



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

Issued by the Chief Inspector

Name of designated centre:	Ave Maria
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0036616

About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's dogs visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility.

The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Tuesday 29 March 2022	08:25hrs to 15:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector met and spoke with seven residents. Feedback from residents living in this centre was very positive. Residents said that they were satisfied with the care and service provided. Some residents said they were anxious and worried in the earlier stages of the pandemic but staff reassured and supported them. Residents said that they saw the directors and the person in charge every day and that they could talk with any of them if they had any concerns.

There was a relaxed atmosphere within the centre as evidenced by residents chatting within communal areas and 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.

There were opportunities for residents to participate in activities, on the day of inspection. Several residents were accompanied by staff outside to enjoy the sunshine. Other residents were observed to be reading their newspapers, watching television and chatting. The centre's resident dog and cat also provided comfort and entertainment for residents.

Bedroom accommodation comprised 41 single en-suite rooms located in four separate wings. Overall the general environment and residents' bedrooms, communal areas, dining room, store rooms, laundry and 'dirty' utility (sluice) room inspected appeared clean and well maintained with a few exceptions. Findings in this regard are further discussed under the individual Regulation 27.

Through walking around the centre, the inspector observed that some residents had personalised their rooms with photographs and pictures. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the ensuite bathrooms and along the corridors to maintain residents' safety. Hand wash sinks and alcohol hand gel dispensers were readily available along corridors for staff use. The available hand hygiene sinks did not comply with recommended specifications for clinical hand wash basins. The infrastructure of the laundry did not support the functional separation of the clean and dirty phases of the laundering process. For example clean blankets were stored adjacent to the equipment cleaning sink and washing machine.

Overall the equipment viewed were generally clean with some exceptions. Findings in this regard are further discussed under the individual Regulation 27.

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

Capacity and capability

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.

The centre is owned and operated by Cummer Care Ltd. The company has two directors who both work in the designated centre. The person in charge was the nominated infection prevention and control lead and link practitioner and was well supported by the provider. Records showed that the provider met with the person in charge regularly. A review of documentation indicated that infection prevention and control was a standing agenda item at monthly management meetings.

Surveillance of antibiotic use and infections was routinely undertaken and recorded as recommended in the National Standards for infection prevention and control in community services. This enabled the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.

Infection prevention and control audits covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. Almost 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.

Local infection prevention and control guidelines lacked detail and were not aligned to national guidelines and best practice. Where national policies are subsequently developed, they should be incorporated into local policies. Details of issues identified are set out under Regulation 27.

The inspector was informed that there were sufficient cleaning resources to meet the needs of the centre with the current occupancy levels. However current housekeeping resources would need to be reviewed should occupancy levels increase or in the event of an outbreak.

Staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Housekeeping staff had recently attended chemical safety training. During the COVID-19 pandemic all staff had received external and internal training on infection prevention and control processes. Staff who spoke with the inspector were knowledgeable about these areas and were clear about what they needed to do to keep the residents safe. Two staff nurses were scheduled to attend infection prevention and control link practitioner training.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. COVID-19 care plans and infection control care plans were in place for all residents. Training in hand hygiene, cough etiquette and COVID-19 had been provided to residents. However infection control care plans reviewed were generic and not person centered. Details of issues identified are set out under Regulation 27.

Visits were encouraged and practical precautions were in place to manage any associated risks. While the inspector was advised national guidance on visiting was being followed, visiting care plans had not been updated to include the introduction of the nominated support person. The infection control risk register stated that visiting would be suspended or restricted in the event of an outbreak with exceptions only on compassionate grounds.

A outbreak of COVID-19 was declared in the designated centre in August 2021. This was the first and only outbreak experienced by the centre since the beginning of the pandemic to date. Public Health had assisted in the management of the outbreak and an outbreak control meetings had taken place. A review of the minutes and line listings indicated that the outbreak had been successfully contained once identified to limit the spread of infection. A review of the management of the COVID-19 outbreak to include lessons learnt to ensure preparedness for any further outbreaks had been completed.

The inspector identified some examples of good practice in the prevention and control of COVID-19 infection. 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. Serial polymerase chain reaction (PCR) testing of all staff working in the centre continued to be undertaken on a regular basis. 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. Staff wore respirator masks when providing care to residents.

The centre had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of colour coded flat mops and cleaning cloths to reduce the chance of cross infection. Cleaning equipment viewed was generally clean. However dust control measures observed were not in line with best practice.

Regulation 27: Infection control

Improvements were required in the governance of infection prevention and control to ensure the sustainable delivery of safe and effective infection prevention and

control and antimicrobial stewardship. This was evidenced by;

- Some elements of local infection prevention and control guidelines did not reflect national guideline or best practice. For example hand hygiene recommended that a clinical hand wash sink be located in each resident room. National guidelines do not require staff hand washing facilities in every rooms and advise that hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub.
- Local infection prevention and control audits failed to identify many of the issues identified on the day of the inspection. Action plans were not routinely developed following infection prevention and control audits.
- Infection control care plans were generic and listed the requirement for standard precautions. Infection control care plans where required should be person centred and be based on specific infection related risks such as colonisation or infection.

