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:	Lisheen Nursing Home
Name of provider:	Lisheen Nursing Centre Unlimited Company
Address of centre:	Stoney Lane, Rathcoole, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0038430

About the designated centre

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

Lisheen is a purpose built privately owned designated centre which has been operating since 1988. Lisheen is a two storey building which has been adapted and extended to provide accommodation for 118 residents over the age of 18 years who need long term care and support. Accommodation is provided in single and twin bedrooms, most of which are en-suite. The centre is divided into nine units each of which has a dedicated staff team. The units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance form a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long term mental and intellectual disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111

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
Wednesday 7 December 2022	09:30hrs to 18:30hrs	Kathryn Hanly	Lead
Wednesday 7 December 2022	09:30hrs to 18:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

On arrival to the centre, inspectors completed a COVID-19 assessment, performed hand hygiene and donned masks before entering the centre.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Inspectors observed residents reading newspapers, watching TV and partaking in activities in the shared spaces throughout the centre. Inspectors spoke with six residents and one visitor. One resident said that that they "fell on their feet" when they came to live in the centre.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

The provider operated a no uniform policy for staff. Staff were clearly identifiable from their name badges. Inspectors were informed that this policy added to the homely and non-clinical feel within the centre.

Lisheen Nursing Home is registered to accommodate a maximum of 118 residents. The centre is a two storey building. The sitting /dining rooms throughout the centre had views and access to well maintained outside gardens and walkways. The communal areas appeared to be comfortable, pleasantly decorated spaces, which many residents were observed to frequent to chat together in small groups and partake in activities. Bedrooms comprised 92 single en-suite rooms and 13 double rooms within nine units: Appleblossom, Bluebell, Carnation, Daffodil, Elderberry, Fuschia, Gardenia, Heather and Jasmine . The majority of residents had chosen to personalise their bedrooms with ornaments, photographs and furniture from home.

Through walking around the centre, inspectors observed that it was well maintained and decorated with a fireplace is the focal point in each sitting room. Residents' art works were on display in the reception area and throughout the centre and the registered provider had also decorated the corridors with memorabilia, artwork and Christmas decorations. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean. Equipment viewed was also generally clean with some exceptions. For example four bed frames, three portable fans, two chemical spray bottles and water dispenser drip trays were unclean.

The main kitchen was adequate in size to cater for resident's needs. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and

tidy. All units had access to sluice rooms for the holding and reprocessing of bedpans, urinals and commodes and dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment. These areas were also observed to be visibly clean.

Clinical hand wash sinks were available within easy walking distance of resident rooms. These sinks did not comply with the recommended specifications for clinical hand wash basins. Alcohol hand gel dispensers were also readily available along corridors for staff use. However inspectors identified some issues which may impact the effectiveness of hand hygiene. Details of issues identified are set out under Regulation 27.

The provider had completed a number of works to the premises since the previous inspection. For example a new sluice room and housekeeping room had been added and communal space had been increased in Carnation unit. Works were ongoing on the day of the inspection to extend the communal space in Gardenia unit.

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

This unannounced inspection was carried out to assess compliance with the Health Act 2007. The inspection focused specifically on Regulation 27 Infection Control, to assess how the registered provider has implemented the National Standards for infection prevention and control in community services (2018). Overall inspectors found the centre to be well-managed, run by a management team who were committed to providing a quality service to residents and to improving their wellbeing while living in the centre. However inspectors found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship, hand hygiene facilities, laundry, environment and equipment management. Details of issues identified are set out under Regulation 27.

Lisheen Nursing Home is operated by Lisheen Nursing Centre Unlimited Company who is the registered provider. This is a family owned business, with family members holding some of the senior nursing and operational management positions in the centre. The person in charge held the role of Director of Nursing in the centre, and was well supported by an office manager, the administration team, a housekeeping supervisor and a facilities manager. The person in charge was also supported in her role by a team of clinical nurse managers, nurses, healthcare assistants, activities co-ordinators, and a catering and domestic team.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing who was also the designated COVID-19 lead and link practitioner.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. The staffing numbers and skill mix were appropriate to meet the assessed needs of residents in line with the statement of purpose. From this review, and observations throughout the day, inspectors saw that there were sufficient staff to meet the care needs of residents.

Inspectors also observed there were sufficient numbers of housekeeping staff to meet the needs of the centre. Six housekeeping staff were rostered on duty daily and all areas were cleaned each day. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Regular environmental hygiene audits were carried out.

Renovation works were ongoing in an external area on the day of the inspection. Guidelines require an aspergillosis risk assessment to be completed prior to commencing external construction activities that generate moderate levels of dust or minor excavations. However an aspergillosis risk assessment to identify control measures such as environmental dust control and cleaning, prevention of ingress of airborne aspergillus fungas from outside had not been undertaken. Findings in this regard are further discussed under the individual Regulation 27.

General infection prevention and control audits also covered a range of topics including waste management, equipment hygiene and hand hygiene. High levels of compliance were consistently achieved in recent audits. However inspectors found that findings of a recent hand hygiene audit did not align with the findings on this inspection. Details of issues identified are set out under Regulation 27.

The volume of antibiotic use was also monitored each month. An antimicrobial stewardship programme had recently commenced. However this antimicrobial stewardship programme, needed to be further developed, strengthened and supported in order to progress the quality of antibiotic use within the centre. Findings in this regard are further discussed under the individual Regulation 27.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify all residents colonised with MDROs. Findings in this regard are presented under regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. However inspectors identified, through talking with staff, that further training was required to ensure staff are knowlegable and competent in the management of residents colonised with MDROs

including Carbapenemase-Producing Enterobacterales (CPE).

