelines required review. Details of issues identified are set out under Regulation 27. Where national policies are subsequently developed, they should be incorporated into local policies.

COVID-19 infection prevention and control policies and procedures were also in place and based on HPSC guidelines. However all staff did not have access to the most recent version of the Health Protection and Surveillance (HPSC) guidance.

The centre had not had an outbreak of COVID-19 to date which is commendable. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Staff were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Fortnightly serial testing of staff working in the centre was ongoing.

Quality and safety

The inspector identified some examples of good practice in the prevention and control of infection. However, improvements were required in relation to the maintenance, layout and infrastructure of the building, hand hygiene facilities, equipment management, environmental hygiene practices and waste management.

Information about resident's colonisation or infection status was documented in their care record. COVID-19 care plans had been developed for each resident to be used in the event that they tested positive for COVID-19. The inspector observed that residents were supported to perform hand hygiene. The inspector was also informed that residents were encouraged to practice respiratory hygiene and cough etiquette.

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. Ample supplies of PPE were available. The inspector observed that PPE such as surgical masks were used appropriately by all staff during the course of the inspection. The environment and equipment viewed was visibly clean with a few exceptions.

The inspector found that visiting arrangements were in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Visits were encouraged and practical precautions were in place to manage any associated risks. External visits and outings were also facilitated. Infection prevention and control packs containing masks and hand sanitizer were provided when residents were leaving the centre.

However further improvements were required in respect of premises and infection prevention and control, which were interdependent. The current infrastructure presented challenges in effective containment should an outbreak be detected. For example the limited sanitary facilities and the layout of the centre did not support optimal infection prevention and control practices. Storage space was also limited. The inspector observed inappropriate storage of equipment, PPE and laundry throughout the centre. Barriers to effective hand hygiene were also identified. There was a limited number of hand wash sinks dedicated for staff use in the centre. Details of issues identified are set out under Regulation 27.

The provider was endeavouring to improve current facilities and the physical infrastructure at the centre through ongoing maintenance and the procurement of additional storage facilities. The provider should review the current plans to ensure that the physical environment, equipment and facilities are developed and managed to minimise the risk to residents, staff and visitors acquiring a healthcare associated infection.

Regulation 27: Infection control

Improvements were required to comply with regulation 27.

Local infection prevention and control guidelines required further review. For example guidelines on the use of PPE did not outline what PPE staff should wear when caring for residents with transmission based precautions.

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:

- Clinical waste was not managed in line with national guidelines. For example clinical waste bins were available throughout the centre and staff routinely disposed of all PPE as clinical waste. (Facemasks that are worn by staff in circumstances other than contact with residents with suspected or confirmed COVID-19 or COVID-19 contacts may be disposed of in the domestic waste stream).
- A stool sample was observed in the medication fridge. Microbiology specimens for refrigeration should be stored in a fridge dedicated for this purpose to reduce the risk of cross contamination.
- Tubs of alcohol wipes were available at reception for cleaning small items of equipment and frequently touched sites. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.
- Dust control (e.g vacuuming) was not routinely done prior to wet mopping residents rooms.

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example;

- Communal stocks of personal hygiene products were observed in a shared bathroom. Clean laundry was inappropriately stored in a communal bathroom. PPE and cleaning supplies were inappropriately stored on open shelving in the laundry/ironing room. The design and finish of this area did not facilitate effective cleaning.
- There were insufficient bathroom/ shower facilities available to residents on the ground floor. This would present challenges in the event of an outbreak.
- The nurse's station was used to store clean and sterile supplies and medications. There were no clean utility or treatment rooms with suitable hand-washing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys.
- Staff accessed the laundry and storage areas via the 'dirty' utility room. Clean and used linen was transported through the dirty utility room. Failure to appropriately segregate functional areas poses a risk of cross contamination and requires review.

Facilities for and access to hand hygiene facilities in the centre were less than optimal. For example;

- There was a limited number of hand wash sinks in the centre and many were dual purpose (used by both residents and staff).
- The clinical hand wash sink in the 'dirty' utility room did not comply with current recommended specifications.
- Sealant between several of the sinks and walls was not intact which did not facilitate effective cleaning.
- Hand dryers were available (in addition to paper towels) in some toilets. Hand driers are not recommended for use in resident areas.
- Used wash-water was emptied down resident's sinks and basins were rinsed

in the residents' sinks which poses a risk of cross contamination.