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

- There was no dedicated housekeeping room. Cleaning trolleys and supplies were stored in the sluice room. This arrangement increases the risk of environmental contamination and cross infection.
- Clinical waste was not managed in line with national guidelines. The inspector observed domestic waste inappropriately disposed of in the clinical waste stream within the treatment room. There was no clinical waste bin available in the sluice room.

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

- The centre had introduced a tagging system to identify equipment and areas that had been cleaned however this system had not been consistently applied at the time of inspection. For example several wheelchairs in a store room were not labelled and labels were left insitu when using some items of equipment
- Several raised toilet seats were stained.
- Antimicrobial soap (chlorhexidine) was available at clinical hand wash sinks. National guidelines advise against the use of this product as it is associated with skin care issues and it is not necessary for use in everyday clinical practice.
- Tubs of 70% alcohol wipes were inappropriately used for cleaning small items of equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- There was a limited availability of safety engineered sharps devices available for staff use. Where it is practicable to do so, provider should substitute traditional unprotected sharps/ needles with a safer sharps devices.

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 Ave Maria OSV-0000315

Inspection ID: MON-0036616

Date of inspection: 29/03/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The proprietor’s acknowledge that identified hand hygiene sinks did not comply with recommended specifications. The plan going forward throughout the building maintenance is to gradually upgrade all unsuitable hand hygiene sinks to HBN10 models within the next 18 months</p> <ul style="list-style-type: none"> ● On the 04/04/22, PIC & laundry staff reviewed the laundering process. Clean laundry has been removed from the dirty area. The laundry room is now laid out so that the laundering system easily flows from dirty to clean without risk of cross contamination. ● On 04/04/22 a new PIC was appointed to the role. The PIC will complete all infection control audits including Waste & Linen management, environmental hygiene & hand hygiene facilities by 16/05/22. The PIC will use previous experience of implementing training & infection control policy to educate staff on new audit findings. Training and guidance will be provided to staff on the findings of these audits once completed. The PIC assures that the results of the audits will reflect her observations on the day of said audit. The PIC will identify clear action plans based on her findings. The PIC will implement these by 15/08/22 in order to bring Ave Maria to full compliance. ● Local infection prevention & control guidelines will be reviewed and aligned to national guidelines by 03/10/22. PIC has been informed and once the NCEC infection control guidelines are published, all of our local guidelines will be updated to reflect same. ● As per our staffing strategy that was previously submitted, as the occupancy of the centre increases, our current housekeeping resources will be reviewed to accommodate same. ● The PIC and proprietors have arranged a nurses meeting for 29/04/22. The main topic of the agenda will be careplans. Nurses will be educated and training will be provided to ensure careplans meet the standards around personalisation of resident’s infection control careplans.. This will reflect each resident’s susceptibility, colonizations or any current infections that they have. These careplans will be audited by the PIC on 30/05/22. The careplans will be audited 3 monthly thereafter. All nursing staff has agreed to do the HSEland course Careplanning for the Older person by 15/05/22. ● By 29/04/22. Each resident’s nominated support person will now be included in each residents careplans, along with a 2nd nominated support person in the event person 1 	

being unwell / unable to attend. Attached is a sample template of the list.

From 04/04/22, the daily cleaning schedule was amended. Housekeeping staff now Hoover all floors prior to using the flat mop system as a dust control measure.

All radiators within the building have been taken apart and cleaned & hoovered . This is now part of the monthly deep cleaning schedule and is also part of the deep cleaning schedule for each bedroom in the centre. Copy of cleaning checklist attached.

- On 29/03/22 a clinical waste bin is no longer in the treatment room & is now clearly visible in the sluice room for disposal of clinical waste. The PIC plans to review the waste management policy & ensure that it is in line with national guidelines by 03/10/22.
- The proprietors are in discussions with a local contractor and are exploring options of extending the laundry room or alternative to create more space.
- On 29/03/22, all raised toilet seats were cleaned & stains removed. Management & proprietors conduct daily observational audits to ensure cleanliness.
- From the 30/03/22, the tagging system has been discussed and in-house training on the use of the clinel tape is completed daily. At the daily huddle, in-house training is provided regarding the clinel tape training. From 04/04/22 the PIC has been carrying out daily observational audits to encourage compliance.
- From 29/03/22, all Chlorhexidine is not in use in the centre.
- From 29/03/22, all 70% alcohol wipes are unavailable within the centre. The same is used to decontaminate dressing trolley and other non-porous surface prior to use.
- From 30/04/22, the provider & PIC will ensure that safety-engineered devices are in stock & being used by nursing staff. From here on in, the PIC will ensure that these devices will be part of the monthly stock order.

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	30/04/2022