



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

Issued by the Chief Inspector

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| Name of designated centre: | Central Park Nursing Home |
| Name of provider: | AllanBay Limited |
| Address of centre: | Clonberne, Ballinasloe, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 February 2022 |
| Centre ID: | OSV-0000328 |
| Fieldwork ID: | MON-0036060 |

About the designated centre

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

Central Park nursing home is a purpose-built single-storey building with accommodates 67 residents. The nursing home is divided into three separate areas: Memory Lane (Dementia unit), Strawberry Fields (the middle unit) and Bellvadere Drive (the front unit) .The centre is located a rural area in the village of Clonberne in county Galway. The designated centre accommodates male and female residents over the age of 18 years for short term and long term care. Bedroom accommodation is provided in 38 single en suite bedrooms and 7 double en suite bedrooms, 7 twin bedrooms and 1 single bedroom. There is a variety of communal day spaces provided including several dining areas, day rooms, oratory, visitors' rooms, large seated reception area and seated areas on corridors. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 55 |
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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 8 February 2022 | 09:00hrs to 18:00hrs | Marguerite Kelly | Lead |

What residents told us and what inspectors observed

The centre was experiencing an outbreak of COVID-19 at the time of the inspection with necessary restrictions impacting on the day-to-day lives of residents. Throughout the day of this inspection, the inspector spoke with a small number residents and observed staff interactions with them. All interaction observed between staff and residents were kind and respectful.

The inspector observed many of the residents whilst on inspection, but spoke with three residents in more detail. Three of the residents spoken to confirm that their call bells were answered promptly and they were happy with living at the designated centre. They were all satisfied with the care, food and service provided. The common complaint voiced by all three residents was lack of visits from their family and friends. Whereby all three of the residents told the inspector they wished that they could see their relatives more often. The provider had recently emailed all families a communication regarding the opening up of visiting in a more resident specific manner. Also, the inspector saw that residents each had a visiting care plan and risk assessment in their charts.

Following the opening meeting the inspector reviewed the premises and the person in charge accompanied the inspector whilst doing this. The inspector noted she appeared well known to the residents and staff and was seen to have a good rapport with all spoken to. The nursing home consisted of three units Strawberry Fields, Belvedere Drive and Memory Lane. There were a mix of single and twin rooms with and without ensembles, plus ancillary rooms such as sluices (dirty utilities), store rooms, laundry and staff areas.

Residents' bedrooms were clean and personalised with items for each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own items of furniture from home, pillows, pictures, framed photographs and ornaments.

There were plenty of supplies of PPE (Personal Protective Equipment) and the inspector did observe some good practices of wearing PPE but also instances of inappropriate wearing of PPE such as a staff member entering an office space wearing full PPE which is required for residents who are in isolation. Staff were also seen by the inspector wearing gloves when there was no reason to do so for example when supporting residents with their meals and walking along corridors. The overuse of glove wearing inhibits hand washing and increases the risk of cross contamination during care procedures.

The inspector observed that resident activities were mostly individual and self-directed. Some residents were watching TV/listening to the radio or resting in their bedroom or day rooms. However, no other activities were observed by the inspector. The person in charge did inform the inspector that currently activities were curtailed due to the outbreak. But that bingo was to take place later in the day

and that many of the residents enjoyed this activity. The inspector was shown a schedule of activities but this was not evident during the inspection.

Capacity and capability

This inspection focused specifically on Regulation 27: Infection Control. Regulation 27 requires that the registered provider ensures that procedures, consistent with the HIQA National Standards for Infection Control in Community Services (2018) are implemented by staff.

AllanBay Limited is the registered provider of Central Park Nursing home. The provider is registered to care for 67 residents, on the day of the inspection there were 55 residents living in the designated centre. Approximately forty percent of the residents living in the nursing home had a diagnosis of dementia or reduced cognitive skills.

Overall accountability, responsibility and authority for infection prevention and control within the designated centre rested with the person in charge who was also the designated COVID-19 lead, with support from the Assistant Director of Nursing, who had undertaken HSE led training as an Infection Prevention and Control (IPC) link nurse. The IPC link nurse roles is to support hand hygiene and IPC practices.

The provider had extensive infection prevention and control policies and these were accessible to all staff. However, not all were being followed as described. Several nebuliser compressors and nebuliser chambers were not stored clean, dry and in a dust proof container as per the providers policy. Also four sharps boxes were signed on assembly but all temporary closure mechanisms were open instead of being closed as per policy. Further examples are described throughout this report.