Improvements were required in the management of equipment and supplies. For example;

- The use of portable fans in communal areas such as the nurse's station had not been risk assessed. The portable fans were not on a daily cleaning schedule and the blades of some fans in resident's rooms were dusty.
- Open-but-unused portions of wound dressings were observed within boxes of wound dressings. Reuse of open but unused wound dressings is not recommended due to risk of contamination.
- Supplies for dealing with a blood spillage were available. However, the chlorine granules had expired in 2015.
- Reusable nebuliser chambers were not rinsed with sterile water and stored dry after each use. The residual volume should be rinsed out with sterile water after use and reusable nebuliser chambers should be stored clean and dry between uses. Medication is delivered directly to the lungs and could, if contaminated, be a source of infection.

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 Sacré Coeur Nursing Home OSV-0000278

Inspection ID: MON-0034759

Date of inspection: 09/11/2021

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> <ul style="list-style-type: none"> • All Infection Control Policies have been reviewed and updated as per National Guidelines • Clinical Waste Management Procedures and Policies have been reviewed and updated as per national Guidelines. • Use of PPE Policy has been reviewed and updated as per National Guidelines <p>Practices that have potential to Impact on Effectice Infection Prevention and Control:</p> <ul style="list-style-type: none"> • Clinical Waste Management Procedures and Policies have been reviewed and updated as per national Guidelines • A dedicated fridge for microbiology samples has been sourced. • Procedures at Reception have been reviewed and changed, cleaning of equipment and frequently touched sites are now carried out using detergent and disinfectant as recommended. • Previous Dust Control Procedures have been reviewed and an alternative method is now in situ. <p>Maintenance and Infrastructural Issues</p> <ul style="list-style-type: none"> • Renovations that were ongoing on day of Inspection have been completed and included repainting and upgrading of flooring. <p>The Nursing Home was fully repainted both inside and outside over the summer except for two bedrooms at the residents own requests. There is a Full Time Maintenance Person employed by the Nursing Home who is responsible for ongoing upgrading of surfaces and finishes.</p> <ul style="list-style-type: none"> • Communal Stocks of personal hygiene products have been removed and Staff Retraining in relation to this practice has taken place. All residents have their own individual toiletries. • Storage throughout the Nursing Home including PPE ,Laundry and Cleaning Supplies are currently being reorganized .Adjacent Building to Nursing Home has been purchased 	

to facilitate same .

Date for Completion 31/1/22

- Additional Downstairs Shower will be installed Date For Completion 28/2/22
- New adjacent building purchased will be used for storage and back office functions which will allow us space to provide enhanced facilities within the Nursing Home. This will include hand washing facilities and treatment room.

Date for Completion 31/12/22

- Staff access to the laundry has been reorganized to ensure that clean laundry is not transported through the sluice room.

Hand Washing Facilities;

- A full review of all handwashing facilities will take place and plans will be implemented for additional dedicated staff sinks to be installed

Date of Completion 31/12/22

- Risk Assessment of Use of Dual Purpose Hand Washing Facilities will be completed and Control Measures will be implemented as necessary.

Date of Completion 17/1/22

- A new Clinical Hand Wash Sink will be sourced for the Sluice Room

Date of Completion 28/2/22

- Sink Sealants are currently being upgraded as part of ongoing maintenance

Date of Completion 31/1/22

- Hand Dryers have been decommissioned.
- Risk Assessment of Discarding of Used Wash Water will be completed and Control Measures will be implemented as deemed necessary.

Date of Completion 17/1/22

Management of Equipment and Supplies

- Use of Fans has been risk assessed and are now included on daily cleaning schedule
- Risk Assessment of open but unused wound dressings will be completed and Control Measures will be implemented as deemed necessary.

Date of Completion 17/1/22

- Blood Spillage Kits have been replaced
- Procedures for Cleaning of Nebulisers following Use have been Reviewed Updated and Implemented as per National Guidelines.

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