Quality and safety

Overall, inspectors were 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. There was evidence of regular resident committee meetings where residents were consulted with and could participate in the organisation of the designated centre.

Inspectors identified some examples of good practice in the prevention and control of infection. 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 personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

The layout of the building lent itself to effective outbreak management. For example, the nine units were divided to operate as seven separately staffed areas. Inspectors were informed that each area could operated as distinct cohort area with minimal movement of staff between zones to minimised the spread of infection should an outbreak develop in one area of the centre.

The centre had effectively managed and contained several small outbreaks and isolated cases of COVID-19. The largest outbreak to date had occurred in February 2022. All residents that had tested positive had since fully recovered. A formal review of the management of the outbreak of COVID-19 had been completed. A survey on the lived experience for residents in the context of COVID-19 had recently been undertaken. This found that residents felt COVID-19 had been managed well by the provider.

Paper based care plans were available for all residents. A review of four 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. Details of issues identified in care plans and transfer documentation are set out under Regulation 27.

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention

and control and antimicrobial stewardship. For example;

- Inspectors identified through speaking with staff that they did not know which infection prevention and control measures were required to be implemented if caring for residents that were colonised with CPE. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the bacteria if caring for these residents.
- The antimicrobial stewardship programme needed to be further developed. For example there was no antimicrobial stewardship training or guidelines available for staff.
- Staff and management were unaware of which residents were colonised with MDROs. Accurate information was not recorded in resident care plans to effectively guide and direct the care residents colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for these residents.
- The provider had not undertaken an aspergillosis risk assessment to ensure at-risk residents were protected during the ongoing construction and renovation activities.

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

- The sluice rooms did not support effective infection prevention and control. For example, there was insufficient racking for storage bedpans and urinals in one sluice room, only one sluice room had an equipment cleaning sink, a spray hose was available within all sluice rooms.
- Inspectors were informed that heavily soiled laundry was manually sluiced in the sluice room prior to washing. This practice significantly increases the risk of environmental contamination and cross infection.
- Wall-mounted hand soap dispensers throughout the centre were refilled from a bulk container without adequate cleaning processes. The underside and inside of a number of these dispensers were unclean. Rolls of fabric towels were available within kitchenettes, housekeeping rooms and public toilets for hand drying. These issues may impact effective hand hygiene.
- Open and partially used wound dressings were observed in all treatment rooms. Two bottles of antiseptic had passed their expiry date. This may have impacted the sterility and efficacy of these products.

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 Lisheen Nursing Home OSV-0000059

Inspection ID: MON-0038430

Date of inspection: 07/12/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 27: Infection control	Not Compliant

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

1. In accordance with our Quality Improvement Plan and since the inspection a bespoke Infection Prevention and Control Education Programme has commenced. This programme includes practical education on how to care for someone living with CPE whilst allowing them the freedom to choose where and how they live their lives in Lisheen. We will also continue to be guided by evidence which values the importance of IPC measures as well as appreciating that long term care facilities are first and foremost the residents' home and are very different to the requirements and some practices in the acute setting.

2. On the day of inspection, the inspectors were presented with a newly formed antimicrobial stewardship programme which is in line with our Quality Improvement Plan & IPC Education Programme. The programme will continue to be developed; however, it is important to note that effective antimicrobial stewardship is also heavily dependant on a medical practitioner and a community pharmacist. We will continue to develop our programme with our team along with continuing to encourage all stakeholders in this endeavour.

3. A register of residents' healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation has been initiated.

4. Firstly, it is important to note that the renovation works on the day of inspection were outside of the building in December. Whilst an aspergillosis-specific risk assessment was not available on the day of inspection, a building risk assessment was, which included dust control, debris removal & cleaning, and resident risk reduction which mirrors the requirements of an aspergillosis risk assessment. It is important to note that on the day of inspection there was no risk of aspergillosis to any resident in occupancy and there were no additional risks or mitigating controls required. Nonetheless, to further assure the inspectorate a community based aspergillosis-specific building risk assessment will be carried out when / if we continue with the renovations and / or they include internal

works and the resident profile changes to include the "at risk" group as defined by the HPSC in their guidance document for preventing aspergillosis infection during hospital construction work as no such guidance document exists for community healthcare buildings such as nursing homes or long-term care facilities.

5.
a) In one of our seven sluice rooms there was no racking for storage of urinals / bedpans however on this unit there is in fact no resident need for this storage. We will however install same if the need arises.
b) We will investigate ways in which to improve our sluice rooms however it must be noted that this goes outside the regulatory requirement within the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended, consolidated, or replaced from time-to-time). In addition, there is no reference for same in the HIQA (2018) Guidance for the assessment of centres for older people and the HIQA (2021) Guidance on the assessment of Regulation 27 – Infection Control. Our newest sluice room will be redesigned in accordance with Irish best practice guidance documents.

6. Appropriate arrangements are now in place for laundry management, including the handling & segregation of soiled linen, in line with national guidelines.

7. Adequate cleaning processes are now in place for wall-mounted hand soap dispensers. Fabric towel rolls have been removed in staff areas however a trial of disposable towels in public / resident areas were not successful. As we are encouraging resident autonomy and choice within what is the residents own home, we we will provide a choice of both options on a trial to meet the inspectors requirements.

8. In line with our Quality Improvement Plan our IPC Education Programme will include product management. In the meantime, all staff have been reminded of best practice in this area.

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	30/06/2023