There was evidence of staff, resident and management meetings seen on the day. The management meeting was last held on 04.02.2022 and prior to that 07.01.2022. The resident meeting took place 09.01.2022 and handwashing and visiting guidelines were discussed. There was also an IPC meeting held 06.12.2021, with an appropriate agenda. Staff were trained in IPC both online and in person from the link practitioner including standard precautions and hand hygiene. However, some of the observations of the inspector such as the overuse of gloves and PPE, the use and layout of rooms (sluice, laundry) and hand hygiene sink placement indicated that further onsite infection prevention and control training and support from a qualified specialist IPC nurse was required.

Staffing was as documented in the provider's Statement of purpose. The person in charge and her deputy were not included in the nursing numbers and were able to supervise all aspects of care during day time hours. The Inspector spoke to several of the staff team and they did state they were busy on most shifts. However, staff were seen to engage with residents without rushing and were observed chatting and taking their time with residents. Several residents spoken with also confirmed if they

rung the bell or shouted for assistance they did not wait long for a response.

There was a programme of infection prevention and control audits. These audits covered a range of topics including hand hygiene facilities, infection control audits and a cleaning and maintenance audit. However, the systems in place did not track the deficits documented from the audits and therefore could not provide assurance improvements had been implemented.

The housekeeping staff were using checklists rather than cleaning schedules. The checklists included bedroom numbers and did not include for example the sluice room and main reception. Therefore, there was no accurate cleaning schedule available. Additionally the housekeeping staff spoken with said they relied on notes between each other or phone calls to update each other on rooms that required a deep clean. More detailed information on cleaning schedules to include all areas of the centre was required. Rooms such as the sluice, hairdressing and main reception were not clean.

The provider did relocate and add another sluice (dirty utility) as per last compliance plan. On this inspection, it was found that there was ineffective use of the sluice and laundry. The provider was storing housekeeping equipment and chemicals within the laundry instead of dedicating a separate room as a standalone housekeeping /cleaners room. They were also storing hand towels and cleaning equipment in the sluice. The storage of hand towels in the sluice posed a risk of cross contamination from the disposal of body fluids. Staff informed the inspector they were decanting dirty mop bucket water in sluice rooms (dirty utilities) which also poses a risk of contaminating the hand towels.

All HSE/HPSC Infection Control guidance was available and up to date for staff to use and the provider had access to the HSE IPC specialist team through their IPC link practitioner for outbreak support.

The centre was coming towards the end of an COVID-19 outbreak which had begun on the 29.12.2021. The outbreak had not been confined to one unit, all three units had experienced positive cases. The provider had staffed each of the units separately to attempt to reduce cross contamination between staff and residents. The provider was still waiting confirmation when the outbreak would be declared over as seven residents had been tested the day before the inspection. By the end of the inspection all results had returned negative.

An updated COVID-19 contingency plan was also in place highlighting how residents should be co-horted, staff replacement plans and COVID-19 lead replacement plan was also discussed, which gave assurance that the provider had a workable plan in the event of another outbreak. The person in charge informed the Inspector if a further outbreak was declared the provider had the option of employing temporary agency staff. The provider had also recruited extra care staff to help with the additional work that comes during an outbreak and to replace staff on leave and were waiting on two new nurses to start in February. There were three housekeepers on duty seven days per week, and a further two days with two extra staff. Despite this the hairdressers room, foyer, sluice and laundry were not clean.

Quality and safety

Infection control and standard precautions appeared in the main to be a routine part of life in Central Park Nursing Home. As previously described these were monitored through the auditing system and risk assessments in place. Notwithstanding the positive findings, further review and development under regulation 27 Infection Control, was required to become fully compliant

Staff were assigned to different zones and there were additional measures in place to ensure staff minimised their movements between units.

Residents with active or suspect COVID-19 infection were cared for by designated staffing to facilitate care and minimise further spread.

Two out of two staff staff spoken to were unsure on the policy regarding needle stick injury and the procedure in how to clean up blood and body fluid spills.

Staff spoken to were aware of residents who were colonised with antibiotic resistant bacteria, and the provider was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving facility is aware of infection control precautions needed. IPC care plans were seen for residents colonised with antibiotic resistant bacteria, and all residents had a visiting care plan in place describing their wishes. The provider were also working in partnership with the local public health team regarding a cluster of similar multidrug resistant organisms (MDROs) found in residents.

The handling, segregation of clean and used linen, washing, drying and storage was not in line with best practice. The staff member working in the laundry did not have an area to sort clothes adequately. The laundry also contained two domestic washing machines, whereby it is preferable that washing machines should be of an industrial standard (with accurate disinfection temperatures for washing soiled laundry).

There was a maintenance and refurbishment program in place and it was seen on the day of inspection where walk-round meetings were taking place, items were being upgraded and planned for. However, there were still items, fixtures and fittings that need upgrading, as they were worn, torn and chipped. Further, the stainless steel in the dirty utility was in need of a lime descale and rust removal to enable easier cleaning.

There was evidence that outbreak management was discussed and had contingency plans drawn up. Staff and residents were monitored for signs of infection. Residents had good access to healthcare, physiotherapy, dietician review and occupational therapy.

Regulation 27: Infection control

The inspector observed that the Provider did not ensure adherence to standard and transmission based precautions consistently as per HIQA National Standards for infection prevention and control in community services (2018)

For example;

- Storage: Storage contained resident equipment and stores which posed a potential risk of contamination.
- Maintenance issues: The worn and torn chairs, mattresses and pillows chipped wood surfaces such as furniture, skirting boards, doors and bed frames that impacted on effective cleaning.
- Cleaning Arrangements:
 - The laundry facilities did not allow the flow of dirty to clean linen and did not have an area for worker to sort and store clean items.
 - Cleaning chemicals and housekeeping equipment were stored in the dirty area of laundry increasing the risk of cross contamination from soiled linen and laundry procedures
 - The sluice (dirty utility) equipment was not clean, maintained and specific for the function of the room.
 - Rusty equipment was observed in use.
 - Hand wash sinks did not support effective hand hygiene practices.

There was ineffective management arrangements in place to ensure the delivery of safe and effective Infection Prevention and Control within the service. For example;

- The findings of this inspection identified a need to access IPC specialist advice and education for standard and transmission based procedures including but not limited to PPE wearing, needle stick injury and blood and body fluid spills and storage.
- Environmental and equipment hygiene audits required review to use best available information
- there were areas in the designated centre that were not clean and the schedule for deep cleaning was not available.

Infection prevention and control procedures that were in place posed a risk to resident safety. For example;

- Inappropriate wearing of PPE posed a risk of ongoing transmission of the virus. Inspectors observed numerous examples where personal protective equipment (PPE) such as gloves was used inappropriately by staff during the course of the inspection.
- Many of the store rooms had an inappropriate mix of resident equipment and clean stores such as PPE increasing the risk of cross contamination.

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 Central Park Nursing Home OSV-0000328

Inspection ID: MON-0036060

Date of inspection: 08/02/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|--|---------------|
| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Following the Inspection, and with a view to assuaging the concerns of the Inspector, the Provider conducted a review of the premises and its equipment to identify:</p> <ul style="list-style-type: none"> (a) worn or torn chairs, mattresses or pillows (if any); (b) chipped wood surfaces to include on any furniture, skirting boards, doors and bed frames; (c) the existence of any equipment with rust and/or wear or tear in the housekeepers’ utility room <p>and on foot of that review, will work on a continuing project to ensure replacement and/or remediation as appropriate with a first target timeline of May to July 2022 for completion.</p> <p>The Provider has reviewed all storage areas in the Centre and will work on a continuing project to ensure that decluttering is ensured with demarcation between resident equipment storage and storage simpliciter.</p> <p>The Provider has reviewed the operation of the Centre’s laundry facilities in light of the Inspector’s comments during the Inspection and will ensure that those facilities will allow appropriate flow of laundry while also ensuring the addition of a suitable sorting area by May 2022.</p> <p>The Provider commits to installing a further five clinical hand wash sinks that will be strategically places throughout the Centre by 30 July 2022.</p> <p>The Provider has taken the necessary steps to ensure the Centre’s ongoing access to a qualified IPC practitioner.</p> <p>The Provider will complete its review of the Centre’s auditing practices to ensure that a</p> | |

more robust practice is in place from May 2022 so that any deficits identified will be devolved as part of the Centre's quality improvement plan.

The Provider will continue to review housekeeping work hours to ensure the ongoing supervision of regular cleaning and will introduce by April 2022 a written deep cleaning schedule to ensure the effective recording of same and communication.

The Provider and the Person in Charge will ensure continuous training, education and auditing to ensure the continued appropriate wearing, donning and doffing of PPE.

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 | 31/07/2022 |